

FARMHOUSE FOUNDATION

GRANT APPLICATION

Name of Chapter: _____

Information on member preparing the application: _____

Name: _____

Address: _____

Phone Number: _____
(area code)

PROJECT TITLE: _____

Probable starting date of the project: _____

Probable completion date of the project: _____

Brief description of the project with implementation plans:

(cont.)

Expected benefits of the project:

Plans for evaluating of results:

Total proposed budget for project:

<u>ITEM</u>	<u>SOURCE OF FUNDS</u>	<u>COST</u>
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Approved by: _____	_____
President of Chapter	Date
_____	_____
President of Association	Date
_____	_____
Chairman, Faculty Advisory Committee	Date

Completed application should be mailed to: **FarmHouse Foundation**
7306 NW Tiffany Springs Parkway, Suite 210
Kansas City, Missouri 64153