

GHRAC Historical Records Grant Application

Organization's Information:			
Organization's Name:		Contact Person:	
Website:		Contact Person's Title:	
Address:			
City:	County:	State:	ZIP Code:
FEIN:	Fiscal Year:		
Telephone #:	Email Address:		

Authorizing Official's Information:			
Name:		Position Title:	
Address:			
City:	State:	ZIP Code:	
Telephone #:	Email Address:		

Checklist of Attachments	
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All Institutions:

- Organization Description
- Project Description
- Budget Description (include a chart if necessary)

Government Offices:

- City/County Resolution (Exception: Development included in work plan.)

Historical Repositories:

- Mission Statement
- Acquisition/Collection Policy (Exception: Development included in work plan.)
- Deposit Agreement (if working with a depository)

As authorizing official of the applicant, I certify to the best of my knowledge that the information in this application is true and correct, the application has been duly authorized by the governing body of the applicant, and, if approved, the applicant will carry out the project in the manner described herein. I further certify that the applicant will maintain records in accordance with generally accepted government accounting principles, and that the digitization services awarded will be included in those audits or financial statements covering all or part of the project duration period.

Signature of Authorizing Official

Date