



## Sandy Cochran Memorial Fund Project Application

Mail completed application to: The Sandy Cochran Memorial Fund Committee  
c/o The Forestry Sciences Laboratory  
P.O. Box 267  
Irvine, PA 16329

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