

# Cloud County Wind Farm Funds - Application Form

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Amount Requesting: \_\_\_\_\_

Total Amount of Project: \_\_\_\_\_

Description of Project: \_\_\_\_\_

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How this project benefits Cloud County: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_