

FY2025 NWCG Project Funding Request Form

Parent Committee Name:		
Subcommittee/Group Name: (If applied	able)	
Project Name:		
Requested FY25 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 ex	sisting 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: