

**ROGUE FLYFISHERS**

**Club Conservation, Education and Rehabilitation Grant Request Form**

**Amount of Grant: \$** \_\_\_\_\_

**Group Requesting Funds:**

**Project's Direct Benefit(s) to Rogue River Watershed:**

**Purpose of Funds: (Project description)**

**Project Timeline:**

**Project Leader:**

**(Phone)**

**(email)**

**Project Budget: (are other funds provided or necessary to complete project)**

**Please submit form at least 30 days prior to Monthly Board of Directors meeting to allow proper consideration of your request for funds.**

**Date Submitted:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_

**Date BOD approved/denied (circle one):** \_\_\_\_\_

**Date Project Completed:** \_\_\_\_\_

