

OSCAR Grant Program Application Form



Applicant Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Grant Administrator Contact**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Project Manager Contact (if different from the Grant Administrator above)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Proposed Funding:**

Total Project Cost: \$ \_\_\_\_\_

Grant Request: \$ \_\_\_\_\_

Matching Contribution: \$ \_\_\_\_\_

**Applicant Certification and Signature**

By submitting this application, I acknowledge that I am authorized to submit this request on behalf of the organization, and that, to the best of my knowledge, the materials submitted under this application, including the project narrative and budget, and complete and accurate.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_