

GRANT APPLICATION

TREESTAND ACCIDENT INVESTIGATIONS

1. APPLICANT INFORMATION

Date Application was submitted: _____ (mm/dd/yy)
 Name of State Agency/Applicant: _____
 State Agency/ Applicant Representative’s Name: _____ Title: _____
 Contact Person(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Website: _____
 Target Training Date: _____ (mm/dd/yy) Alternative Date: _____
 Location of Training (Physical Address): _____
 Name of Proposed Facility: _____

II. GRANT REQUEST

1. Grant Amount Requested: \$ _____ (\$1,500 for 8-hour Certified Investigator’s Course)
2. Describe proposed Training Program or project: _____

3. Intended use of grant funds, if awarded: _____

III. BACKGROUND INFORMATION

1. Who or what state agency is responsible for investigating hunting accidents and also treestand accidents at the present time? _____
2. Please describe how your state agency investigates hunting accidents and also treestand accidents at the present time. _____
3. Does your state agency submit an annual report of hunting accident/statistics to IHEA or other any other agency? YES NO If yes, please provide (2) copies of most recent report.
4. What are your short and long term goals and objectives with regards to this training?

5. Please provide a minimum of two (2) blank copies of your current hunting accident report.

6. Please provide the name and contact information for the Director at-large for your state.

Director's Name and contact information: _____

IV. PROGRAM

1. Where will the program take place? Indicate all that apply.

State owned facility Private owned facility and/or Shooting Range

Federal owned facility Municipality owned facility Other: _____

2. Who currently provides investigations training for your state?

a. How many investigators are currently trained? _____

b. What is the projected number of trained investigators for your state? _____

V. PROGRAM OUTCOMES MEASUREMENT

1. What measures will you take to track the progress of your program? Please describe in detail.

Post Test & Surveys Field hands on training Master Trainer Re-certifications/Updates

Recording Attendance & Tracking Observation Other _____

2. What steps will you take in this program to demonstrate a plan for fiscal sustainability for funding in subsequent years? _____

3. What efforts or actions has your organization initiated or will initiate to investigate treestand accidents?

4. Can you proceed with this program without the support from the Treestand Accident Investigations Grant Program? YES NO

VI. SIGNATURE

We, the undersigned, hereby certify that we have read and understand the Treestand Accident Investigations Grant Program and that all information included with our application is true and correct.

_____ Title: _____ Date: _____

Authorized Signature

REMINDER

Include the following with your application:

- Completed & Signed Grant Application
- Include a minimum of two (2) copies of your most current annual report of hunting accident/statistics.
- Include a minimum of two (2) copies of your blank hunting accident report.
- Include name and contact information for the Director at-large for your state.