**Applicant’s Official Name**:

**Project Name**:

**Short Description**:

**Estimated Project Life**:

**Address**:

**Representative**:

**Telephone**: **Email**:

**Total Funds Requested** $

**Project Start Date**: **Project Completion Date**:

**State your estimated payment request schedule for the coming year; amounts should total funds requested. Please enter dollar amounts.**

**July ’19 Aug ’19 Sep ’19 Oct ’19 Nov ’19 Dec ‘19**

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**Jan ’20 Feb ’20 Mar ’20 Apr ’20 May ’20 Jun ‘20**

**\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

**I certify that the application and its attachments are correct to the best of my knowledge**.

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**Signature Title (Board Chair or Governing Officer)**

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**Printed Name Date**