



MOPACA Grant Application Form

Name of Individual or Organization _____

Address _____

Email Address _____ Phone _____

Grant Funds Requested \$ _____

1. If an organization, provide the names and addresses of other individuals who will be working with the organization.

2. Explain the need for which the funds are being requested and how the grant funds will be used. (continue on additional page as needed)

3. Explain how activities supported by these grant funds will benefit you and/or your organization in working with alpacas, their health, and/or their fiber. (continue on additional page as needed)

4. Please describe your academic achievement and community service work, particularly related to alpaca health, care, and/or fiber. (continue on additional page as needed)

5. Who will prepare the written reports and describe how the funds are used?

6. Who will be responsible for accounting how the funds are used?

By signing the grant application form, the Applicant agrees that the grant funds will be used for only the reasons specified in the application. The Applicant also agrees to provide a report and accounting of the use of the funds to the MOPACA Organization Board of Directors & Officers within 90 days of completion of the project/course.

Applicant:

Date _____