



# **CHP Funding Application**

SECTION	ON A: APP	LICANT INFORMA	TIO	N			
Community Hatchery Name			Funding Year (yyyy)				g Year (yyyy)
Club/Association Name (if different from hatchery			/)	Charita	ble Numb	oer (if applic	eable)
Mailing A Unit No.	Address Street Number	Street Name					РО Вох
City/Town		Province				Postal Code	
Telephon	e Number	Email			Is this yo	ur preferred Yes	mailing address?
Primary Contact Last Name		First Name					
	Address (if diffe Street Number	erent from club/association   Street Name	addr	ess abov	re)		РО Вох
City/Towr	1		Pro	vince			Postal Code
Telephon	e Number	Email			Is this yo	ur preferred Yes	mailing address?
Alternate Last Nam	e Contact e		Firs	t Name		103	110
Telephone Number		Email					
SECTI	ON B: REA	RING SITE INFOR	MA	ΓΙΟΝ			
Rearing	Site Address (	if different from above ma	iling a	address)			
Land Ow	nership (private	/ crown/ municipality)   Na	me of	the Land	downer	MNR D	istrict
Hatchery	Type (bell jar/ f	low-through/ re-circulation	)  Wa	ater Sour	ce(s)	Volume of	Water Permitted
Number o	of Net Pens N	umber of Rearing Ponds	ı			ı	

<b>SECTION C:</b>	FISH	<b>PRODUC</b>	ΤΙΟΝ ΡΙ ΔΝ
OLUIION U.	1 1011	INODUC	IIVII LAI

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

Needed by the CHP to determine a hatchery's 2025 maximum operational funding allocation.

### **SECTION D: ALIGNMENT WITH MNR MANAGEMENT OBJECTIVES**

How does stocking by your community hatchery meet MNR 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 MNR staff, please provide a contact name.				
MNR Staff Contact Name				
MNR Guiding Document(s) and Additional Comments				

#### **SECTION E: 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 (Moved back to January 1, 2025 through December 31, 2025). This section will explain how your hatchery will spend the requested CHP funding.

Expense	Description	Cost (\$)	
Equipment			
Materials and Supplies			
Repairs and maintenance			
Feed/soya			
Chemicals			
Hydro			
Fuel			
Vehicle/travel			
Utilities			
Security/phone			
Rent/lease and land taxes			
Admin/office			
Water/substrate testing			
Fin clipping			
Insurance			
Egg Collection			
Total Operational Funds Requested \$			

#### **SECTION F: 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, 2025 through December 31, 2025. 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	<b>Improvement</b>	Grant	Request:	1 <sup>st</sup>	<b>Priority</b>

<u> </u>	orani rioquocii i Trionity
Capital Improvement Description	Project's Projected Benefits to Fisheries Resource or Community Hatchery Operation
Provide an itemized, detailed description of v	what the grant money will be used for.
Please include: 1. Description of line item(s) 2. To (CHP, Secured funding, In-kind, etc.)	otal project cost 3. Source and amount of funding
Total GRANT Funds Requested \$	

## **SECTION F: CHP CAPTIAL IMPROVEMENT GRANT** (Continued)

Capital Improvement Grant Request: 2 <sup>nd</sup> Priority			
Capital Improvement Description	Project's Projected Benefits to Fisheries Resource or Community Hatchery Operation		
Provide an itemized, detailed description of v	what the grant money will be used for.		
Please include: 1. Description of line item(s) 2. T (CHP, Secured funding, In-kind, etc.).	otal project cost 3. Source and amount of funding		
Total GRANT Funds Requested \$			

SECTION G: PARTNE				uha will measida assenant ta vass			
				who will provide support to your cate if the support will be cash or in-kind.			
Ту	Type of support						
Partner Ca	ash (\$)	In-kind (brief description)					
SECTION H: MNR APP	PROVALS						
	on Package.			ear) copy of the following documents be received by the CHP before			
	1	ched					
Licence	Yes	No	١	Comments			
Aquaculture licence							
Licence to stock fish	n 🔲						
Licence to collect fish			1				
gametes (if applicable)							
Fish Production Plan	n 📙						
	;	SIGNAT	URE				
•	vided in this fo	rm is ac	curat	e and completed to the best of my knowledge			
Primary Contact							
Name			ı				
Signature			Da	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).