



**Historic Preservation Foundation
Eau Claire, Wisconsin**

GRANT APPLICATION

The following is to be completed by the individual or representative of the organization applying for the grant. Documents, which are attached to the application, must be identified and labeled.

APPLICANT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

If an organization applying, provide the name and title of the contact person: _____

PREVIOUS APPLICATION(S) TO HPF:

Date: _____ Approved Y/N Amount: _____

Purpose: _____

If there has been more than one previous application, then provide the requested information as Attachment D.

PRESENT REQUEST:

Amount: _____ Starting Date: _____

Completion Date: _____

PURPOSE:
(Brief Description)

PROJECT'S BUDGET:
List and identify each source of funding with the amount of their contribution.

Provide the following attachments:

- Attachment A: Appropriate documents to further explain how the funds will be utilized.
- Attachment B: An explanation of how your proposal complies with the mission statement of HPF.
- Attachment C: How will HPF be recognized as a contributor?
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Return the completed application with attachments by February 1, 2006 to:
Angela Ziel
1263 South Farwell Street
Eau Claire, WI 54701-3944