PATAGONIA FOUNDATION PROGRAM APPLICATION

General Information

If you would like to receive funding from Patagonia Foundation ("PF") or you would like to work with PF, you must fill out this application. For your information:

Mission Statement

PF endeavors to protect and preserve the Patagonian culture and environment by promoting economic, social and environmental sustainability. Thi Foundation forms cooperative partnerships with individuals and regional, national and international organizations to develop and implement programs that will promote sustainable and responsible economic growth, maintain quality of life, and preserve and permanently protect Patagonia's vast land and diverse ecosystems.

Vision Statement

PF envisions a sustainable Patagonia that is globally recognized and preserved as one of the world's remaining wild and scenic environments.

Each project that receives funding must be compatible with the mission and vision of PF. PF generally reviews each application within 3-6 months. If you have any questions, please contact at info@patagonia.foundation. Thank you for your interest in working with us.

I. Program Description

<i>Ti</i>	tle of Project:
	rganization Name or Sponsor of oject:
	ocation of oject:
	eneral escription/Summary:
Pa	rtner/Collaborator:
	rget client/community for this oject:
	eferred by (How did you hear of ?):
PF	eferred by (How did you hear of
	sition/Title:

II.

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	D.	Name of Employer or Supporting Institution:
	E.	Organization Type:
	F.	Email address:
	G.	Website address:
	Н.	Primary telephone:
	I.	Secondary telephone:
	J.	Fax:
III.	Add	itional Partnering Information (If Applicable)
	A.	Name of Partnering Institution:
	В.	Relationship to your organization:
	C.	Explain what service the partner/collaborator will provide:
	D.	Salutation, First and Last Name of Contact Person:
	E.	Position/Title:
	F.	Full Mailing Address:

	G.	Email address:
	Н.	Website address:
	I.	Primary telephone:
	J.	Secondary telephone:
	K.	Fax:
IV.	Refe	erence Organization (If Applicable)
	A.	Name of Referencing Organization:
	В.	Relationship to your organization:
	C.	Salutation, First and Last Name of Contact Person:
	D.	Position/Title:
	E.	Full Mailing Address:
	F.	Email address:
	G.	Website address:
	Н.	Primary telephone:
	I.	Secondary telephone:
	J.	Fax:
V.	Prog	gram Demand, Goals and Strategies
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condi	rogram tion thi	ribe the cultural or environmental problem that necessitates this program. What need is addressing? What crisis is there that makes this program necessary? NOTE: The s program seeks to address must be one that is encompassed within and consistent with and vision:

B. Goals Describe the short term goals of the program: Describe how these short term goals are consistent with PF's mission and vision:		
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C. Strategies/Methods
Describe how you intend to meet your program goals (Please include a description of he project will be implemented and managed. Please fill out the Implementation Plan attached nereto):
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Explain the project manager's experience with this or a similar activity:
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VI. Competitive Analysis

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VII. Finances-Budget A. Budget Form: We have provided a sample budget form. You may use this form or another budget form, but please supply all information requested. Funding Request: \$__ В. C. Support Obtained From Other Sources: \$ Duration of Project:_____ D. E. Identify any revenue that can be generated by this program: VIII. Promotion Explain how, if at all, you plan to advertise, market and promote the service your organization will provide:_____

IX. Program Evaluation

At the end of the program, what will be the criteria by which the success of your project is measured? Please describe each criteria in detail and then list the quantitative goals for each quarter

of your project. For each criteria, please explain why it will adequately measure the success of the

project. Please provide at least two but no more than four criteria. Criteria #1: Criteria #2: Criteria #3: Criteria #4: **Legal Compliance** X. Identify any laws or regulations that you are aware of that must be complied with when implementing this program:

XI. Optional Information

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IMPLEMENTATION PLAN

Activities List the activities of the project, break down into sub-groups if needed (20 words or less for each activity)	Action or Deliverable (what will be accomplished, 15 words or less)	Main person / organization responsible	Anticipated start date DD/MM/YYYY	Date to be completed DD/MM/YYYY
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BUDGET

- 1. The following chart is a guide only. You may use your own chart, but please provide all of the information requested.
- 2. Please round final funding request to nearest \$50,000 USD.
- 3. Include all costs associated with this project. Do NOT include only the figures you would like funding for.
- 4. Complete the entire row for each activity listed. For columns that are inapplicable, enter zero.
- 5. Describe activities you believe are unclear.

		+	+	+	=		=
ACTIVITY (List all direct cost activities, 40 characters or less)	Total Personnel Cost (# of persons x (Salary + Benefits)	Materials and Equipment	Travel	Other	TOTAL COST	Contribution of applying organization	Funding Requested from TPF
			1300				
				_			
					115		
TOTAL							