LIBERTY COUNTY BOC HISTORIC/CULTURAL GRANT APPLICATION

I. APPLICANT

Name of Organization _____

Type of Organization _____ Non Profit _____ For Profit _____Religious_____Other

If Other, please specify_____

Chief Executive Officer and Title_____

Mailing address for official correspondence:_____

City_____, GA Zip Code _____

Telephone#_____ Email _____

Does the organization seeking funding own the property? _____ Yes _____No _____Lease

If property is leased, indicate the starting and ending dates of the lease _____

Property Owner, if different from above _____

II. PROJECT COST

Total Project Cost $ _____

Contributions by Others $_____

Grant Amount Requested $_____

III. PROPERTY INFORMATION

Property Name

_____

Is the property currently listed in the Georgia Register and/or National Register?

_____Yes _____No

Physical Address/Location of the Property (including street and city)

_____

IV. PROPERTY DESCRIPTION (Use separate sheet, but No more than 4 pages)

Attach photographs to the application showing a general view of the property (interior and exterior), as well as specific areas where project work will be completed.

Describe the property's original use, current use, and its role as a resource in the community.

V. PROJECT PURPOSE AND DESCRIPTION (Use separate sheet, but attach No more than 2 pages)

Describe the purpose of the proposed project and the actual project work to be completed.

Describe in detail how this project fit within the mission of your organization.

Describe how this project will benefit the community.

VII. PROJECT BUDGET (Use separate sheet, but No more than 2 pages)

Provide a detailed summary budget that includes all elements of project work and the estimated Cost of each element.

If project is multifaceted please prioritize work elements.

List all grants received during the past three calendar years for this project.

APPLICANT SIGNATURE _____

Date _____ *Individual with legal authority to bind organization to a contract*

Typed/Printed Name _____ Title _____

PROPERTY OWNER SIGNATURE _____ Date_____
(if different from above)

Typed/Printed Name _____ Title_____

SEND APPLICATION TO:

Joseph W. Brown, County Administrator

Liberty County Board of Commissioners

Historical/Cultural Funds Project

100 Main Street, Suite 1320

Hinesville, Georgia 31313