

# North Valley CA Women for Ag

## SCHOOL GARDEN FUNDING APPLICATION FORM

### Background Information

Program or project title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

### Information about the Request

Date of application: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Date Funding is needed by: \_\_\_\_\_

What is the request for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other sources of funding \_\_\_\_\_

\_\_\_\_\_

If project:

Total expenses budgeted for the project: \_\_\_\_\_

Amount raised for the project so far: \_\_\_\_\_

Name/Organization check to be made out to: \_\_\_\_\_

Attention: \_\_\_\_\_