WVDA Application for Program Funding

Organization Name:	
Event Information	
Event Name:	
Event Address:	
Event Date: Es	timated Number of Attendees:
Website:So	cial Media:
Event Description:	
Funding Information	
Amount Requested:	
Purpose of Funds (personnel, supplies, equipment, promotion, etc.):	
Are you receiving any additional state funding:	
Are you registered as a vendor in wvOASIS, the State Purchasing System? :	
If not registered, please submit a W-9 with this form.	
Comments:	
Contact Information	
Name:	Title:
Phone:	Email:
Address:	
Signature:	Date:

*The West Virginia Department of Agriculture may use the event information in publication and promotional pieces, including social media, website and printed.

Please attach: Cover letter on official letterhead, copy of budget and event schedule.

Return to:
West Virginia Department of Agriculture
Kent Leonhardt, Commissioner
1900 Kanawha Blvd., E.

Charleston, WV 25305



FOR DEPT. USE ONLY Funding Source: Amount:

Approved: _______Signature: