



**Grant Application**

***Specialty Services Form***

(Please attach this Form to Funding Application)

Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Location(s) where project will take place: \_\_\_\_\_

Department/School/Campus Entity is allowing/giving specialty service:

\_\_\_\_\_

Service Description, i.e. no-charge labor, indefinite complimentary maintenance, etc (Include dates of allowed service if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this document, I \_\_\_\_\_ speak on behalf of the  
Printed name of Official Representative

\_\_\_\_\_ and grant services for the above noted project.  
Department/School/Campus Entity

**Date of Signature:** \_\_\_\_\_

**Signature of Official Representative:** \_\_\_\_\_

**Contact Information of Official Representative:**

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

\_\_\_\_\_

\_\_\_\_\_

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

**E-Mail:** \_\_\_\_\_