



Missouri Farmers Care



**Missouri
Farmers Care
FOUNDATION**

FFA, 4-H and Collegiate DTFK Mini-Grant Application

CONTACT INFORMATION			
School Name:	Organization Name:	County:	
Organization Contact:	Contact Email:	Contact Phone #:	
SERVICE PROJECT OVERVIEW			
Project name, anticipated date(s) of project, specific need you hope to address with this project, how you will address this need, who or what organization will benefit from this project, do you currently have support for the project other than money from the mini-grant? If so, please describe it. (This may include matching funds, volunteer support, community partnership, etc.)			
PROJECT IMPACT			
Please provide your best estimate of the following measurable outputs of the project.			
Number of organizational members involved with the project:		Number of other volunteers involved with the project:	
Number of volunteer hours:	Monetary amount of matching funds:	Monetary amount of in-kind donations:	Number of people served by the project:
Pounds of food secured by project or # of meals provided by the project: <i>(For food drive type projects, 1.25 pounds of food equals one meal; however, for meal packing type projects one serving equals one meal)</i>			
BUDGET			
Be specific for line items and include a total at the end of the budget form. Missouri Farmers Care Foundation will match up to \$250 of the project.			
Item Name	Item Description	Quantity	Total Cost
Budget Total			

SUBMIT APPLICATION TO: info@mofarmerscare.com *please put MFC Mini-Grant Application in the subject line of email.*