

UNIVERSAL SERVICE PROGRAM GRANT APPLICATION

Public Service Commission of Wisconsin

P.O. Box 7854

Madison, WI 53707-7854

(Filling this form out is in accordance with PSC Admin. Code 160.)

Form 2083 (05/15/09)

Instructions: Please complete Sections 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
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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)

Applicant Category (select only one)

State Agency

County

Municipality

Private Non-Profit (501)(c)(3)

Other

Area Impacted by Project (names of cities, counties)

Projected Number of People Served

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 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 reporting requirements if funding is approved.

CERTIFYING REPRESENTATIVE

Name

Title

Signature

Date Signed

SECTION III - PSC ACTION

Award Amount

Date Application Received

An EEO/AA employer, the Public Service Commission provides equal opportunities in employment and programming, including Title IX and ADA requirements. You may request materials in alternative format by contacting (608) 266-5481.