

EMG Grant Application

Applicant _____ Committee _____

Name(s): _____ Name(s): _____

Mailing Address (for notification): _____

Phone number: _____ Email: _____

How would you like to be contacted for questions or initial notification of award result: Phone Email

Describe your project (attach additional pages if needed).

Amount requested: _____

How will it meet the mission of the Dg. Co. EMG program? (attach additional pages if needed).

Provide a proposed budget of items (can be submitted on a separate page).

Applicant's signature: _____ Date: _____

Application can be emailed to the EMG Treasurer or dropped off at the Extension Office.
Applications will be reviewed at the monthly EMG Executive Board meeting.