

# International Society for Agricultural Safety and Health, Inc.

## ISASH Endowment Fund Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of ISASH (NIFS)? \_\_\_ Yes \_\_\_ No

- Provide a brief description for the use of the funds requested.
  - What is the amount of your request? \_\_\_\_\_
  - Include your budget for this request.
  - Who will receive this grant money if approved?
    - Name of organization \_\_\_\_\_
    - Describe the organization and is it a 501(c)3 \_\_\_\_\_
  - To whom should the check be payable if this grant is approved?
  - Please note: no overhead expenses allowed in this grant.
- Who will benefit from these funds? Explain.
- How will the funds support farm safety and health? Explain.
- What significant changes would the use of these funds bring about to benefit the safety and health of the agricultural sector?
- How would the use of these funds support the growth of agricultural safety and health professionals?
- If the funds requested are to support students to attend the ISASH annual meeting, please provide details of their involvement in the agricultural safety and health field.
- Please provide additional information to help us better understand your request.

The information provided is our best overview of how the grant funds will be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_