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APPLICATION DEADLINE IS April 30, 2024

\*Subject to funding confirmation from MNRF

# CHP Funding Application

## SECTION A: APPLICANT INFORMATION

Community Hatchery Name	Funding Year (yyyy)
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Club/Association Name (if different from hatchery)	Charitable Number (if applicable)
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**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
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**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

**Rearing Site Address (if different from above mailing address)**

Land Ownership (private/ crown/ municipality)	Name of the Landowner	MNRF District
Hatchery Type (bell jar/ flow-through/ re-circulation)	Water Source(s)	Volume of Water Permitted
Number of Net Pens	Number of Rearing Ponds	

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## SECTION C: FISH PRODUCTION PLAN

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Please provide a copy of your hatchery stocking plan. See application guidelines for sample.  
***Needed by the CHP to determine a hatchery's 2024 maximum operational funding allocation.***

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## SECTION D: ALIGNMENT WITH MNRF MANAGEMENT OBJECTIVES

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***How does stocking by your community hatchery meet MNRF management objectives?***

The community hatchery is stocking for:

- Put-grow-take fisheries
- Diversionary fisheries
- Rehabilitation of native species populations
- Conservation of unique fish genetic strains

Please provide in the field below a Fisheries Management Zone or provincial document (e.g. FMZ fisheries strategy, stocking strategy, species recovery strategy, the Provincial Fish Strategy) that guides your community hatchery in stocking. If your stocking is guided by direction from MNRF staff, please provide a contact name.

MNRF Staff Contact Name

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**MNRF Guiding Document(s) and Additional Comments**

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## SECTION F: CHP CAPITAL IMPROVEMENT GRANT

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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, 2024 through December 31, 2024. 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.***

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### Capital Improvement Grant Request: 1<sup>st</sup> 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 \$ \_\_\_\_\_**

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

**Capital Improvement Grant Request: 2<sup>nd</sup> Priority**

<b>Capital Improvement Description</b>	<b>Project's Projected Benefits to Fisheries Resource or Community Hatchery Operation</b>

**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 G: PARTNERSHIP SUPPORT

Please list the organizations, companies, and individuals who will provide support to your community hatchery (in 2024) for general operations. Indicate if the support will be cash or in-kind.

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

## SECTION H: MNRF APPROVALS

Please submit an up-to-date (valid for upcoming funding year) copy of the following documents with your 2024 CHP Application Package. ***This must be received by the CHP before we can 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
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## **ADDITIONAL INFORMATION**

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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).