

## Eaton County Historical Commission P.O. Box 411, Charlotte, Michigan 48813 (517) 543-6999 GRANT APPLICATION FORM

REQUESTOR INFORMAT	
Requestor's Name:	Date Submitted:// e Number: ()
Requestor's Day Time Phone	Number: ()
Requestor's E-Mail Address:	
Organization Name:	
Organization Mailing Address	SS:
Organization Phone Number:	· · · · · · · · · · · · · · · · · · ·
Organization Fed ID Number	::
Number of members in organ	nization:
Organization's annual budge	t: \$
Date Organization was formed	ed:/
Is Organization an IRS 501(c	e)(3) not-for profit? YES or NO:
Briefly state history of organ	ization:
Briefly state mission or goals	of organization:
List organization major office	ers:
Name:	Title:
Name:	
PROJECT INFORMATIO	N SECTION
Project Name/Title:	
Contact Person:	Phone Number: ()
	ganization is requesting this grant, what outcomes you hope to achieve, and
how you will spend the funds	

Briefly describe how this project preser	ves, restores or promotes Eaton County's culture or heritage:
Total Grant Amount Requested: \$ Total Amount Required to Complete Properties of Projects from	roject: \$
Duration of Project: from//Provide Number and Qualification of St	taff & Volunteers Working on this Project:
List Other Funding Sources for this Pro	ject:
Source:	Amount \$
Source:	Amount \$
knowledge, and that I am a duly author funds received from this Grant Program	d in this application is true and correct to the best of my rized representative of the applicant. I understand that m may only be used for the above approved project and to the Historical Commission and, upon completion or bmitted to the Historical Commission.
Requestor's Signature:	Date:/