

**UNIVERSAL SERVICE PROGRAM GRANT APPLICATION**

Public Service Commission of Wisconsin

P.O. Box 7854

Madison, WI 53707-7854

**Instructions:** Please complete Section I and II of this application form and attach the Budget Summary, affidavit and written proposal as described in the grant application packet.

State Application Number

**Section I - Applicant Information**
 Program (select only one)     Lifeline/Link-Up Outreach     Non-Profit Access     Telemedicine
**LEGAL APPLICANT**

Project Contact Name

Organization		E-mail	
Street/P.O. Box		Phone	
City	County	State	Zip

Description of Applicant's Project (Limit description to 30 words or less)

Type of Applicant/Recipient (select only one)

 State Agency     County     Municipality     Private Non-Profit (501)(c)(3)     Other \_\_\_\_\_

Area of Project Impact (Names of cities, counties, state)	Estimated Number of Persons Benefiting
---	--

**PROPOSED FUNDING**

Applicant and Other Funding Sources	\$	Project Start Date	Project Duration (Months)
State USF Amount Requested	\$		
Total Project Cost	\$		

**Section II - Certification**

Applicant certifies that to the best of my knowledge and belief, data in this pre-application/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

**CERTIFYING REPRESENTATIVE**

Name	Title
Signature	Date Signed

The Public Service Commission does not discriminate on the basis of disability in the provision of programs, services or employment. If you are speech, hearing, or visually impaired and need assistance, call (608) 266-5481.