version	Project #:	Received:	
January 2018	(office use only)	(office use only)	

MANITOBA FISH AND WILDLIFE ENHANCEMENT FUND (FWEF)

Email to: fwef@gov.mb.ca or mail to: Box 15, 200 Saulteaux Cr. Wpg MB R3J 3W3

FISHERIES ENHANCEMENT PROJECT

For assistance with filling out this form, please refer to the FWEF Guidelines found at www.manitobafisheries.com

	APPLICANT INFORMATION
Submission Date:	Email:
Organization:	
Contact Name:	Position:
Phone: business	Phone: (other) Fax:
Mailing Address:	
City/Town:	Province: Postal Code:
Project Partners (if any):	
	PROJECT SUMMARY
	PROJECT JOMINIANT
Project Title:	
Request to FWEF:(\$)	Project Budget Total: (\$)
Project Start Date:	Project End Date:
Location of Project: Latitude and Longitude or UTM	
Project Category (ies):	
	☐ Fisheries Education ☐ Fish Habitat Rehabilitation/Enhancement ☐ Acquisition ☐ Fisheries Outreach/Stewardship
Explicity describe the benefit(s) to recreational fish stocks or recreational fishers.	

PROJECT INFORMATION

mum of 1 page.	ent of all partner organ	nzations, ennancei	ment techniques, et	c. Please keep this d	escription to a

PROJECT INFORMATION (continued)

Provide a time line or schedule of the project's key activities. For example: purchase material - June 23, 2015; build riffle - July 15-30, 2015; follow-up monitoring - April 10-20, 2016.

Activity	Date	
Have you received approval of your project from the ap	propriate Yes	Not applicable
authorities (e.g. environmental licence, water rights, Department of Fisheries and Oceans (DFO), permits)?	☐ No	Upon FWEF approval
Indicate nature of alterations to fish stocks and/or	significant	nonexistent
the aquatic ecosystem.	insignificant	unknown
Please explain:		
Have you applied for funding from other sources?	Yes	☐ No
If yes, please		
indicate which fund(s):		
1		

	PROJECT MANAGEMENT AND PROMOTION
Who will supervise the project?	
How will you publicize the benefits of the project?	
How will FWEF's involvement be recognized?	
Describe here	PROJECT EVALUATION AND FOLLOW-UP
evaluation on project	vill monitor/evaluate the project. Indicate regular and systemic review of the project, including final ct completion.
1	

FUNDING INFORMATION

Complete the following budget (or provide one of your own using a similar format).

"Request to FWEF" and "Total Cost" columns will only accept whole dollar numeric values (letters, dollar signs are not allowed).

For "Other Sources of Funding" only, please indicate if sources of funding are **confirmed** (c) or pending (p).

For "Other Sources of Funding" only, please indicate if so Expenditures	Request to FWEF	Other Source	s of Funding	TOTAL COST
		Cash	In-Kind	
Salaries / Wages				
<u> </u>				
,				
Equipment			<u> </u>	<u> </u>
_quipment				
Materials and Supplies				
Administration Costs (office, transportation)			<u> </u>	<u> </u>
,				
Other				
- Julie				
,				
TOTAL				
TOTAL				
Project #:	*			1

ADDITIONAL INFORMATION

How did you hear about the FWEF? advertisement in the Anglers' Guide other:
Have you previously received funding from FWEF?
If yes, please provide the project title(s) and the year(s) you submitted the related application(s):
Did the Guidelines answer most of your questions about FWEF? Yes No
If no, please explain:
Using the following scale, please
Please use this space to comment on or make suggestions about FWEF, the application process, etc.