

INDIANA SHEEP & WOOL MARKET DEVELOPMENT PROGRAM

Application for Funding

1. Organization requesting funds: _____
2. Check: () State Association () County Association () Other Organization
3. Name of proposed project: _____
4. Project Date(s): _____ Project Location(s): _____

5. Requested funding amount: \$ _____
6. Matching funds available: \$ _____ Provided by: _____

7. Project thrust(s): Please check applicable description(s) and estimate funding percentages for each category.

(<input type="checkbox"/>) Production Research	___%	(<input type="checkbox"/>) Producer Education	___%
(<input type="checkbox"/>) Consumer Education	___%	(<input type="checkbox"/>) Product Promotion	___%
(<input type="checkbox"/>) Market Development	___%	(<input type="checkbox"/>) Other	___%
(<input type="checkbox"/>) Product Research	___%		
8. Explanation of proposed project (purpose, audience, expected results, etc.):

Note: Attach additional sheet(s) if necessary.

