



Sandy Cochran Memorial Fund Project Application

Mail completed application to: The Sandy Cochran Memorial Fund Committee
c/o Cornplanter District Office
323 N State Street
North Warren, PA 16365

Please complete the following and attach a brief (less than one page) description of the proposed project, including its potential benefits to the counties mentioned in the attached brochure. Attach a budget for the entire project, identifying other sources of support.

Project Director's Name: _____

Tax ID of recipient: () Organization _____ () Individual _____

() Non-profit _____ () Other _____

Address: _____

Phone: _____ Email: _____

Project Cooperators: _____

Title of proposed project: _____

Location of proposed project: _____

Funds requested: _____ Duration of project (years): _____

Semi-annual progress statements regarding the status of your work on the project will be expected.

Please attach at least 2 letters of support, your project description, and your project budget.

Signature of Applicant _____ Date: _____

Applications due June 1, annually