

Georgia Civil War Commission Grant Application

The Georgia Civil War Commission (GCWC) was established by the Georgia General Assembly in 1993 with a mission to “coordinate planning, preservation, and promotion, of the structures, buildings, sites, and battlefields associated with this significant period of our common heritage.” The Commission’s annual budget may contain funds that may be expended by grants to carry out the Commission’s mission.

1. APPLICANT

A. Name of Organization:

B. Organization’s Chief Executive Officer and Title:

C. Federal Identification Number:

D. Mailing Address:

City:

Zip Code:

E. Does the organization seeking grant funds own the property:

F. Property owner, if different from above:

G. Project Manager for Grant:

Telephone No.:

H. Total Project Costs:

I. Grant Amount Requested:

J. Additional Matching Funds (if necessary):

2. APPLICATION PREPARED BY:

Name: _____ Title: _____

Email Address: _____ Telephone No.: _____

3. PROJECT PURPOSE AND DESCRIPTION:

- A. Briefly describe below (100 words or less) the purpose of the project and the actual project work to be completed.
- B. Please attach a more detailed project description, including the goals of the project and how these goals will be achieved with grant assistance, as well as how project work will affect the condition, use and/or role of the resource within the community (no more than two pages).
- C. Please attach supporting photographs of the project area (minimum of five color photographs/digital prints.)
- D. Explain briefly how this project has the potential to increase public awareness and support of Civil War Preservation and Education within the local community and/or region and/or state? Please attach any recent media coverage materials (three pages maximum).

4. PROJECT SCHEDULE

- a. Is this project ready to begin _____ NO _____ YES. Please attach an estimated schedule of project work including expected starting date and completion date. If project is not ready to begin, please explain.
- b. Please attach a list of all grants received and any pending applications submitted for this project.
- c. How were project costs determined?
- d. If the grant-assisted project work does not completely fulfill the ultimate project purpose, explain what additional steps are needed, and how they will be achieved.
- e. All funds awarded from this grant application must be expended within one calendar year from the date of disbursement by the GCWC. Failure to follow this stipulation will result in a forfeiture of the entire grant amount back to the GCWC. Initial acceptance of this term: _____

5. SUPPORT LETTERS

Attach letters of support, with at least two from local community representatives.

6. CERTIFICATION AND STATEMENT OF ASSURANCES

The applicant certifies to the Georgia Civil War Commission and the Georgia Department of Economic Development that the applicant accepts in advance any grant awarded by GCWC agreeing to the following conditions (please initial each condition):

Applicant initials:

- ____ 1. Any funds received from GCWC will be expended under the Terms and Conditions of the grant.
- ____ 2. The funds are available for payment of project costs prior to grant fund reimbursement from the state.
- ____ 3. The information contained herein and on all attachments and supporting material is true and correct, and filing of the application has been duly authorized by the governing body of the applicant.
- ____ 4. Project work will conform with federal and state regulations relating to non-discrimination. These include but are not limited to: Americans with Disabilities Act; Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; and the Drug Abuse Office and Treatment Act.
- ____ 5. Adequate financial management systems will be maintained (a) in accordance with the standards specified in OMB Circular A-102, Attachment G, "Standards for Grantee Financial Management Systems," and (b) auditory in accordance with the General Accounting Office's Standards for Audit of Governmental Organizations, Programs, Activities, and Functions.

APPLICANT SIGNATURE: _____ **DATE:** _____

Individuals with legal authority to bind organizations to a contract

Name and Title _____

Address and Phone # _____

OWNER SIGNATURE: _____ **DATE:** _____

Owner of property, if different from above

Name and title _____

Address and Phone # _____