



FUNDING SOURCES FORM

APPLICANT _____

PROJECT NAME _____

FUNDING SOURCE	DATE COMMITTED	AMOUNT
Nature Education Facility Grant Request	TBD	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL FUNDING SOURCES Must Equal Estimated Total PROJECT Cost		\$

The APPLICANT understands that the PROJECT cannot be funded unless the requested GRANT equals the estimated total PROJECT cost, or, the requested GRANT plus additional committed funds equals the estimated total PROJECT cost. The PROJECT must be completed and open to the public before final GRANT payment is processed.

Signature _____
APPLICANT'S AUTHORIZED REPRESENTATIVE

Date _____