

50 Year Club Historical Renovations Partnership

Pre-Grant Information Application

Date Submitted _____ **Date Reviewed** _____

Submitting Contact's Name _____ **Title** _____

Department/Division or Group Seeking Funding: _____

Phone: _____ **Fax:** _____ **email:** _____

Mailing Address: _____

Partner Agency(ies) (public or private): _____

A. What need(s) would be met by this grant project?

1. _____

2. _____

3. _____

B. Describe, in brief, the project you are seeking to fund, including the duration of the project.

C. What are sources of possible funding for this proposal you have already considered?

D. Are there special conditions or expectations of the grantor associated with the proposed funding agency? Who will be impacted by the project? (Matching monies, pre existing conditions, etc.)?

No _____ **Yes** _____ **See following:**

1. _____

2. _____

3. _____

E. Are there any unique and large requirements for the project such as capital equipment, travel, technology, etc.?

F. What is the acceptable and recommended funding range of this RFP/\$resource?

G. Who will be responsible for implementing the project?

Name of project director _____

Title _____ Employer _____

Email _____ fax _____ Phone _____

H. Have you received any grants (state/federal) in the past 5 years? Yes ___ No ___

If yes, Please list the funding agency and titles of the grant sources:

Actions taken: _____

Date _____