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

NATIONAL
ARCHIVES

NATIONAL HISTORICAL
PUBLICATIONS
& RECORDS COMMISSION

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. 1-8)?   _____

2. Read Grant Application Instructions (pp. 9-12)?   _____

3. Complete Grant Summary Page (p. 13)?   _____

4. Sign the form (p. 13)?   _____

5. Complete Budget Form?   _____

6. Attach Grant Application Narrative?   _____

Questions? Contact: Stephen Badenhop
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