

For office use only



Heritage Revitalization Fund Application Cover Sheet

1. Proposal Title: _____

2. Funding Priority
- Pre-planning Planning Implementation
 - Audience Assessment
 - Public Programming
 - Organizational Assessment
 - Marketing/Communcation
 - Financial Stabilization
 - Evaluation
 - NONE

3. Grant Period Requested
From: ____/____/____ To: ____/____/____

4. Numerical Estimate of Target Audience: _____

5. Institutional Budget Size
- <\$250K
 - \$250K – 850K
 - \$850K – \$2.5MM
 - \$25MM+

6. Applicant Organization Information

Organization Name: _____

Legal Address: _____

City: _____ State: ____ ZIP+4: _____

Director or Authorizing Official: _____

Phone: _____ Fax: _____

E-mail: _____

Web address: _____

CT Tourism District: _____

CT Legislative District #:

Senate _____

House _____

U.S. Congressional District _____

7. Co-Applicant Organization Information (if applicable)

Organization Name: _____

Legal Address: _____

City: _____ State: ____ ZIP+4: _____

Director or Authorizing Official: _____

Phone: _____ Fax: _____

Web address: _____

8. Project Director Information

Name: _____

Organizational affiliation: _____

Address: _____

City: _____ State: ____ ZIP+4: _____

Phone: _____ Fax: _____

E-mail: _____

9. Project Co-Director Information (if applicable)

Name: _____

Organizational affiliation: _____

Address: _____

City: _____ State: ____ ZIP+4: _____

Phone: _____ Fax: _____

E-mail: _____

10. Fiscal Agent

Name: _____

Organizational affiliation: _____

Address: _____

City: _____ State: ____ ZIP+4: _____

Phone: _____ Fax: _____

E-mail: _____

11. Public Relations Contact Information

Name: _____

Organizational affiliation: _____

Address: _____

City: _____ State: ____ ZIP+4: _____

Phone: _____ Fax: _____

E-mail: _____

12. Funding Profile

A. CHC Funds Requested	\$
B. External Funders' Cash Contributions	\$
C. Applicants' Cash Contributions	\$
D. Applicants' In-Kind Contributions	\$
Total	\$

Budget Summary Form

Expenses	A. CHC Grant Funds Requested	B. External Funders' Cash Contributions	C. Applicant Cash Contribution	D. Applicant In-Kind Contribution	E. Cost Share Total (B+C+D)	F. Total (A+E)
Salaries & Wages						
Honoraria						
Travel						
Supplies						
Rental						
Postage						
Telephone						
Printing						
Promotion						
Evaluation						
Other (specify)						
Total						

Authorization (Type or print name, then sign)

Project Director and Project Co-Director

Date

Fiscal Agent (must be someone other than Project Director)

Date

Applicant Organization Authorizing Official

Date

Co-Applicant Organization Authorized Official

Date