



APPLICATION FOR FINANCIAL ASSISTANCE FROM THE LERAY MCALLISTER CRITICAL LAND CONSERVATION PROGRAM, 2009

Complete, and have an authorized person SIGN, this cover sheet. (an authorized person is a person who has responsibility for committing funds provided by the applicant for use on this project.)

EVEN IF YOU SUBMIT AN ELECTRONIC COPY OF YOUR APPLICATION, as requested, WE STILL NEED ONE ORIGINAL SIGNATURE SENT BY US MAIL.

Refer to the Quality Growth Commission's Eligibility Requirements for Grants and Loans and Evaluation Criteria for information concerning the Consolidated Application, Project Narrative and documentation required to be submitted with this cover sheet.

See Checklist for Application. In order for your application to be complete, be sure everything on the checklist is included with this cover sheet.

1. Project Name [ ]

2. Applicant: must be a county, city, town, Utah Department of Natural Resources, Utah Department of Agriculture, or a 501(c)(3) charitable organization (must submit letter from IRS)

[ ] County [ ] City [ ] Town [ ] Natural Resources [ ] Agriculture [ ] 501©(3)

Name of Applicant [ ]

3. Person authorized to submit this application on behalf of the above entity:

Table with 2 columns: Label (Name, Title, Mailing Address, Phone Number, FAX Number, E-mail Address) and Input field.

4. I certify that I am authorized by the governing body (commission, council, board or other) of the above entity or by state statute to submit this application.

Signature:

\_\_\_\_\_

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