

PROJECT REQUEST FORM

Project Request Form must be submitted and approved before project can be started.

CattleWomen Unit/ Organization \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Project Name \_\_\_\_\_

Description \_\_\_\_\_

Project time line \_\_\_\_\_

Project Category – A Box has to be checked

Beef Education/Promotion \_\_\_\_\_

Beef Scholarship/Grant \_\_\_\_\_

Beef Leadership Advancement \_\_\_\_\_

Funds needed to start project from foundation to be paid back when first donations/moneys come in.

Amount \$ \_\_\_\_\_

For/Description \_\_\_\_\_

Return to: June Kester By mail - 68102 Slack Canyon Road, Parkfield, Calif 93451

Email - [junekester49@gmail.com](mailto:junekester49@gmail.com)

Fax - 805-463-2338

Questions or help needed to fill out - June 805-463-2337 H 805-441-3812 C

ACCWHFI Date Received \_\_\_\_\_

Approval Date \_\_\_\_\_

Project Number \_\_\_\_\_