

Federation of American Consumers and Travelers

“Visions to Ventures”

FACT PROJECT GRANT APPLICATION

Applicant Name & Address:

Today's Date: _____

Home Phone: _____

Work Phone: _____

Email: _____

Member Name:

Member Number:

Amount Requested: _____

Please provide a detailed summary of your proposed project: *(if necessary, attach a 2nd page)*

Please provide proposed expenses/a detailed budget for your project:

Have you applied for or received a grant from FACT in the past? If yes, please explain:

Have you received co-funding from any other source(s)? If yes, what is the amount you have received?

Signature of Applicant: _____

Date: _____