



HISTORIC SITES EMERGENCY GRANT FUND GRANT APPLICATION

ORGANIZATION INFORMATION

Name of Historic Site

Organization That Operates Site

Contact Name

Contact Title

Contact Email

Contact Phone Number(s)

Mailing Address for Site

GRANT/FINANCIAL INFORMATION

Time Period Covered (Such as May 1 – June 1, 2020)

Estimated Visitation for Same Time Period in 2019

Total Visitation for Last Full Recorded Year

Estimated Total Budget for Last Completed Year

Estimated Total Budget for Current Year

Do you receive state or federal operating funds? Yes No

Number of Full Time Employees

Number of Part Time Employees

REQUESTED GRANT AMOUNT (BETWEEN \$100 - \$2,500)

Amount of loss or expected loss for “time period covered” *(must be equal to or greater than requested grant)* *

* **Financial documentation.** In the grant narrative, please explain how you determined your figures for loss/projected loss.

GRANT NARRATIVE (UP TO 500 WORDS) – can be included on a separate sheet

BRIEFLY EXPLAIN how the Coronavirus crisis has affected and will affect your business. Please include specifics about how you determined your amount of loss/projected loss:

SIGNATURE

Name of Authorizing Official

Title

Signature of Authorizing Official

Date