



## Application Form

### Land Management Organisational Support

#### Contact Information

First & Last Name	
Title	
Department (if applicable)	
Member Community	
Email	
Phone	

#### Details of Request

**Rank the following areas in order of importance or urgency for your Land Management department using a scale from 1 to 7:**

*Example: If Capacity Building is your department's most urgent need, you would mark it as "1".*

1 – Most needed

7 – Least needed

N/A – Does not apply, or not needed

	<b>Process Improvements</b> application procedures, creating templates, workflows
	<b>Capacity Building</b> professional development and training plans, succession planning
	<b>Community Engagement</b> communication plans, gathering feedback
	<b>Monitoring and Reporting</b> annual workplans, tracking systems, key performance indicators (KPIs)
	<b>Strategic Planning</b> identifying priority projects, developing a strategic plan for the lands department, building partnerships
	<b>Internal Operations</b> clarifying staff roles and responsibilities, improving document management
	<b>Funding Proposals</b> budgeting, proposals templates

**Tell us more about the 1<sup>st</sup> and 2<sup>nd</sup> most important needs you identified above.**

Why are these your current priorities? Have you already tried implementing systems or processes to address them? What challenges did you encounter? Provide as much information as you are able; your input will help us better understand your needs.

**Expected outcomes**

What do you hope to achieve by participating in this program? How will it support the administration and operational effectiveness of your Lands Department?

**Additional information, comments, questions**

Please use this space to add any details about your administrative, operational and organisational needs.

By participating in the program, I acknowledge that neither the Administration nor the FNLMAQL can be held liable for any misuse, damages, or any harm or loss, financial or otherwise, related to services provided under this program.

By participating in the program, I agree to the terms of the program as well as the responsibilities outlined under section 6, *Member Responsibilities*, of the program's guidelines.

Signature of Applicant \_\_\_\_\_

First and Last Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Director \_\_\_\_\_

First and Last Name \_\_\_\_\_

Date \_\_\_\_\_