

COVER SHEET

Oregon Hunter Education Instructors Association

Application for Funding Assistance		
1. Applicant Name	2. Date:	
3. Address		
4. City	State	County
Zip		
5. DESCRIPTION OF PROJECT OR PURCHASE		
6. O.H.E.I.A. FUNDS REQUESTED:		
7. Other support groups/persons funds:		
8. TOTAL FUNDS NEEDED :		
9. Who will benefit from project or purchase?		
The applicant certifies that to the best of his/her knowledge and belief the data in this application is true and correct and that compliance with requirements will be met.		
10. Printed Name of Applicant:	11. Phone Number	
12. Signature of Applicant	13. Instructor #	14. Member of O.H.E.I.A. Yes ____ No ____

Return Completed Form to

Darlene Marquardt, 827 N. 5th Street, Athena, Or 97813

Board Comments: _____

Approved _____

Denied _____





OREGON HUNTER EDUCATION INSTRUCTOR'S ASSOCIATION

Application for Funding Assistance

Return Grant Application to: Darlene Marquardt
827 N. 5th Street
Athena, Or 97813

Describe the scope of the project: (Be specific: Who will benefit? Will there be other groups that provide in-kind donations or funding support? Where will the project take place? Why do you need OHEIA support? How do you plan to implement the project? In what timeframe should it be completed?)

How much funding is needed? _____

Federal I.D. Number if Applicable _____

OHEIA Member sponsor _____ Instructor # _____

Contact information: Address: _____

Phone (____) _____ - _____ City, State, Zip _____

E-mail _____

(Retain copy of application for your files.)

