



**Project Information**

1. Project Name \_\_\_\_\_  
Is this project a:  Marketing Piece  Event  Sales Promotion  
 One-Time/One-of-a-Kind  Capital Project
2. Project Date(s) \_\_\_\_\_
3. Amount Requested \$ \_\_\_\_\_ Total Project Budget \$ \_\_\_\_\_

**Applicant Information**

4. Grant Contact Person and Title \_\_\_\_\_
5. Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_
6. Applicant Organization/Group Name \_\_\_\_\_
7. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
8. Date Organization Established \_\_\_\_\_
9. Is the sponsoring group a not-for-profit organization, a unit of local or state government, or a public school?  
 Yes If yes, attach organization's Letter of Tax Exempt Determination of sales tax exemption.  
 No If no, attach a letter of agreement between the applicant and the not-for-profit partner organization that will act as fiscal receiver and answer the next question.
- 9b. If no, indicate the name and address of the not-for-profit partner organization that will act as fiscal receiver:  
Organization's Name \_\_\_\_\_  
Contact Person and Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
10. What public notice of the activities will occur (e.g., newspaper ads, radio announcements, flyers, posters)

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

In the space provided below, provide a brief history of the applicant group or organization. Describe its mission or purpose and objective:

In the space provided below, summarize your project based on your response to the next question:

Describe your project or event: