



**2024 Heritage Partnership Grant Program  
Application**

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**I – HERITAGE PARTNERSHIP GRANT APPLICATION**

**Application for: 2024 Heritage Partnership Grant**

**Applicant** \_\_\_\_\_  
*(Name of non-profit organization or public entity)*

**Project Title** \_\_\_\_\_  
*(10 words or less)*

**Project Description** *(No more than 2-3 sentences, 50 words or less)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List secondary partners, if they are to be involved in the project:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Applicant's Federal Employer ID Number \_\_\_\_\_

**Project Contact Person Information** *(person administrating the project)*

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt / Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**UHVNHA Grant Request & Estimated Project Cost**

\$ \_\_\_\_\_ Amount of UHVNHA Grant Request

\$ \_\_\_\_\_ Estimated Total Project Cost

**Application Packet Checklist**

Before submitting your application, make sure your packet is complete. A complete packet includes:

- |  |  |
|--|--|
| <b>I.</b> Application Form             | <b>IV.</b> Project Budget Narrative  |
| <b>II.</b> Project Summary (narrative) | <b>V.</b> Evidence of Matching Funds & Tax Exemption Letter                                |
| <b>III.</b> Project Budget Form        | <b>VI.</b> Supporting Materials if applicable (letters of support, estimates, plans, etc.) |

Print Name of Project Contact: \_\_\_\_\_ Title \_\_\_\_\_

Organization or Public Entity \_\_\_\_\_

Signature of Project Contact: \_\_\_\_\_ Date \_\_\_\_\_

- Submit completed application to: [Info@HousatonicHeritage.org](mailto:Info@HousatonicHeritage.org)



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Salisbury, CT 06068  
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f. 860-435-6662  
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