

04/14/06

**THE PATAGONIAN FOUNDATION  
PROGRAM APPLICATION**

**General Information**

If you would like to receive funding from The Patagonian Foundation (“TPF”) or you would like to work with TPF, you must fill out this application. For your information:

**Mission Statement**

TPF endeavors to protect and preserve the Patagonian culture and environment by promoting economic, social and environmental sustainability. The 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**

TPF 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 TPF. TPF generally reviews each application within 3-6 months. If you have any questions, please contact Leslie Blickenstaff at [lesblick17@yahoo.com](mailto:lesblick17@yahoo.com). Thank you for your interest in working with us.





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- G. *Email address:* \_\_\_\_\_
- H. *Website address:* \_\_\_\_\_
- I. *Primary telephone:* \_\_\_\_\_
- J. *Secondary telephone:* \_\_\_\_\_
- K. *Fax:* \_\_\_\_\_

**IV. Reference Organization (If Applicable)**

- A. *Name of Referencing Organization:*  
\_\_\_\_\_
- B. *Relationship to your organization:* \_\_\_\_\_
- C. *Salutation, First and Last Name of Contact Person:*  
\_\_\_\_\_  
\_\_\_\_\_
- D. *Position/Title:* \_\_\_\_\_
- E. *Full Mailing Address:* \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_
- F. *Email address:* \_\_\_\_\_
- G. *Website address:* \_\_\_\_\_
- H. *Primary telephone:* \_\_\_\_\_
- I. *Secondary telephone:* \_\_\_\_\_
- J. *Fax:* \_\_\_\_\_

**V. Program Demand, Goals and Strategies**

**A. *Demand***

Describe the cultural or environmental problem that necessitates this program. What need is this program addressing? What crisis is there that makes this program necessary? NOTE: The condition this program seeks to address must be one that is encompassed within and consistent with TPF's mission and vision: \_\_\_\_\_  
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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:

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Criteria #2:

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Criteria #3:

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Criteria #4:

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**X. Legal Compliance**

Identify any laws or regulations that you are aware of that must be complied with when implementing this program:

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**IMPLEMENTATION PLAN**

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

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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 \$1,000 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
<b>TOTAL</b>							