NC Cattle Industry Assessment

Funding Request Application

Requesting Organ	ization:	
Organization Name	e:	
Contact Person:		
Address:		
Phone:	Email:	
Explanation of Rec	quest:	
Name of Event or Project/Program:		
Program Objectives	:: 	
Counties Affected o eligible:	or	
Number of Produce	rs affected or involved:	_
Number of Youth af	fected or involved:	_
Expected Benefit to Industry:	the Cattle	
Amount Requested:	• • • • • • • • • • • • • • • • • • •	
Are there other cont	tributing organizations or matching funds?	
Signature of Applica	ant:	_
Check made payable	e to:	_

Please attach any additional information that would assist the committee in making an informed decision.