

## **GRANT APPLICATION**

Name of Organization Submitting this Requ	est
Advisor or Leader Name	
Address	
Email Address	Telephone
Grant Application Date	Date Grant Money is Needed
Explain briefly how you plan to use the gran	it, if approved.
Dollar Amount this Request \$	
Number of People Participating	Age Group
If you obtain this grant, briefly explain the ex	spected outcome of your project or activity.
□ Approved	
☐ Rejected. Reason grant was rejected	

Postmarked by April 13, 2020

Mail Grant Request To: Agprofessionals, P.O. Box 1702, Willmar, MN 56201