



## QUARTERLY GRANTS APPLICATION

Quarterly Grant Application Deadlines:    March 15    June 15    Sept. 15    Dec. 15

Please submit complete applications and attachments to Stephanie Salazar via email at [director@uedb.org](mailto:director@uedb.org) or mail to U.E.D.B., 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. (If more space is needed, please attach additional information to application)**

**Grant Application Submitted by:**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

**UEDB OFFICE USE ONLY**

Date received \_\_\_\_\_ Date Awarded \_\_\_\_\_ Declined \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_ or Reason for decline \_\_\_\_\_