Application For Funding

Application Date: _____   Program Date:_____

Organization: _____

Contact Person: _____ Phone Number:_____

Address: _____

Description of Planned Event: _____
_____

Place The Event Will Be Held: _____

Expected Number of People to Attend Or to be reached: _____

Proposed Budget or Total Estimated Cost of Event: _____

Amount of Funding Requested: _____

What types of Items or products are the funds being used for? _____
_____

INITIAL on the lines below

_____   FUNDS PROVIDED TO PURCHASE ITEMS OR PRODUCT
SHALL NOT BE USED FOR SALE OR FOR PROFIT

_____   I AGREE AND UNDERSTAND I NEED TO SUBMIT A COMPLETE BRIEF
SUMMARY OF THE EVENT BEFORE RECEIVING THE FUNDING

_____   I AGREE AND UNDERSTAND I NEED TO SUMMITT A COUPLE OF
PHOTOS FROM THE EVENT BEFORE RECIVING THE FUNDING AT
LEAST ONE WEEK AFTER EVENT. (PHOTOS MUST HAVE OUR
SIGNAGE POSTED) There is a printable signage on our website.

Applicant Signature: _____

Return Application to Washington County Dairy Promotion Via Email to mikemarian214@gmail.com

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Committee Use Only

Date Received:_____ President:_____

Approved Amount:_____ Denied:_____ Date:_____