PRINCE EDWARD ISLAND 4-H TRUST APPLICATION FOR FUNDING Annual Application Intake Dates: November 30 or April 15

1.	<u>Identification of Applicant</u> : Please check one						
	☐ Individual	☐ Club	☐ Regional Council				
	☐ Provincial Committee	☐ PEI 4-H Council	□ Other				
	Contact Person:						
	Address:						
	Telephone Number:						
	If approved, to whom should the cheque be made payable?						
2.	Identification of Project or Activity: Please use a sheet of paper if extra space is needed and attach to the application.						
	A. Project Objective (clearly state the result(s) expected from this project):						

В.	Project Description (describe in detail the project):					
	2.1.1/					
C.	C. Budget (provide a complete project budget, attach another sheet if necess					
	Projected Expenses	\$ Amount	Projected Income	\$ Amount		
						
	Total Projected Expenses	5	Total Projected Income			
 Name	Name of Applicant			 Date		
IVaille	наше от Аррисанс		Applicant Officer			
Please sul	bmit this application to: PEI 4-H Council PO Box 2000		FAX: (902) 368-62	89		
	Charlottetown, PE C	1A 7N8	EMAIL: pei4hoffice	e@gmail.com		
•	FOR OFFICE USE ONLY:	Prince I	Edward Island 4-H Council Ap	proval		
The Prince	e Edward Island 4-H Council I		this Application and forward it			
	PEI 4-H Council Preside	ent	Date			