

Date Submitted by:	<h1>Kentucky Horse Council</h1> <h2>Proposal Cover Page</h2> <p>Due By _____</p>	 <p>www.kentuckyhorse.com</p>
Application No:		

1. Title of Proposed Project:			
2a. Legal Name of Organization		3. Name & Title of Authorized Person:	
2b. Address		4a. Telephone	4b. Fax
		4c. Email Address:	
		5. Address of Authorized Person (if different from 2b.)	
6a. Type of Organization: <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(10)		6b. Is entity registered with Sec. of State? YES NO	7. Tax ID #
8. Project Contact (if different than 3.)		9. Proposed Start Date:	10. Proposed Ending Date:
11. Contact Address:		13a. Have you received KHC funds before? YES NO	13b. If yes, please list when and how much.
12a. Contact Phone	12b. Contact Fax	12c. Contact Email	14. How much are you requesting from KHC?
<p>KHC is a not for profit organization and does not discriminate based on race, religion, national origin, or gender.</p> <p>The applicant hereby certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth herein; and that all information contained in this application is true to the best of applicant's knowledge, information, and belief. Kentucky Horse Council, Inc. retains the right to modify or terminate any subsequent agreements with applicant, if at a future date it becomes aware of material misrepresentation(s) contained in this application.</p>			
Signature of Authorized Person			Date Signed