

WYOMING CHAPTER OF THE WILDLIFE SOCIETY'S
MEMORIAL BEAR FUND GRANT APPLICATION
(ATTACH ADDITIONAL SHEETS AS NECESSARY)

Applicant: _____ Street: _____

Country: _____ City: _____ State: _____ Zip: _____

PROJECT CONTACTS:

Project Affiliation (Univ, State, Fed, Other):

Principal Investigator _____
Tel: _____
Fax: _____
Email: _____

Financial Officer _____
Tel: _____
Fax: _____
Email: _____

(The Memorial Bear Fund will not pay overhead or administrative costs.)

1. List Other Sources and Amounts of Secured Funding:

2. Total Requested From TWSMBF:

PROJECT INFORMATION:

Project Name: _____

Project Location(s): _____

State: _____

Country: _____

Project Start Date: _____

Project End Date: _____

Project Proposal: Please attach a project proposal consisting of an introduction, objectives, methods, benefits and budget.

Please return completed application to:

Bill Rudd – TWSMBF

320 Evans Drive

Green River, WY 82935

(307) 875-9150 | bill.rudd@wgf.state.wy.us

Deadline: March 1