**TATLA RESOURCE ASSOCIATION**

**FEASIBILITY STUDY FUNDING APPLICATION**

Before filling in this application, please refer to the *TRA Project Funding Application Guide*.

1. **Project Name**

|  |
| --- |
| Provide a name for the feasibility study that is proposed in this funding application: |
|  |

1. **Applicant Profile**

|  |  |
| --- | --- |
| Applicant name(s)\*: | Organization (if applicable): |
|  |  |
| Address: | |
|  | |
| Telephone: | Fax: |
|  |  |
| Email: | Website (if applicable): |
|  |  |

\* If more than one applicant, please indicate primary contact person.

1. **Project Overview**

|  |  |
| --- | --- |
| Identify the project’s primary areas of focus (please check all that apply): | |
| ☐ Community Forest | ☐ Environmental Stewardship |
| ☐ Recreation | ☐ Community Infrastructure |
| ☐ Education | ☐ Energy |
| ☐ Health & Wellness | ☐ Economic Development |
| ☐ Community Building | ☐ Tourism |
| ☐ Sustainable Food System | ☐ Other (please specify): |

|  |
| --- |
| Provide a description of the project: (What do you want to do?): |
|  |
| Explain the rationale for the project: (Why are you doing it?): |
|  |

1. **Sustainability Impacts**

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| --- |
| Outline the environmental benefits of the project: |
|  |
| Outline the social benefits of the project: |
|  |
| Outline the economic benefits of the project: |
|  |

1. **Key Deliverables**

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| --- |
| Outline the objectives of the Feasibility Study: (What do you hope to learn about the proposed project?): |
|  |
| Outline the scope of work for the Feasibility Study: (How will the above be accomplished?): |
|  |
| Outline key project deliverables of the Feasibility Study: (What questions will be answered?): |
|  |

\* Provide letters of support and reports of consultations with community-at-large

**6. Feasibility Study Milestones**

|  |  |  |
| --- | --- | --- |
| Stage of project: | Scheduled date: (dd-mmm-yyyy) | Describe the current stage of the project |
| 1. Feasibility Study start date |  |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. Feasibility Study  completion date |  |

1. **Feasibility Study Budget**

Note: Maximum Feasibility Budget will not exceed $5000.

|  |  |  |
| --- | --- | --- |
| Expense Item | Amount ($): | Indicate if quote is attached |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL PROJECT BUDGET** | $ |  |

**8. Personnel**

|  |
| --- |
| List the personnel who will be involved in the Feasibility Study and their relevant qualifications and experience: |
|  |

**9. Funding Request**

The following funding is requested from the Tatla Resource Association

Note: Maximum Feasibility Budget will not exceed $5000.

|  |  |  |
| --- | --- | --- |
| Funding type: | Amount ($): | |
| Grant | $ | Indicate total funding required. |

**10. Other Funding Sources**

|  |  |  |  |
| --- | --- | --- | --- |
| Outline any other confirmed or expected funding for the feasibility study: | | | |
| Funding source | Amount ($) | Terms (grant, loan, etc.) | Has this funding been confirmed? (Please indicate yes or no) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**11. Attachments**

List all documents attached to this application (including detailed quotes):

|  |
| --- |
| Document name: |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

**12. Authorization**

I affirm that the information in this application is accurate and complete, and that the project proposal, budget and plans are fairly presented. I agree that once the funding is approved any changes to the project proposal will require prior approval of the TRA.

I also agree to submit reporting material as required by the TRA and (where required), financial accounting for evaluation of the project funded by TRA. I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I agree to publicly acknowledge funding and assistance by the TRA.

I authorize the TRA to make any enquiries for such persons, firms, corporations and governments/agencies and non-profit organizations operating in my organization’s field of activities. The findings may be collected and shared as the TRA deems necessary, in order to reach a decision on this application and to administer and monitor the implementation of the project and to evaluate results after project completion.

I agree the information provided in this application form may be shared with the TRA Board and appropriate TRA committees.

|  |
| --- |
| Name (please print): |
| Signature: |
| Title: |
| Date: |