

Discretionary Grant Program for 2015

Application Cover Sheet

The Applicant:

1. Name of Local Government(s) Applying for Grant Funds:

- a. _____
- b. _____
- c. _____

2. Contact Person:

Name: _____

Title: _____

Address: _____

Telephone: _____

The Application:

1. Project Title(s) and Funds Requested:

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____

2. Please prioritize your requests if more than one project is being submitted for funding.

3. Please attach your Mining Impact Brief or Project Proposal, pursuant to Tax 13.07(2)(b), to this Cover Sheet.

4. Please attach, or send prior to August 31, 2015, a resolution of support for this application from each governing body listed in section 1.