



Ohio Historical Records Advisory Board 2016 Grant Summary Page

Organization

Name _____

Address _____

City/Zip _____

FEIN # _____

DUNS # _____

Funding required for project

Grant \$ _____

Matching \$ _____

Total \$ _____

Project Director

Name/Title _____

Address _____

City/Zip _____

Phone _____ Fax _____

E-mail _____

Authorizing Official

Name/Title _____

Address _____

City/Zip _____

Phone _____ Fax _____

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.*

CHECKLIST

This checklist is designed to assist you in the preparation of your application. Do not submit with your final application

Did you...

1. Read Grant Guidelines (pp. 1-7)? _____
2. Read Grant Application Instructions (pp. 8-11)? _____
3. Complete Grant Summary Page (p. 12)? _____
4. Sign the form (p. 12)? _____
5. Complete Budget Form? _____
6. Attach Grant Application Narrative? _____

Questions? Contact: Ron Davidson
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