

Applica	ant:			m Bureau Grant Program	
Address, City:			Zip code:	_	
Email:		Phone:	Cell:	_	
Numb	er of members:	Number of voting me	mbers:		
1.	Proposal summary: funds will be used.	Include the amount of fur	ding requested and give a g	general description of how those	
2.	Background: Please	explain how you expect th	nese funds to grow and deve	elop your county Farm Bureau.	
3.	Project timeline: Sho	ow chronological order of	activities to be undertaken		

Please return completed form to NDFB, P.O. Box 2793, Bismarck, ND 58502 or email joey@ndfb.org. Grants will be considered on a first-come first-served basis. No applications will be considered after July 31, 2018. Funds must be used by October 1, 2018.