

# Otsego Wildlife Legacy Society

## Allocation Request

PO Box 543  
Gaylord, MI 49735  
[www.otsegoowls.com](http://www.otsegoowls.com)

Date of Request: \_\_\_\_\_

Name of Organization making request: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permits Required: Yes \_\_\_ No \_\_\_ Applied for \_\_\_ Received \_\_\_ Date \_\_\_\_\_

Allocation \$ Requested: \_\_\_\_\_

Are any other organizations or individuals contributing to this project? \_\_\_\_\_

If Yes, Who \_\_\_\_\_ Amount \_\_\_\_\_

Who \_\_\_\_\_ Amount \_\_\_\_\_

Budget: Materials / Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual cost of Project: \_\_\_\_\_

Labor Description if any: Voluntary \_\_\_\_\_ # of Hours \_\_\_\_\_

Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ # of Hours \_\_\_\_\_

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\*Please note: The OWLS, requests copies of all invoices reflecting the allocation expenditures. The individual and or Organization that accepts the Allocation, releases the OWLS from any liability connected to the project. All approved allocation requests for funds, unless otherwise stated, will be available for one year from the date of acceptance.