



Eaton County Historical Commission  
Grant Application Form

REQUESTOR INFORMATION SECTION

Requestor's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Requestor's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Requestor's E-Mail Address: \_\_\_\_\_@\_\_\_\_\_.

Organization Name: \_\_\_\_\_  
Organization Mailing Address: \_\_\_\_\_  
Organization Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Organization Fed ID Number: \_\_\_\_\_ - \_\_\_\_\_  
Number of members in organization: \_\_\_\_\_  
Organization's annual budget: \$ \_\_\_\_\_  
Date Organization was Formed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is Organization an IRS 501(c)(3) not-for profit? YES or NO: \_\_\_\_\_

Briefly state history of organization and area of the county: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state mission or goals of organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List organization major officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

PROJECT INFORMATION SECTION

Project Name/Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Briefly describe why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is awarded. Explain when this project will be completed with or without the grant award. Project progress and a completion report are required by the commission. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how the grant request will preserve the history of Eaton County and the community and restores or promotes Eaton County's culture or heritage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Grant Amount Requested: \$ \_\_\_\_\_

Total Amount Required to Complete Project: \$ \_\_\_\_\_

Duration of Project: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide Number and Qualification of Staff & Volunteers Working on this Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Other Funding Sources for this Project:

Source: _____	Amount \$ _____
Source: _____	Amount \$ _____
Source: _____	Amount \$ _____

*I certify that the information contained in this application is true and correct to the best of my knowledge, and that I am a duly authorized representative of the applicant. I understand that funds received from this Grant Program may only be used for the above approved project and upon completion or termination, a project report will be submitted to the Historical Commission.*

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

May 1<sup>st</sup> is the annual deadline for submitting completed and signed applications to:

Julie Kimmer, 100 W. Lawrence, P.O. Box 411, Charlotte, MI 48813, 517-543-6999