

**AUTHORIZATION REQUEST**  
**OREGON DUNGENESS CRAB COMMISSION**  
**FY 2019-2020**

Authorization Request Title:

Organization Submitting Request:

Tax ID #:

Contact Person:

Phone:

Address:

Email:

Total Funds Requested for this Authorization Request:

Summary Page: (Please describe each portion of this Authorization Request with a single paragraph and budget for that part of your total request. List all portions of your AR request on this first page and add up the total budget and list above under Total Funds Requested.)

Target Audience of the Project:

Project Message:

Define project goals and exactly how results will be measured and reported to the ODCC board:

Timelines (Please include start date, specific benchmark timelines, and completion date):

You may add comments here or you may attach additional documentation as needed; brevity is appreciated.

**Due in Oregon Dungeness Crab Commission Office by 4 p.m., January 8, 2020.**

**Late applications cannot be accepted.**

**All application shall be submitted by email to [Tim@OregonDungeness.org](mailto:Tim@OregonDungeness.org)**

**Oregon Dungeness Crab Commission  
Attn: Authorization Requests Committee  
964 Central Ave  
PO Box 1160  
Coos Bay, OR 97420  
541/267-5810 (phone) Tim@OregonDungeness.org**