

# NYSAF Development Fund Grant Application

**Project Title:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Expected Completion Date:** \_\_\_\_\_

**Project Manager:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**See attached for complete explanation of project.**

**Project approved disapproved by NYSAF Executive Committee on**

\_\_\_\_\_, for the amount of \$\_\_\_\_\_.

**Certified by:** \_\_\_\_\_

\_\_\_\_\_

**80% Funds disbursed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Evaluation Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**20% Funds Disbursed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_