NEVADA COMMISSION FOR

CULTURAL CENTERS AND HISTORIC PRESERVATION (CCCHP)

**GRANT APPLICATION FOR FY2021-2022**

For SHPO use only

Initials:\_

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**APPLICATION COVER PAGE** *(This* ***unaltered*** *form must be submitted with the application.)*

Applicant Organization:

EIN (Taxpayer Identification Number):

Mailing Address:

City: County: ZIP:

Project Contact: Title:

Daytime Phone: Evening Phone:

Fax: Email:

 Property Owner Name and Address:

Project Title:

Project Address:

City: County: ZIP:

Project Type: [ ]  Rehabilitation/Construction [ ]  Planning/Construction

 [ ]  Architectural/Engineering Study/Construction

Historic Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Date Built: \_\_\_\_\_\_

Property Insured: [ ]  Yes; please enclose one copy of policy [ ]  No; please explain:

Project Synopsis (brief)**:**

Proposed Start Date: Proposed End Date:

**Project Budget Summary:**

Amount Requested: $ **Applicant’s authorized signature:**

Proposed Match: Cash $

In-Kind/Donations: $

Total Project Budget: $

Name (*please print*): Title:

Date:

 **I HAVE READ THE 2021-2022 CCCHP APPLICATION GRANTS MANUAL\***

**\*PLEASE NOTE—IF THIS PAGE IS NOT SIGNED, THE APPLICATION IS CONSIDERED INCOMPLETE, AND CANNOT MOVE FORWARD IN THE FUNDING PROCESS.\***

I HAVE READ THE GRANTS MANUAL AND COMPLETED THIS **CCCHP APPLICATION FOR 2021-2022** AND CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**Applicant’s authorized signature:**

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (*please print*):

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_