Farm to Fork Dinner

Thursday, September 5, 2024 | Downtown Leitchfield

Non Drofit Organization Application

Non-Profit Organization Application			
Name of Non-Profit Organiz	ation:	County:	
		Phone Number:	
		Facebook URL:	
Mailing Address:			
City:	State:	Zip Code:	
Please provide a short description of your non-profit organization.			
If you receive these funds, how would it help your organization?			
If you receive these funds w	ould you be willing to s	speak briefly on your organization and how the	_
	odia you be willing to s	peak shelly on your organization and now the	7
funds will be utilized?			
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