

TEXAS HILL COUNTRY TRAIL REGION \$2000 GRANT APPLICATION

Date:				
Project Title:				
Project Category:				
	☐ Exhibit Develo☐ Website Devel☐ Interpretive or☐ Educational Presented	•	·lic	
Grant Amount Requ	ested:			
Organization Name:	:			
Location of Activity:	·			
Project Manager:	Name	Phone	Email	
Organization Directo	or: Name	Phone	Email	
Mailing Address:				
Phone:		Website:		
Federal Taxpayer ID	#:			
Organization's Miss	ion Statement:			

SUBMISSION REQUIREMENTS			
☐ Original signed application			
☐ Copy of IRS letter determining tax exempt status			
 One Month Before Event or Project Commencement - Update on project timeline, budget, contact information, planned marketing efforts Three Months Following Event or Project Completion - Evaluation of accomplishments or success. 			
SUPPORTING DOCUMENTS			
Please provide any supporting documents you have to fully explain how the grant money will be spent including a break down of expenses.			
APPLICATION CERTIFICATION			
We acknowledge the review of the proposal packet and certify its accuracy and completeness:			
Applicant Organization Director or Authorized Representative:			
Signature:			
Print Name and Title:			
Please send application and all supporting documents to:			
Joanne Crawford, CTE Executive Director, Texas Hill Country Trail Region P O Box 93041 - Austin, TX 78709			

For more information or assistance with the application, contact Joanne at info@txhillcountrytrail.com.

* Partner fees may be assessed if your county is not paid in full.