

**APPLICATION COVER SHEET**  
**AGRPC Grant Program**

This form should be completed, printed, signed and scanned into a new PDF document.

**Company/Organization Name:** \_\_\_\_\_

**Contact Name/Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: ( \_\_\_\_\_ )** \_\_\_\_\_ **Cell: ( \_\_\_\_\_ )** \_\_\_\_\_

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

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

**Funding Amount Requested:** \_\_\_\_\_

I hereby certify that the information in this application is true and correct to the best of my knowledge.

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

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

**Print Name:** \_\_\_\_\_

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