UCP Grant Application

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:_____

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 be 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 Narrative

Description of your project:

PROJECT BUDGET

	Item Description	Cost or Value	Source for quote, bid, or estimate
Materials/ Supplies (ex: lumber, copy paper, paint, laptop)			
Services/Labor (ex: printing, grant writing, plumber, backhoe)			
In-kind contributions (ex: donated vehicle, 50 hours labor, printing)			
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.