



Dairy Funding Application

Organization Name:

Date:

Contact Person:

Mailing Address, City, State, and Zip:

Phone:

Email:

Website (If applicable):

Grant Request Information:

Type of Grant Requested (select one):

Amount of Request: \$

(Not to exceed \$1500)

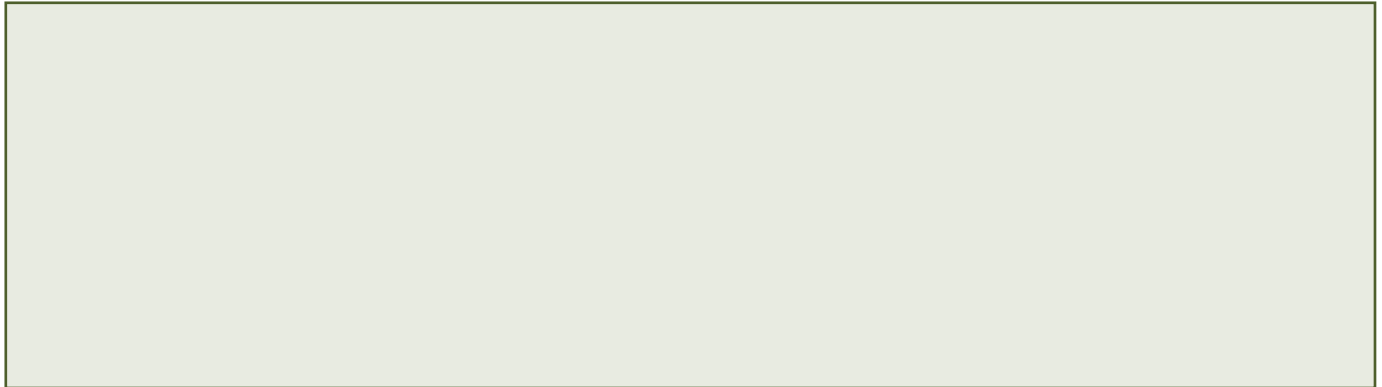
- Monetary project or event funding
- Use of stocked dairy trailer (ice cream, milk, bowls, spoons, napkins, etc.)
- Product Only (Milk, Ice Cream, etc.)
- Other

Project Purpose:

Project Impact:



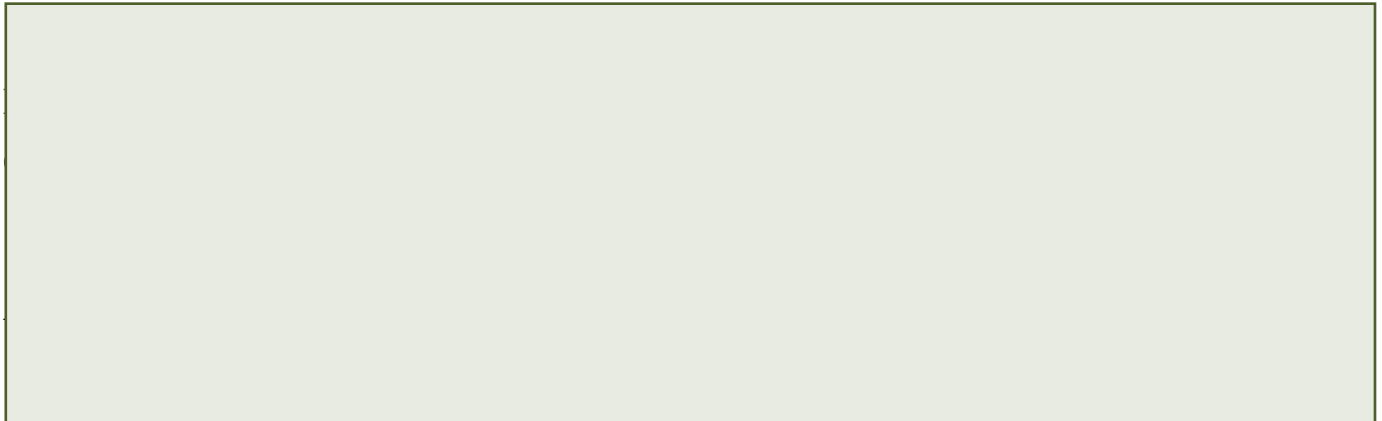
Work Plan:



Project Oversight:



Budget Narrative:



Sponsorship Recognition:

By signing below, I agree, if awarded, to submit a summary of project results to the GSDP Board and its Director upon completion as outlined.

Applicant Signature

Date

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

Mail Completed Application to:

Amy Hall, Director
Granite State Dairy Promotion
25 Capitol Street
PO Box 2042
Concord, NH 03302-2042

FOR GSDP OFFICE USE ONLY:

Application Approved: YES / NO

Amount Awarded:

Check Number:

Comments: