

TUSCARAWAS VALLEY HERITAGE, INC.



124 East High Avenue
New Philadelphia, OH 44663

Phone: (330)602-2420

www.tuscarawasvalleyheritage.org

GENERAL GRANT APPLICATION

**Attention Teachers/Curriculum Directors: This is not the correct application for school sanctioned activities.
Please visit www.tuscarawasvalleyheritage.org to download the Field Trip Grant Application.**

DATE: _____

PROPOSED PROJECT PERIOD START DATE: _____ END DATE: _____

APPLICANT NAME: _____

NAME OF CONTACT PERSON: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

E-MAIL ADDRESS OF CONTACT PERSON: _____

NAME OF PROJECT: _____

TOTAL PROJECT BUDGET: \$ _____

AMOUNT OF GRANT REQUESTED: \$ _____

(Note: Typical Grant Award Ranges from \$100 to \$750)

*“Embracing our unique history, sharing our culture, and
connecting our past, present and future!”*

BUDGET DETAILS

**** Please include all cash outlay and value of in-kind (no cost) items/services ****

**** Please denote all in-kind items with the following designation: (in-kind) ****

I. General Supplies

\$ _____

Please provide general description of items:

II. Publicity and Communication

\$ _____

III. Transportation

\$ _____

IV. Other (please identify): _____ \$ _____

V. Other (please identify): _____ \$ _____

TOTAL PROJECT BUDGET

\$ _____

APPLICATION CERTIFICATION

The undersigned certifies that he or she is authorized by the governing or corporate body of the applicant to represent the Applicant in both requesting and accepting the proposed grant funds and to the best of his or her knowledge the information contained in this application is correct.

The undersigned acknowledges that should the proposed grant funding be approved, the Applicant will be required to enter into a funding agreement with Tuscarawas Valley Heritage, Inc. The funding agreement may require submission of documentation relative to the use of grant funds, including project and fiscal reports.

Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

The Board of Directors of Tuscarawas Valley Heritage, Inc. meets Quarterly . Please plan the submission of your application accordingly.

Please mail the completed grant application to the following address:

**Tuscarawas Valley Heritage, Inc.
124 East High Avenue
New Philadelphia, OH 44663**

Please retain a copy of the completed application for your records.