

**REQUEST FOR FUNDING
APPLICATION FORM
FLORIDA AG IN THE CLASSROOM, INC.
2003 Volunteer Grant Awards Program**

Title of Project:

Contact person:
Contact address:

Contact phone: ()
Amount requested: \$

Counties impacted by project:

Purpose of project:

Description of project:

Number of youth served:

Ages/grade levels of youth served:

Projected outcomes and measurable impact:

Statement of need for this project:

Is this an existing project: Yes No

If yes, specifically identify how the requested funds will improve or expand your current program.