



**ARTS AND CULTURAL HERITAGE FUND
MINNESOTA HISTORICAL AND CULTURAL GRANTS
STRUCTURED APPLICATION FORM**

Staff Use Only
Date received _____
Project number: _____

October 2009

Applicant

Name of Applicant

Mailing Address

Mailing Address

City State Zip

Are you acting as sponsor for another organization? Yes

Name of Sponsored Entity

Authorized Officer

Signature Date

Name Telephone (day)

Title

Project Director

Name Title

Organization Name (if different from Applicant)

Mailing Address

Mailing Address

City State Zip

Telephone (day) (alternate)

E-mail Address

Structured Grant Option :

- Disaster Plan
- Minnesota History Bookshelf
- Purchase Microfilm/fiche
- StEPs

Give a Brief Description of Your Organization and a Brief Project Summary

Name of Contractor _____
(Attach copy of contractor's proposal to the application)

Anticipated Completion Date _____

Budget Information (request cannot exceed \$7000)

Contractor's Bid Price: _____

Optional Cash Match: _____

TOTAL Grant Request: _____