



**APPLICATION FOR
HARDIN COUNTY EXTENSION HOMEMAKERS MINI-GRANT**
(Must be Hardin County Homemaker)

Please complete all areas—additional pages may be added if needed.

1. Name: _____ Phone#: _____

Address: _____

(Street or Box number)

City

State

Zip Code

2. Title of Project _____

3. Date proposed plan will begin _____ End _____

4. Amount requested for grant (\$250 or less) \$ _____

5. If you receive this grant, will you be willing to provide a financial statement indicating how the money was used? Yes _____ No _____

6. Identify the problem that utilization of this grant would correct?

7. Describe the course of action needed (workshops, leader training, etc.)

8. Outline a plan for sharing the information obtained with Hardin County Homemaker members.

9. If for any reason, you are unable to complete the program described above, all monies must be returned to the Hardin County Homemaker Association.



Signature

Date

Application is due by May 1, 2016