



Endless Mountains Heritage Region, Inc.

602 Main Street, Suite 7, Towanda, PA 18848  
Phone: 570-265-1528

emheritage.org

Application Due: May 1, 2020

Expected Project Completion Date: August 31, 2021

Part I. APPLICANT INFORMATION:

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FID/EIN #: \_\_\_\_\_

BCO-10 #: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Are you an: IRS 501(c) 3 Non-Profit Organization \_\_\_\_\_ Public Education Institution \_\_\_\_\_

Municipality \_\_\_\_\_

Are you a Member of EMHR \_\_\_\_\_ Letters of Support for project: Yes/No (please circle)

Partners: Please list partners who will actively be involved with your project.

(Include contact information)

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**Part II. BUDGET INFORMATION:**

Grant Amount Requested = \$ \_\_\_\_\_

Cash Match = \$ \_\_\_\_\_

Non Cash (In-Kind) Match = \$ \_\_\_\_\_

Projected Total Project Cost = \$ \_\_\_\_\_

Potential List of Matching Funds:

<u>Name</u>	<u>Amount</u>	<u>Private or Public</u>	<u>In-Hand/Pledged/ Pending Funds</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Proposed Budget: In addition to the information above, please submit a proposed budget for your project as an attachment to this application.**

**Part III. PROJECT DETAILS:**

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

Project Location: \_\_\_\_\_

Indicate if this is an "Implementation Project" or a "Special Purpose Study:"

\_\_\_\_\_

Expected Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

*Only project costs incurred after PA Department of Conservation & Natural Resources (DCNR) approval are eligible for reimbursement.*





