



Lackawanna Heritage Valley Authority

538 Spruce Street, Suite 516, Scranton, PA 18503
Phone: (570) 963-6730 x8200 • Fax: (570) 963-6732

LHVA Use Only

Received _____
Accepted ____
Denied ____
Modified ____
Amount _____
Initials _____

Funding Provided by
National Park Service
PA Dept. of Conservation & Natural
Resources

Sponsorship Grant Application 2011

General Information: Use this application for grant requests **up to \$1,000**. Applications are reviewed on a rolling basis, and should be submitted at least three months before the project or event start date. For information, contact April Rogato, LHVA Executive Assistant, at (570) 963-6730 x8200 or arogato@LHVA.org.

Instructions: All sponsorship requests must use this form. Please complete all the sections below, and submit your application in a three-step process:

1. Email the completed application to arogato@LHVA.org. An email application is a required part of the process.
2. Print the completed application and have it signed by your organization's authorizing individual (board chair, president, etc.)
3. Send the signed application to LHVA by fax (570-963-6732), postal mail, or hand delivery.

APPLICANT: (Name of organization/agency managing the project)

FEDERAL EMPLOYER I.D. NO.:

APPLICANT MAILING ADDRESS: (Street, city, state, zip)

PHONE NUMBER:

FAX NUMBER:

PROJECT COORDINATOR: (Name and title of person managing project)

EMAIL ADDRESS:

PHONE NUMBER:

TYPE OF ORGANIZATION: (Check One)

Government Entity Non-Profit Org. Educational Institution

WEBSITE:

PROJECT TITLE:

BRIEF PROJECT DESCRIPTION: (Tell us: Who, What, When, Where, and How funds will be used. Limit description to 200 words.)

MATCHING FUNDS:

LHVA grants cover no more than fifty percent (50%) of direct project costs. Matching Funds are monies raised by the applicant for the project. Applicants must show a dollar-for-dollar match for all funds requested from LHVA. **When the project is completed and you submit the Final Report, you will need to show adequate Matching Funds for the project.**

ESTIMATED PROJECT COST/GRANT REQUEST

A. \$

AMOUNT YOU ARE REQUESTING FROM LHVA

B. \$

AMOUNT OF ANTICIPATED MATCHING FUNDS (must be a dollar-for-dollar cash match)

C. \$

TOTAL PROJECT COST (A + B)

Signature of Authorizing Official _____ Date _____

Print Name of Authorizing Official _____ Title _____