



GRANT APPLICATION
State Form 54223 (R3 / 8-12)

INDIANA STATE HISTORIC RECORDS ADVISORY BOARD
402 West Washington Street, Room W472
Indianapolis, IN 46204
Telephone: (317) 232-3380
Fax: (317) 233-1713
E-mail: shrab@icpr.in.gov
Website: shrab.IN.gov

Please complete this form, the Proposed Budget (State Form 54237), and a narrative.

Type of application (<i>check one</i>) <input type="checkbox"/> New <input type="checkbox"/> Revision		Date of application (<i>month, day, year</i>)	Employer identification number (EIN)
Legal name of applicant			DUNS number
Department		Division	
Type of organization			
Address (<i>number and street, city, state, and, ZIP code</i>)			
Name of contact person		Title of contact person	
E-mail address	Telephone number ()	Fax number ()	
Descriptive title of applicant's project			
Beginning date of proposed project (<i>month, day, year</i>)		Ending date of proposed project (<i>month, day, year</i>)	
Annual budget		Staff size	

ESTIMATED FUNDING	
Indiana State Historic Records Advisory Board (SHRAB)	\$
Applicant	\$
Local	\$
Other (<i>Please specify</i>)	\$
TOTAL	\$

AFFIRMATION	
I hereby affirm that all data in this application are true and correct to the best of my knowledge and belief. This document has been duly authorized by the governing body of the applicant. If the Board awards assistance, the applicant will comply with the attached assurances and all requirements, express or implied, contained in "Grant Guidelines", "Grant Budget", and "Grant Terms and Conditions". Non-compliance with any requirement contained within this or any of the aforementioned documents may result in revocation of funds granted and of all related obligations, subject to the discretion of the Indiana State Historic Records Advisory Board (SHRAB).	
Signature of authorized representative	Date of signature (<i>month, day, year</i>)
Printed name of authorized representative	Title of authorized representative
E-mail address	Telephone number ()