



Society of American Foresters' Foresters' Fund Information Form

Date: _____ Requesting SAF Unit:: _____

Partnering SAF Unit (if applicable):

- ☐ National Student Assembly
- ☐ Working Group: _____
- ☐ National Committee: _____
- ☐ Student Chapter: _____
- ☐ Other: _____

Amount of SAF funds requested:

- ☐ Regular Grant (between \$500 - \$1,500): _____
- ☐ Special Grant (between \$1,501 - \$5,000): _____

Project Title: _____

Expected Date of Project Completion: _____

Project Manager (name, address, and contact information)

Phone () Fax ()
E-mail _____

Certification of the state society executive committee:

I hereby certify that this proposal has been reviewed and approved by the executive committee of the _____ SAF State Society.

Signature: _____ Date: _____
SAF Title _____

Submitting the Proposal:

Please submit the Foresters' Fund proposal to:

Society of American Foresters
Foresters' Fund
5400 Grosvenor Lane
Bethesda, MD 20814
Fax: (301) 897-3690
E-mail: brittany@safnet.org