



CHP Funding Application

SECTION A: APPLICANT INFORMATION

Community Hatchery Name			Funding Year (yyyy)
Club/Association Name (if different from Community Hatchery Name)			
Mailing Address			
Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number	Email	Is this your preferred mailing address?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary Contact			
Last Name		First Name	
Mailing Address (if different from club/association address above)			
Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number	Email	Is this your preferred mailing address?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate Contact			
Last Name		First Name	
Telephone Number		Email	

SECTION B: REARING SITE INFORMATION

Mailing Address (if applicable)			
Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Land Ownership (e.g. private, crown, municipality)		Name of the Landowner	
MNR District		Class of hatchery (i.e. bell jar, flow through, re-circulatory)	
Water source(s) (i.e. well, pond, stream, or a combination)		Volume of water permitted to take (L/min) (if applicable)	
Number of rearing ponds operated		Number of net pens operated	

SECTION C: FISH PRODUCTION PLAN

Please provide a copy of your hatchery stocking plan. *See application guidelines for sample*

SECTION D: OPERATIONAL FUNDING REQUEST

Operational funding will be allocated to hatcheries to help cover general operating expenses. General operating expenses are those costs that are annually re-occurring or essential for hatchery operations (i.e. feed, materials and supplies, hydro, maintenance, travel, etc.). Please provide a brief description on how requested operational funding will be spent (*January 1, 2019 through December 31, 2019*). This section will explain how your hatchery will spend the requested CHP funding (i.e. **NOT** your total hatchery operating budget).

Expense	Description	Cost (\$)
Total Operational Funds Requested		

SECTION E: CHP CAPITAL IMPROVEMENT GRANT

Please provide a brief description of capital improvement projects that will improve your hatchery's operations, including the projected benefits for each capital improvement. Capital improvement expenses must occur from April 1, 2019 through December 31, 2019 In addition please fill in capital improvement request in order of priority (i.e. place the project that is the highest priority for your hatchery first). **Please reference the CHP Application Guidelines for instructions and examples of how to complete this section.**

Capital Improvement Grant Request: 1st Priority

Capital Improvement Description	Project's Projected Benefits to Fisheries Resource or Community Hatchery Operation

Provide an itemized, detailed description of what the grant money will be used for

Please include: 1. Description of line item(s) 2. Total project cost 3. Source and amount of funding (CHP, Secured funding, In-kind, etc.)

Total GRANT Funds Requested \$ _____

SECTION E: CHP CAPITAL IMPROVEMENT GRANT *(Continued)*

Capital Improvement Grant Request: 2nd Priority

Capital Improvement Description	Project's Projected Benefits to Fisheries Resource or Community Hatchery Operation

Provide an itemized, detailed description of what the grant money will be used for

Please include: 1. Description of line item(s) 2. Total project cost 3. Source and amount of funding (CHP, Secured funding, In-kind, etc.)

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Total GRANT Funds Requested \$ _____

SECTION F: PARTNERSHIP SUPPORT

Please list the organizations, companies, and individuals who will provide support to your community hatchery (in 2019) for general operations.. Indicate whether the support will be cash or in-kind.

Partner	Type of support	
	Cash (\$)	In-kind (brief description)

SECTION G: MNRF APPROVALS

Please submit an up-to-date (valid for upcoming funding year) copy of the following documents with your 2019 CHP Application Package. **This is mandatory for CHP to receive before we approve funding each year.**

Licence	Attached		Comments
	Yes	No	
Aquaculture licence	<input type="checkbox"/>	<input type="checkbox"/>	
Licence to stock fish	<input type="checkbox"/>	<input type="checkbox"/>	
Licence to collect fish/gametes (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Fish Production Plan	<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE

I confirm that the information provided in this form is accurate and completed to the best of my knowledge.

Primary Contact

Name

Signature

Date

ADDITIONAL INFORMATION

If the space provided within this application is insufficient to answer any of the sections, please record the information in this space (indicating which section it applies to).
