

Cloud County Wind Farm Funds - Application Form

Organization: _____

Contact Name: _____

Address: _____

Phone: _____

Name of Project: _____

Amount Requesting: _____

Total Amount of Project: _____

Description of Project: _____

How this project benefits Cloud County: _____

I understand that payments will be made directly to the vendor and reimbursements to the above organization will not be allowed.

Applicants Signature: _____

Date: _____