**2021-2022 WSMA Statewide & Urban Grants Funding Request Form**

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| **2021-2022 WSMA Statewide & Urban Grants for Nonprofit Microenterprise Development Organizations Funding Request Form**  **Applicant Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **▢  Statewide or ▢ Urban *(Select ONLY one)***  **Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Budget Justification:**  Personnel/Associated taxes and benefits:  Materials:  Facilities:  Travel:  Consultant(s):  Other: | | | |
| **Description** | **Funds Requested from WSMA** | **Matching Funds (25%) provided by the applicant.**  *Example: If your total project costs $10,000 you will only be able to apply for 75% ($7,500) of the costs from WSMA and match with your own funding the additional 25% ($2,500)* | **Project Total** |
| ***Personnel*** | $ | $ | $ |
| ***Associated taxes & benefits*** | $ | $ | $ |
| ***Materials*** | $ | $ | $ |
| ***Facilities*** | $ | $ | $ |
| ***Travel*** | $ | $ | $ |
| ***Consultant(s)*** | $ | $ | $ |
| ***Other (specify in Budget Narrative*** | $ | $ | $ |
| ***TOTALS*** | **$** | **$** | **$** |