

FY2012

Name of Applicant

FY 2012 Heritage Montgomery Mini-Grant Application

Complete all pages in 12 pt. type or larger.

Amount Requested: \$ _____ (Between \$500 - \$2,500.)

Please round to the next lowest multiple of 10.

Name of applicant organization

Fed. ID#

Address of organization

City

State

Zip code

Contact name

Title

Daytime phone

Fax

E-mail

Web site

In 50 words or less, explain below what the Heritage Montgomery Mini-Grant funds will be used for:

(Note: Call Heritage Montgomery to discuss your project before applying)

This application must be received no later than 4:00 PM on September 21, 2011 at:

Heritage Tourism Alliance of Montgomery County
12535 Milestone Manor Lane
Germantown, MD. 20876
301-515-0753

FY2012

Name of Applicant

Please provide names and information of two office holders below who will attest to the accuracy of the information submitted in this application and provide assurance that the applicant has authorized the submission of this application.

Name

Title

Date

Name

Title

Date

Heritage Tourism Grant Budget

Organization Name: _____

List and describe the **expenses and income for this project/program**. Use forms below; do not substitute.

Include **only** expenses and income specific to **this project/program**.

Expenses must be equal to and consistent with income. For example, do not show space/equipment rental as an in-kind donation unless space/equipment rental also is shown as an expense.

(Please see guidelines regarding eligible expenses)

EXPENSES

	AMOUNT	DESCRIPTION
Personnel (Contract only)	\$ _____	_____
Outside Fees/Consulting	\$ _____	_____
Space/Equipment Rental	\$ _____	_____
Materials & Supplies	\$ _____	_____
Printing/Copying	\$ _____	_____
Other (<i>please describe</i>)	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL EXPENSES:	\$ _____	

INCOME

	AMOUNT	DESCRIPTION
Earned Income , including Admissions/tickets/tuition/fees	\$ _____	_____
Contributed Income Donations, foundation grants, Corporate support, etc.	\$ _____ \$ _____	_____ _____
In-Kind Donations	\$ _____	_____
In-Kind Donations	\$ _____	_____
Government Support <i>(please identify)</i> Include local, state and federal support	\$ _____ \$ _____	_____ _____
Total Income <u>Not including HTA Grant</u>	\$ _____	
Required Cash Match	\$ _____	
In-kind Match	\$ _____	
Total Required Match		\$ _____
Additional Cash Match	\$ _____	
Additional In-Kind Match	_____	
Total In-kind Match		\$ _____
Total Cash and In-kind Match		\$ _____
Grant Funds applied for		\$ _____
TOTAL INCOME AVAILABLE FOR PROJECT		\$ _____

NOTE: Total Income must be equal to and be consistent with Total Expenses.