

**Sassafras Audubon Society
Grant Application Form**

Applicant Type (check one)

- Individual(s)
- Organization

Primary Contact Information

Name: _____

Organization (if applicable): _____

Email address: _____

Phone number: _____

Mailing address: _____

Project Type (check all that apply)

- Research
- Education
- Habitat

Project duration (not to exceed 2 years)

Begin date: _____ End date: _____

Total amount requested: _____

Agreement

I certify that the above information is true, and that I will comply with the guidelines stipulated by SAS pertaining to how funds may or may not be used.

Signature: _____ Date: _____