

# 2012–2013 DHP Grant Project Application Cover Sheet

Log # (for office use)

Rcvd. (for office use)

<b>Institution Name:</b>	
<b>Chief Administrative Officer (name):</b>	<b>Job Title:</b>
Institution address:	<b>Telephone:</b>
City:                      Zip Code:	<b>Email:</b>
<b>Project Director (name):</b>	<b>Job Title:</b>
Project Director's work address: <input type="checkbox"/> Address is same as above.	<b>Telephone:</b>
City:                      Zip Code:	<b>Email:</b>
County of primary location:	<b>Institution's URL:</b>
NYS Assembly District #:	<b>NYS Senate District #:</b>
FEIN #:	
<b>Grant Amount Requested: \$</b>	
<b>Grant Project Type</b> ( <i>Check the predominant project type</i> )	<input type="checkbox"/> Documentation <input type="checkbox"/> Arrangement & Description

**Grant Project Topical Priority** (*For Documentation and Arrangement & Description projects only; select one priority*):

<b>Priority One</b>	<input type="checkbox"/> Population groups in the 20 <sup>th</sup> & 21 <sup>st</sup> centuries	<input type="checkbox"/> World Trade Center disaster
	<input type="checkbox"/> Economic change in the 20 <sup>th</sup> & 21 <sup>st</sup> centuries	<input type="checkbox"/> Education policy
<b>Priority Two</b>	<input type="checkbox"/> Environmental affairs	<input type="checkbox"/> Mental Health
<b>Priority Three</b>	<input type="checkbox"/> Collections of significance to the history of New York that are not well documented in the historical record, and not covered in the first two priority levels	

<b>Grant Project Title:</b>
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**Grant Project Summary** (*Briefly describe your project in the box below – 10 pt font, 225-word limit*):

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Institution Name:
Project Title:

**Certification**

I hereby certify that I am the applicant’s chief administrative officer and that the information contained in this application is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable State laws and regulations, application guidelines and instructions, and that the requested budget amounts are necessary for the implementation of this project. It is understood by the applicant that this application constitutes an offer and, if accepted by the New York State Education Department or renegotiated to acceptance, will form a binding agreement. It is also understood by the applicant that immediate written notice will be provided to the grant program office if at any time the applicant learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Chief Administrative Officer’s/ Authorized Designee’s Signature <i>(original signature in blue ink)</i> :	
Name <i>(please print or type)</i> :	Date:

**Instructions for completing this form are on page 16 of the Grant Guidelines booklet.**

**Submit an original and five (5) copies of the completed application,  
and required attachments to:**  
 Documentary Heritage Program  
 New York State Archives  
 9C71 Cultural Education Center  
 310 Madison Avenue  
 Albany, NY 12230

**The complete application package must be postmarked on or before  
Thursday, March 1, 2012.**