

**2026  
Extension Water  
Initiative Grants Program**

Grant Title:

Project Director:

Banner ID:

Academic Title:

Department:

E-mail Address:

Phone #:

Project Collaborators and  
their department or  
affiliation:  
(if applicable)

Project Duration:    12 months    18 months    24 months    Other:

Funds Requested:

Total Value of Match:

Total Cost for Project:

Source of Matching Funds:

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Project Director Signature

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Department Head Signature



**Extension  
UtahState**University

