Bobbi Meeler Sahm Service and Outreach Project/Program:

Project / Program Title: ____________________________

UGA School / College / Organization Name: ____________________________

Athens Clarke County Organization Name: ____________________________

UGA Contact Information:

Name: ____________________________ Title: ____________________________

Email: ____________________________ Phone: ____________________________

If UGA faculty/staff, is this request a funding priority supported by the dean or academic unit director?

☐ Yes  ☐ No

List name of approving dean/director: ____________________________

Attach a letter of support from the UGA unit or department to document planned partnership.

Athens Clarke County Organization Contact Information:

Name: ____________________________ Title: ____________________________

Email: ____________________________ Phone: ____________________________

☐ Please Check here if Athens Clarke County Organization is a 501 (c)(3) Tax ID#:

__________________________________________

Attach a letter of support from the Athens Clarke County Organization to document planned partnership.
Project Summary Statement - Include project description, project goals and objectives, and the community need this project addresses (500 words or less):

Please clarify the target audience served by this project (200 words or less):

What will change or be different because this project was funded? (200 words or less):
### BUDGET BREAKDOWN OF REQUESTED FUNDS:

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<th>ITEM DESCRIPTION</th>
<th>FUNDS REQUESTED</th>
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**TOTAL REQUEST**

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Please note if other funds are currently directed to this project.

- [ ] Yes  
- [ ] No

Clarify funding sources and amount designated for this project:

________________________________________________________________________

________________________________________________________________________

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**PLEASE SUBMIT YOUR APPLICATION TO:**

ovppso@uga.edu

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If awarded, the parties agree to supply the Office of the Vice President for Public Service and Outreach with (1) a quote from a participant or individual impacted by the work completed, (2) a photo (high resolution and a signed photo release form) capturing activity of the work; and (3) a 100 word description of program’s efforts by December 1, 2023. These materials will be used for publicity purposes.

UGA Applicant Signature: ________________________________

Athens Clarke County Organization Applicant Signature: ________________________________