



P.O. Box 179, Slinger, WI 53086



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 be reached by this event: _____
- 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 HERE _____ ****FUNDS PROVIDED TO PURCHASE ITEMS OR PRODUCT SHALL NOT BE USED FOR SALE OR FOR PROFIT** IT IS STRONGLY RECOMMENDED TO USE THE FUNDS TO SUPPORT THE DAIRY INDUSTRY.**

INITIAL HERE _____ I AGREE to COMPLETE A BRIEF SUMMARY of the event.

INITIAL HERE _____ I AGREE TO SEND A COUPLE OF PHOTOS of how the funds were used with our dairy logo at least one week after the event was completed. This is to help us with our state funding application, so we can continue to support you in the future also.

Applicant Signature: _____

Return application to Washington County Dairy Promotion Committee via email:

mikemarian214@gmail.com

OFFICE USE - RECEIVED _____ PRESIDENT - _____

APPROVED AMOUNT _____ DENIED _____ DATE _____



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