UEDB GRANT APPLICATION

Grant Application Deadlines: Last Tuesday of Every Month

**Please submit <u>complete</u> applications and attachments to Kade McMillan via email at
director@uedb.org or mail to UEDB, PO Box 731, Upton, WY 82730**

_____

PROJECT NAME

_____   _____

CONTACT NAME AND TITLE   **ORGANIZATION NAME**

_____

MAILING ADDRESS

_____   _____

PHONE   **EMAIL**

_____   _____

TAX ID#   **EVENT DATE, if applicable**

Non-Profit Organization? _____Yes _____No; Are you sponsored by a Non-Profit? _____Yes _____No

_____   _____

Name of Sponsor   **Tax ID**

AMOUNT REQUESTED $_____ TOTAL PROJECT COST $_____ MATCHING FUNDS $_____

EXPLAIN MATCHING FUNDS:

(Note: Proof of matching funds may be required)

In-kind match value $_____

EXPLAIN IN-KIND MATCH:

Has UEDB funded your organization in the past? _____ Yes _____ No

DESCRIBE 1) the project, 2) how the project will benefit the community; and 3) how many people will be served:

Grant Application Submitted by:

_____   _____
SIGNATURE OF APPLICANT   **DATE**

_____
PRINT NAME