Project No. _____

Grant Proposal Application Form
Urban and Community Forestry Program

Project Title: _____

Applicant Name: _____

Location: _____

Applicant Type: ( ) Non-Profit Organization ( ) Government Agency
( ) Educational Institution ( ) Other

Contact Person (Address Correspondence to):
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Employer's Federal Id No. _____

Brief Description of Project: _____

_____

_____

_____

Project currently funded? (Check one) Yes _____ No _____
Previously funded? Yes _____ No _____

UCF Funds Requested $ _____
Local $ Match Provided
Value of In – Kind Match
Total Amount of Project
Timetable Amount of Project
Timetable (Starting Date) (Ending Date)

Volunteer Involvement – Name of Group(s): _____

_____

_____
Name and Title of Authorized Representative

_____ _____
Signature of Authorized Representative Date

Upon authorization of approval for financial assistance, grantees will be assigned a grant number and a maximum dollar amount to expend.