



Funding Request Application Form

Name of Organization: _____

Project Leader or Contact Person: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Please provide details on your organization (ie. Mission Statement, current function, etc.)

Type of Project: _____

Project Description: _____

Total Project Cost: _____ Funding Requested: _____

Project Start Date: _____ Project Completion Date: _____

Give the name(s) (individuals, businesses, organizations, etc.) or all partners in the proposed project and the nature of the partnership. Are they providing funding and if so in what amount?

Is this an existing project and will it be run next year? If so, what plans are in place for the long term sustainability of the project?

The applicants hereby confirm to the Wellington Federation of Agriculture that the application information is true, verifiable and complete in all respects.

Signature

Name of Applicant (please print)

Please complete this application and return it with the previous year's Financial Statement.