For NWCG Use Only NP CP

FY2027 NWCG Project Funding Request Form

Management Committee Name:

Subcommittee Name: *(If applicable)*

Project Name:

Requested FY27 Funding Amount:

Has this Project had Prior Funding? **If yes, list year(s) and amount(s):**

Project Type:

Project Lead Information:
Name **Email** **Phone**

Description of Project: *(For descriptions exceeding 800 characters, please submit supplemental documentation.)*

Project Rationale: *(Why should NWCG fund this project? Consequences of not funding, time sensitivity, number of people affected/impacted, etc.?)*

Contracting Mechanism: *(Is there an existing contract or agreement in place?*)

Estimated Final Completion Date for the Overall Project: *(Month and Year)*

I attest that I have read the NWCG Budget Guidance, recognize the limitations of this funding, and understand my responsibilities of obligating the funds requested within the single fiscal year: ☐