

GRANT APPLICATION

| | Applicant | |
|---|--|--|
| | Job Title | |
| | School or Organization | |
| 1 | Email | |
| | Phone | |
| _ | | |
| How d | did you hear about Honeybee Tennessee? | |
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| Do you have experience with bees? YES NO If No, do you have a beekeeper available? YES NO Beekeepers Name and Contact | | |
| | beekeeper a member of a beekeeping association? YES NO , what association? | |
| | | |
| Can yo | ou provide and safe location for the bees? Please describe. | |
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| Tell us about your program/project. |
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| What will you do if you do not receive full funding? |
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| Do you have a project Budget? What expenses are associated with the program/project. |
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Applications can be emailed to <u>Jessica@HoneybeeTn.com</u>
If you have any questions you can contact Jessica at 615-887-1439 or via email.