



**Nuestros Vecinos “Our Neighbors”
Community Sponsorship**

**Strengthening & Developing Rural Communities
Plateau
P.O. Box 1947
Clovis, NM 88102-1947**

Name of Entity: _____

Contact Person: _____

Mailing Address: _____
(Street/PO Box) (City) (Zip Code)

Daytime Telephone Number: _____

Amount of Funds Requested (Not to exceed \$5,000): _____

Please attach the following required documents:

- 1.) Project description. Include pictures, if applicable.
- 2.) Supporting documentation for intended purchases (invoices, quotes, etc.).

I, the undersigned authority, hereby acknowledge that I have read and understand the eligibility requirements for this grant program sponsored by Plateau. I acknowledge there is a one (1) year requirement whereby the funds must be spent pursuant to the request. If the one (1) year requirement is not met, all grant funds received must be repaid to Plateau.

Applicant's Signature: _____ Date: _____