Florida Sea Turtle Grants Program
Proposal Cover Sheet

Project Title:

Project Category (select one)**:** ☐ **Education** ☐ **Research** ☐ **Conservation**

Organization: _____ **FEID#**_____

Project Manager: _____

Title: _____

Mailing Address: _____

_____

_____

City: _____ **State:** _____ **Zip Code:** _____

Phone: ( ) _____ Fax: ( ) _____ Email:_____

Authorized Signature: _____ **Date:** _____

If your proposal requires a Marine Turtle Permit, please provide the MTP that covers the activities you are proposing: MTP# _____ ☐ Proposal does not require a MTP

Eligibility:

Project Summary:

Total Amount Requested: $

STC Use Only Proposal Number: Date Received: