

**PRESERVATION NORTHERN NECK
AND MIDDLE PENINSULA, INC.***

**GRANT PROGRAM
Application**

Date: _____

Applicant's Name: _____

Organization: _____

Please indicate if the organization is 501 (c) 3

Address: _____

Telephone: Home: () _____

Work: () _____

Email Address: _____

Estimated Cost of Project: \$ _____

Amount Requested from PNNMP Grants Program: \$ _____

Documentation required:

____ Detailed description of the property/site and its historical significance

____ Brief description of the specific work to be assisted by the grant

____ Brief narrative explaining milestones in the preservation effort

____ Budget for the proposed project

____ Pertinent photographs

Mailing address for grant application:

PNNMP Grant Committee

Post Office Box 691

Warsaw, Virginia 22572

*EIN#45-5322209