

For office use only.

CONNECTICUT HUMANITIES COUNCIL
CULTURAL HERITAGE DEVELOPMENT FUND
APPLICATION FORM

1. **Proposal Title:** _____

2. **Category:** Technical Assistance Planning Implementation
 Professional Development Heritage Online Historic Destination

3. **Grant Period Requested**
From: ____/____/____ To: ____/____/____

4. **Sponsoring Organizations**
Organization Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Director: _____
Phone: _____ Fax: _____
Web Address: _____
Email: _____

5. **Co-Sponsoring Organization (if applicable)**
Organization Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Director: _____
Phone: _____ Fax: _____
Web Address: _____
Email: _____

6. **Project Director**
Name: _____
Institution: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
Email: _____

7. **Project Co-Director (if applicable)**
Name: _____
Institution: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
Email: _____

8. **Fiscal Agent**
Name: _____
Institution: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
Fax: _____
Email: _____

9a CT Tourism District: _____
9b CT Legislative District #: Senate ____ House ____
9c US Congressional Dist: _____

10. **Public Relations Contact**
Name: _____
Institution: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
Email: _____

11. **Funding Profile**

A. CHC Funds Requested	\$
B. Other External Funders	\$
C. Sponsor Cash	\$
D. Sponsor In-Kind	\$
E. Project Totals	\$