Farm Bureau
Promotion Funds Application

Event or Activity

Event Date

Number of people who attend

Your Plans …

Total cost of the Project _____

Local contribution (County FB & Agent) _____

$ Request for SDFB _____

Date of Request _____ Request made by _____

**Please specify below who the Farm Bureau Sponsorship Check should be made out to should your application be approved. Please include name and mailing address:

Name:

Mailing Address:

Please return requests to:

Michael Held
PO Box 1426
Huron, SD 57350