



## USPTA Grant Application

### Organization information

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Name of requesting organization or person

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Address City State ZIP

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Telephone Fax

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Primary contact and title

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e-mail address

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### Request/project description

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Grant request: \$ Period grant will cover: from to

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Project title:

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Total project budget: \$ Type of request:

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Total organizational budget: \$ Starting date of fiscal year:

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Summarize the organization's mission (two or three sentences):

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I, the undersigned, certify that the statements in this application are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.

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Signature of person completing grant application Date

*Please mail or fax the application, narrative and all other requested information to USPTA, 3535 Briarpark Drive, Suite One, Houston, TX 77042 or (713) 978-7780.*