

**BLUEBIRD SOCIETY OF PENNSYLVANIA**

**MINIGRANT APPLICATION**

Contact name: \_\_\_\_\_

email: \_\_\_\_\_ phone: \_\_\_\_\_

mailing address: \_\_\_\_\_

1.) Is the contact person a current BSP member (required)?  Yes  No

2.) Brief description of proposed project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.) Will the project take place in Pennsylvania (required)?  Yes  No

4.) Explain how the proposed project furthers one or more of the following:

a.) Protect or propagate the Eastern Bluebird and other cavity nesting species in Pennsylvania and elsewhere:

\_\_\_\_\_

\_\_\_\_\_

b.) Provide and promote educational activities related to bluebirds and other cavity nesting species:

\_\_\_\_\_

\_\_\_\_\_

c.) Conduct research related to bluebirds, other cavity nesting species, food sources, habitat and trails:

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d.) Build, maintain and monitor bluebird boxes and trails:

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e.) Provide social opportunities to share information and experiences related to bluebirds, birding and related conservation and restoration projects:

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6.) Approximate time frame of the project (begin) \_\_\_\_\_ - (end) \_\_\_\_\_.

7.) Itemized anticipated expenses:

a.) \_\_\_\_\_ \$ \_\_\_\_\_

b.) \_\_\_\_\_ \$ \_\_\_\_\_

c.) \_\_\_\_\_ \$ \_\_\_\_\_

d.) \_\_\_\_\_ \$ \_\_\_\_\_

e.) \_\_\_\_\_ \$ \_\_\_\_\_

8.) Amount requested of BSP (\$500 maximum): \$ \_\_\_\_\_

9.) Other pertinent information: \_\_\_\_\_

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(Attach any additional pages if necessary.)