|  | **AAZK National Conference**  **Grant Application**  **DEADLINES:** Submit application to any AAZK board member by **May 31, 2023**. Electronic submission is preferred to aazklosangeles@gmail.com, but paper copies will be accepted. Signature of applicant’s supervisor is required. If submitting electronically, please print out the last page of the application, obtain supervisor’s signature and turn in the hard copy of the signature page to any AAZK board member. Applications will be reviewed by the AAZK board and recipients will be announced by **June 30, 2023**. Once a grant is awarded, grantees will have 12 months to complete activities proposed in the application. |
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| **Date Application Submitted**: | | |
| --- | --- | --- |
| **Name**: | | |
| **Department**: | **No. of years in LA AAZK:** | |
| **Position:** | | |
| **Geographic Region of Conference\*:** | | |
| **Proposed Travel Dates:** | | |
| **Total Funds Requested**: **$** | | |

\**please be as specific as possible (Country, State, Province, Community, etc.)*

| **LAZ Contact Information** | |  | **Personal Contact Information** | |
| --- | --- | --- | --- | --- |
| Phone No. |  |  | Mobile No. |  |
| email |  |  | email |  |

**Qualifications**

**To qualify for an AAZK grant, you must meet the following four requirements:**

1. You are a national AAZK member in good standing with your local chapter.
2. If awarded a grant in a previous grant cycle, your 12 month grant period must be complete at time of application (*i.e., grantees awarded a grant for the 2022-2023 grant period are not eligible to apply in the next cycle, but grantees from the previous cycles are*).
3. If you have received a grant in a previous cycle, you must have met all the reporting requirements and are considered in good standing with the Los Angeles AAZK board.
4. Upon returning from your conference, you will be asked to do a small presentation to your AAZK peers about your experience.

| **Are you a National AAZK member and in good standing with your local chapter? yes no**  **If previously awarded an AAZK grant, is your previous grant cycle complete? yes no n/a**  **If you have received an AAZK grant previously, have you met all the reporting requirements and are considered in good standing with the LA AAZK board? yes no n/a**  **Are you willing to give a presentation about your experience upon your return? yes no**  *If you answered no to any of these questions, you are not eligible to apply for an AAZK grant for the 2022-2023 grant cycle* |
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| **Why do you want to attend the National AAZK Conference?:** *500 words or less* |
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| **How would attending this conference have a positive impact on your professional development?** 200 words or less (i.e., how would your work on this grant contribute to your ability to perform your job better, make you a more informed and dynamic representative of La AAZK to the public, etc…)? |
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| **Travel & Logistics** (please describe, if not covered in previous sections, how you are going to get to and from the proposed conference site & accommodations while there. Include particulars that will allow the committee to have a clear picture of a well thought out plan. |
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| **Detailed Budget Sheet**  **Cost estimates associated with your proposal:** *(airfare, room and board, supplies, etc.)* |
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| **Name:** |  |
| --- | --- |
|  |  |
| **Travel Dates:** |  |

***Passport & Visas***

| *Item Description* | *Cost* | *Subtotal* |  | *Approx. Date to be Paid\** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | ***$0.00*** |  |  |

***Vaccines & Preventative Medicine***

| *Item Description* | *Cost* | *Subtotal* |  | *Approx. Date to be Paid\** |
| --- | --- | --- | --- | --- |
|  | *$0.00* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | ***$0.00*** |  |  |

***Airfare & Other Travel Expenses*** *(Air, Zoo Vehicle, Personal Car)*

| *Item Description* | *Cost* | *Subtotal* |  | *Approx. Date to be Paid\** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | ***$0.00*** |  |  |

***Food & Lodging*** *(Hotel, Acquaintance, Other; food max per diem $35/day)*

| *Item Description* | *Cost* | *Subtotal* |  | *Approx. Date to be Paid\** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | ***$0.00*** |  |  |

***Other*** *(lab & field supplies, etc.)*

| *Item Description* | *Cost* | *Subtotal* |  | *Approx. Date to be Paid\** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | ***$0.00*** |  |  |

***\*approximate date funds will need to be released for each expense***

|  | **Grand TOTAL** | **$0.00** |  |  |
| --- | --- | --- | --- | --- |

*[use this page to further describe expenses or other information, as needed]*

| **Additional Explanation regarding budget, if needed:** | |
| --- | --- |
|  | |
| **Total Funds Requested**: **$** | |

**Note Regarding Budget:** Please estimate to the best of your ability what the costs of your proposed project will be (i.e., research and keep back up documentation of airfare searches, lab supplies etc.) The AAZK board realizes that these prices may fluctuate from time of submission to actual grant activity and some change is both normal and expected. However, please be advised that if you are awarded a grant and your actual costs will exceed your original amount requested by 10% or greater, you will be required to submit a Budget Change Request that must be approved by the AAZK board.

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| **Name of Supervisor** |  | **Supervisor’s Signature \*\*** |

| **\*\* note to supervisors:** your signature indicates that your direct report/applicant has discussed in detail their proposed project with you and that all operational considerations have been considered - staffing, timing of trip in regards to busy season, etc. |
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