

2019 Idaho Wild Rivers

Applicant

Applicant ID

Company Name

Recipient Address

Email

Amount Requested \$0.00

Status Draft

Funded

Verification of Eligibility

Applicants enter their organizational information.

Question: Chief Official Name and Title

Question: Chief Official Email

Question: Chief Official Phone

Question: Employer Identification Number (EIN)

Question: Eligible applicants are federal, state, or local government agencies, or incorporated non-profit organizations related to whitewater river recreation. Please select the appropriate entity type.

Incorporated Non-profit

Federal Government

State Government

Local Government

Question: Conflict of Interest Statement. An affiliation with a profit-making organization may imply a conflict of interest that could render this application ineligible. Detail any potential conflict of interest below or enter N/A for not applicable.

Question: I have read and understood question 6.

Yes

No

Question: Describe the organization's mission or area of responsibility.

Project Detail

Question: Outline the project, detailing how and when the requested funds would be used.

Question: Describe the target population & number of people to be served.

Question: How will the project benefit your community, river recreationists, or river tourism?

Question: Which program funding criteria will your project meet?

- To promote whitewater river tourism within Idaho.*
- To promote, encourage, or ensure safe use of Idaho's whitewater rivers.*
- To improve user facilities or access to whitewater rivers.*
- To help clean up litter or promote good conservation practices by river users.*

Question: Describe how the project will meet the selected funding criteria.

Budget

Applicants upload a [budget worksheet](#) and describe the budget plan in detail.

Question: Describe your budget plan and include justification for the costs listed in your budget worksheet.

Question: Upload the budget worksheet.

Signature

Your identity has been authenticated through the login process with a unique email address and password available only to you. You agree that by typing your name, title and date below, you are electronically signing the application and represent that you are authorized to submit this application on behalf of the applicant organization. By electronically signing the application, you acknowledge and represent that you understand and accept all the terms and conditions stated within the application and declare that the information provided is true and that the documents you are submitting in support of your application are genuine and have not been altered in any way.

Question: Type your name and title.

Question: Type the submission date.

SAMPLE