

# **CHP Funding Application**

# **SECTION A: APPLICANT INFORMATION**

Community	y Hatchery Name		Funding Year (yyyy)			
Club/Association Name (if different from Community Hatchery Name)						
Mailing Add Unit No.	dress Street Number	Street Name			PO Box	
City/Town			Province	Postal Code		
Telephone N	Number	Email		Is this your preferred Yes	mailing address?	
Primary Contact Last Name			First Name			
Mailing Ad Unit No.	<b>dress</b> ( <i>if different fron</i> Street Number	n club/association address above) Street Name			PO Box	
City/Town			Province		Postal Code	
Telephone N	lumber	Email		Is this your preferred Yes	mailing address?	
Alternate Contact Last Name			First Name			
Telephone Number			Email			
SECTION B: REARING SITE INFORMATION						
Mailing Ad Unit No.	dress (if applicable) 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, 2020 through December 31, 2020*). 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, 2020 through December 31, 2020 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.

instructions and examples of now 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 descrip	otion of what the grant money will be used for					
Please include: 1. Description of line item(s) 2. Total project of	ost 3. Source and amount of funding (CHP, Secured funding, In-kind, etc.)					
Total GRANT Funds Requested \$						
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# **SECTION E: CHP CAPTIAL 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 descrip	tion 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 F: PARTNERSHIP SUPPORT**

Please list the org	ganizations, com	panies, and individu	als who will pro	vide support to you	r community hatc	hery (in 2019)
for general opera	tions Indicate v	whether the support	will be cash or in	n-kind.		

	Type of support				
Partner	Cash	<b>1</b> (\$)	In-kin	<b>d</b> (bri	ef description)
	\$	SECTION G	: MNRF	APP	ROVALS
Please submit an up-to-date (valid Application Package. <b>This is man</b>					the following documents with your 2020 CHP we approve funding each year.
		Atta	ched		
Licence		Yes	No		Comments
Aquaculture lic	ence				
Licence to stock fish					
Licence to collect fish/gametes (if applicable)					
Fish Production Plan					
		C'	IGNATU	DE	
	vided i	n this form is a	ccurate and	d con	npleted to the best of my knowledge.
Primary Contact Name					
			Т		
Signature			Dat	te	

# 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).	
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