

MONTGOMERY COUNTY HISTORIC PRESERVATION GRANT FUND

A P P L I C A T I O N

FISCAL YEAR 2015

Group or Organization Name: _____

Address: _____

Name of Contact Person: _____

Contact Person Phone: Home _____ Office _____

Cell _____ email _____

Contact Person Address: _____

I hereby authorize the submission of this request for funds and understand that, should my organization receive funding, it will be obligated to provide credit to the Historic Preservation Commission in any materials or programming made possible through this grant.

Signature of President of
Organization

Date

I hereby certify that _____ is the President of
(Name)

_____ and is duly elected, and that the information
(Organization)

contained in this application and its addenda is true and correct to the best of my knowledge.

Signature of Secretary of
Organization

Date

Return completed coversheet and attachments to: Historic Preservation Commission, M-NCPPC, 8787 Georgia Avenue, Room #204, Silver Spring, Maryland, 20910 or email a copy of the application to scott.whipple@montgomeryplanning.org. For information, call Scott Whipple at 301.563.3404. Application must be received by May 18, 2015.

APPLICATION NARRATIVE

The following information must be submitted before your grant request can be considered. Application must be received by May 18, 2015.

1. Briefly describe your organization, its objectives, and membership. Attach a copy of the organization's charter or founding document, and a copy of your tax exempt certificate.
2. Project information:
 - a. Project name and brief description
 - b. Describe the purpose(s) of your project
 - c. Who will see/benefit from your project (i.e. who is the target audience)
 - d. Describe the project product or outcome
 - e. Describe and/or list the materials and resources you will use
 - f. Describe how the project will contribute to historic preservation
3. List the project’s primary personnel. Include project manager, consultants, resource experts, etc. Describe briefly their qualifications or attach resumes. NOTE: *Indicate the primary person responsible for the project if different from the contact person listed above.*
4. Project Timeline. Describe how you will carry out your project, including:
 - a. Date project is ready to commence (project may not be initiated prior to ratifying contract)
 - b. Expected project completion date (projects should be completed by 7/1/16)
 - c. Timeline for 3-5 project milestones to measure project progress
5. Budget:
 - a. Amount of money requested
 - b. Budget explanation. Discuss briefly the source of the project’s matching funds and what kind of services will be performed as part of the in-kind match of volunteer hours (See “Guidelines for Applicants” for explanation of in-kind matching contributions for volunteer hours).
 - c. The following table is provided to guide you in submitting your budget. *Please note: TOTAL INCOME (line C.) must equal or exceed TOTAL EXPENSES (line D.).*

INCOME		EXPENSES	
A. Matching Contributions		Personnel	
	Cash		Consultants
	In-kind		Other
	TOTAL		TOTAL
B. HPC Grant Request		Materials	
C. Total of A. & B.		Printing/Copying	
		Photos/Video	
		Postage	
		Insurance	
		Other (Identify)	
		D. TOTAL EXPENSES	

6. Describe other projects undertaken and completed by your organization, including sources of funds.
7. Include any essential support materials which help explain your project (e.g. photograph of building if appropriate, brochure, survey, resumes, etc.).