



Florida Cabin Fever Quilters Guild, Inc.

P. O. Box 782350
Orlando, FL 32878

COMMUNITY SERVICE GRANT APPLICATION

Date: _____

Guild Member Submitting Proposal: _____ Phone Number: _____

Address: _____

E-Mail _____

Name of Organization: _____
(Please attach any available brochures/literature from the organization)

Organization Contact Person _____ Phone Number: _____

County: _____ Brevard _____ Lake _____ Orange _____ Osceola _____ Polk _____ Seminole _____ Sumter _____ Volusia

Who will benefit from the grant?: _____

Describe the project: _____

What is the projected time line? _____

Does the organization understand and agree to provide an exhibit for the Florida Cabin Fever Quilt Guild as a condition of the receipt of the grant? Yes _____ No _____

How will the organization showcase their grant? _____

Amount of money requested (attach an itemized budget): _____ (\$300 maximum amount*)

**If the money requested from the Guild is not the total budget for the project, please explain where the other funds for the project will be obtained:*

Recommendation of the CSG Committee _____ Chair Signature / Date _____

Recommendation of the FCFQG Board _____ President Signature / Date _____

TRACKING # _____ 1ST Payment: Check # _____ Date: _____

2ND Payment: Check # _____ Date: _____