

## UTILITY CONSUMER REPRESENTATION FUND GRANT APPLICATION

**Case Name:**

**Name of Applicant:**  
(Applicant Name)

**TYPE OF CASE:**  Other\*  
**CASE #** \_\_\_\_\_

**YEAR:** FY \_\_\_\_\_

	<input type="checkbox"/> RATE MCL 460.61	<input type="checkbox"/> PSCR MCL460.6j	<input type="checkbox"/> PSCR	-R <input type="checkbox"/> CON MCL 460.6s	<input type="checkbox"/> IRP MCL460.6t
<b>BUDGET CATEGORY BY LINE ITEM</b>	Column 1 <b>HOURLY RATE</b>	Column 2 <b>BUDGETED HOURS</b>	Column 3 <b>CURRENT AUTHORIZED BUDGET</b>	Column 4 <b>NEW/ADDITIONAL FUNDS REQUESTED</b>	Column 5 (Col. 3 + 4) <b>TOTAL REQUEST</b>
<b>1. ADMINISTRATIVE COSTS</b> Salaries & Fringes (List Name & Position)	1%	N/A			
<b>2. Supplies, Postage, Telephone, Copying:</b>					
<b>3. Misc</b>					
<b>TOTAL ADMINISTRATIVE</b>					\$ _____
<b>INTERVENTION COSTS</b>	Hourly Rate	# of Hours			
<b>4. Legal Personnel:</b> (List Names)	\$ _____				
	\$ _____		\$ _____	\$ _____	\$ _____
	\$ _____				
	\$ _____				
	\$ _____				
<b>5. Expert Witnesses:</b>	\$ _____				
	\$ _____		\$ _____	\$ _____	\$ _____
	\$ _____				
	\$ _____				
<b>6. Filing Fees</b>			\$ _____	\$ _____	\$ _____
<b>7. Other (Specify)</b>			\$ _____	\$ _____	\$ _____
<b>TOTAL INTERVENTION</b>			\$ _____	\$ _____	\$ _____
<b>GRAND TOTAL COSTS</b>			\$ _____	\$ _____	\$ _____