

NATIONAL CAPITAL AREA GARDEN CLUBS, INC.
APPLICATION for STATE AWARDS

(Type or print all information)

DATE OF APPLICATION _____ **PROJECT COST** _____

AWARD NUMBER _____ **AWARD NAME** _____

NAME OF PROJECT or ACTIVITY _____

CLUB, CLUBS, INDIVIDUAL or ORGANIZATION _____

DISTRICT _____

NUMBER OF CLUB MEMBERS _____ **NUMBER of MEMBERS PARTICIPATING** _____

CLUB PRESIDENT _____ **PHONE** _____

E-MAIL _____

ADDRESS _____

PERSON COMPLETING THIS FORM _____

PHONE _____ **E-MAIL** _____

ADDRESS _____

DESCRIPTION Briefly describe project and its cost reserving detailed information for Book of Evidence. Please indicate size of club, city, and project, noting number of members participating. Submit financial statement within Book of Evidence.