



PRE-APPLICATION FORM

SPRING FUNDING CYCLE

FALL FUNDING CYCLE

Date of Application: _____

Legal Name of Organization: _____

Year Founded: _____

Executive Director/Project Leader: _____

Phone: _____ Email: _____

Contact Person/Title (if different from above): _____

Address (principal/administrative office): _____

City: _____ State: _____ Zip: _____

Mailing Address, if different from above: _____

Website: _____

Project Name: _____

Purpose: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Goals: _____

Beginning and Ending Dates of the Project/Campaign: _____

Geographic Area to be Served: _____

(Attach list if necessary) Domestic International Both

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. This Organization does not support or engage in any unlawful activity, and
2. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in any unlawful activity.

Signature: _____

Signature / Title / Date

AMERICAN PECAN COUNCIL