

Mason County Heritage Grant Application

Applicant: _____ Date: _____

Mailing Address: _____

Email: _____ Phone: _____

Project Description Attached on Separate Page: Yes ___ No ___

Total Project Cost: _____

Grant Request Amount: _____

Heritage grants are available to non-profits, government agencies and tribes. If your organization is a non-profit, please attach proof that your organization is currently registered with the Washington Secretary of State or is 501(c).(3).

Proof of non-profit status is attached: Yes ___ No ___

How many of the following categories does your project fall into? Please mark all that apply:

Professional Development: Yes ___ No ___

Public Education: Yes ___ No ___

Small Capital Projects: Yes ___ No ___

Collections Management: Yes ___ No ___

Heritage Investigations: Yes ___ No ___

Historic Preservation: Yes ___ No ___

Does your organization have a current incomplete Heritage Grant project pending?

Yes ___ No ___

Does your organization have a previously approved six month time extension for an incomplete approved project?

Yes ___ No ___

If your organization had a previously approved six month time extension, has one year elapsed since the completion of the project?

Yes ___ No ___

Has the person completing this application read the Heritage Grant Guidelines published on the Mason County website?

Yes ___ No ___

Does your organization understand that this is a reimbursement grant not to exceed \$5,000?

Yes ___ No ___

Does your organization have the funding ability to complete the project prior to reimbursement?

Yes ___ No ___

Signature of official for your organization (i.e. city official, organizational president, etc.):

_____ Date: _____

Signature of your organization's financial officer:

_____ Date: _____