



## 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** \_\_\_\_\_