

UCP Grant Application Cover Page and Budget

Project Name: _____

Project Owner: _____

Project Champion: (Main Contact Person for the Project) _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Amount Requested from UCP: _____

Percent of request compared to total project budget: _____

Application review date applied for:

- First Monday in January 2016
- First Monday in May 2016
- First Monday in August 2016
- First Monday in November 2016
- First Monday in FEBRUARY 2017

Signature of Organization or Project Owner _____
date _____

(Person who will be responsible for authorizing the correct use of grant funds)

Signature of Project Champion (Main Contact) _____
date _____

(If other than above)

By signing and submitting this application, the submitting organization (or group) agrees to abide by and be bound by each of the terms and conditions described in the application, and further that the applying organization warrants that all of the above information is true and correct.

PROJECT BUDGET

	Item description	Cost or value	Source for quote, bid or estimate
	Materials/Supplies (ex: lumber, copy paper, paint, tools, laptop)		
	Services/Labor (ex: printing, grant writing, plumber, backhoe)		
	In-kind contributions to the project (ex: donated vehicle, 50 hours labor)		
Total amount to complete project:			(leave this space blank)
Amount requested from UCP:			

Please attach copies of any estimates or pricing pages from online orders.