GRANT SCOPE/COST ESTIMATE FORM - Page 2

If 6 to 20 **NATURE AREA TRIPS** are listed in the response to criteria #3 on page 19 continue on this form. Leave line items (2), (3), (4) blank on page 1 and complete below.

Total carried over from line item (1) on page 1 of this Form	Total of (1) carried over
NATURE AREA TRIP: Continued list per 3(a) and 3(e) on page 19	Total from 3(m) on page 19
Trip Title/Destination: # of PARTICIPANTS:	
•	\$
	\$
	\$
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	\$
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	\$ e
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	\$ c
	\$
	\$
	\$
	\$
	\$
(1) Total cost of all activities in the community and nature AREA TRIPS	\$
(2) Internships from Grant Selection Criterion # 4(C) on page 21 if applicable	\$ (2)
(3) PRE-AWARD PLANNING COSTS for planning the OUTDOOR	\$ (3)
PROGRAM (up to 5% of the requested GRANT amount):	
(4) Hazard and liability insurance premium that will cover the OUTDOOR PROGRAM:	\$ (4)
(5) TOTAL PROGRAM COST = (1) + (2) + (3) + (4)	\$ (5)
Requested GRANT Amount:	\$

The APPLICANT understands that this form will be used to establish the expected GRANT

deliverables for POST-AWARD ACTIVITY COSTS.

AUTHORIZED REPRESENTATIVE Signature

Date