

**Ohio Historical Records Advisory Board 2014 Grant
Summary Page**

Organization

Funding required for project

Name

Grant \$

Address

Matching \$

City/Zip

Total \$

FEIN #

DUNS #

Project Director

Authorizing Official

Name/Title

Name/Title

Address

Address

City/Zip

City/Zip

Phone

Fax

Phone

Fax

E-mail

E-mail

Authorizing Official Signature

Sign here! →

Project description

Title of Project

Starting Date

Ending Date

Summary Statement *Briefly summarize the nature and purpose of the project you propose for funding. State the programmatic and financial need.*