

2016–2017 DHP Grant Project Application Cover Sheet		Log # <i>(for office use)</i>	Date Rcvd. <i>(for office use)</i>
Institution Name:			
Chief Administrative Officer <i>(name):</i>		Job Title:	
Institution address:		Telephone:	
City:	Zip Code:	Email:	
Project Director <i>(name):</i>		Job Title:	
Project Director's work address: <input type="checkbox"/> Address is same as above.		Telephone:	
City:	Zip Code:	Email:	
County of primary location:		Institution's URL:	
Grant Amount Requested: \$		OSC Vendor ID #:	
Grant Project Type <input type="checkbox"/> Documentation		<input type="checkbox"/> Arrangement & Description	

Grant Project Topical Priority *(Check one priority):*

Priority One	<input type="checkbox"/> Economic Change	<input type="checkbox"/> Military History
	<input type="checkbox"/> Population Groups	<input type="checkbox"/> Social Reform and Activism
Priority Two	<input type="checkbox"/> Topics of significance to the history of New York that are not well documented in the historical record, and not covered in the first priority level	

Grant Project Title

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:

Submit your application package by mail to:

Documentary Heritage Program
New York State Archives
9C71 Cultural Education Center
222 Madison Avenue
Albany, NY 12230

Postmark deadline: Tuesday, March 1, 2016

Applications postmarked after March 1, 2016 will not be submitted for review.