| GRANT Application | LEAVE BLANK-FOR APLU USE ONLY | |
| --- | --- | --- |
| NUmber | Date Received |
|  |  |
| 1. **PROJECT** | | |
| 1a. NAME  Click here to enter text. | | |
| 1b. ABSTRACT OF PROJECT *(no more than 150 words)*  Click here to enter text. | | |
| 1. **APPLICANT ORGANIZATION** | | |
| 2a. NAME  Click here to enter text. | | |
| 2b. MAILING ADDRESS *(Street, city, state, zip code)*  Click here to enter text. | | |
| 1. **PROJECT DIRECTOR/COORDINATOR** | | |
| 3a. NAME *(Last, first, middle)*  Click here to enter text. | 3b. POSITION TITLE  Click here to enter text. | 3c. DEPARTMENT  Click here to enter text. |
| 3d. E-MAIL ADDRESS  Click here to enter text. | 3e. TELEPHONE  Click here to enter text. | 3f. FAX  Click here to enter text. |
| 1. **OFFICIAL (SIGNING ON BEHALF OF INSTITUTION)** | | |
| 4a. NAME *(Last, first, middle)*  Click here to enter text. | 4b. POSITION TITLE  Click here to enter text. | 4c. DEPARTMENT  Click here to enter text. |
| 4d. MAILING ADDRESS *(Street, city, state, zip code)*  Click here to enter text. | | |
| 4e. E-MAIL ADDRESS  Click here to enter text. | 4e. TELEPHONE  Click here to enter text. | 4f. FAX  Click here to enter text. |
| applicant organization certification and acceptance: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with USU/A۰P۰L۰U terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | Signature*(OF OFFICIAL NAMED IN 4)* | DATE Click here to enter a date. |