

APPLICATION COVER SHEET

ACRC 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: _____