



**Nuestros Vecinos—Our Neighbors
Matching Grant Program Application**

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

Name of Individual or Group _____

Responsible Party (if different from above) _____

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

Daytime Telephone Number(s) _____

Amount of Matching Funds Requested (not to exceed \$10,000) _____

Source(s) of Funds to Be Matched (please specify):

Name of Authorized Local Agency Endorsing Applicant:

Agency/Municipality _____

Officer/Title _____

Address (if different from above) _____

Phone _____

Email _____

Project Type (please specify):

Economic Development & Business Assistance

Economic Development Fund

Disaster & Emergency Assistance

Community Sponsorships (will be considered in the month of December of each calendar year, if funds are available)

Please attach the following required documents:

- 1.) Project Description and Business Plan (Include a brief narrative explaining project, its purposes, and schedule of activities for which matching funds are to be used. Attach necessary information).
- 2.) Proof of matching funds.

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

Applicant's Signature _____ Date _____

(Revised 05/13)