



# Preservation Howard County Grant Application Form

1. Name of Organization: \_\_\_\_\_
2. Name of Person applying for grant: \_\_\_\_\_
3. Title: \_\_\_\_\_
4. Address of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_
6. Web site address (if available): \_\_\_\_\_
7. Is this organization tax exempt? [501(c)(3)]: \_\_\_\_\_  
if yes, taxpayer ID: \_\_\_\_\_
8. Project location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Amount of money requested: \_\_\_\_\_
10. Please briefly describe your organization and its mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please provide a detailed description of your project and what the requested funds will be used for. Include location, size, scope, and a description of any potential or anticipated impediments to execution. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. When will the project begin? \_\_\_\_\_  
When will it be completed? \_\_\_\_\_
13. What other sources of funds do you have, or expect to obtain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. How will this project help your organization accomplish its mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages if necessary.



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## Budget Information

### Expenses:

Please list total expected costs of the project

#### Personnel

Administrative: \$ \_\_\_\_\_  
 Services: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

#### Materials (please list)

Item: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
 Item: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

#### Income:

Please list how you expect to fund this project

Grant request from Preservation Howard County \$ \_\_\_\_\_  
 Cash on hand \$ \_\_\_\_\_  
 Individual donations -amount planned \$ \_\_\_\_\_  
 Corporate donations - amount requested \$ \_\_\_\_\_  
 Corporate donation – amount received \$ \_\_\_\_\_  
 Other grants – amount requested \$ \_\_\_\_\_  
 Other grants – amount received \$ \_\_\_\_\_  
 Other (fundraising projects or sale of goods) \$ \_\_\_\_\_

Total Income (must match total expenses) \$ \_\_\_\_\_

Please list any in-kind, or non-cash donations for this project (such as services and/or materials)

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Please attach additional pages if necessary.



## Preservation Howard County Grant Application Form

I certify that all of the information in this application is true and correct.

\_\_\_\_\_  
Signature of applicant

Date: \_\_\_\_\_

Typed name of signer: \_\_\_\_\_

Title: \_\_\_\_\_

### Non-Discrimination Statement

Title IV of the Civil Rights Act of 1964 provides that:

‘No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program of activity receiving federal financial assistance’ (section 601)

We have read the above statement and fully comply with its provisions.

Authorized signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_