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

State USF Amount Requested $          Project Duration (Months)

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

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.