

**2024 ANTRIM TOWNSHIP PARK FACILITIES
GRANT PROGRAM APPLICATION**

GRANT APPLICATIONS DUE BY 4:30 PM, MONDAY FEBRUARY 12, 2024

Name of Organization: _____

NON-PROFIT ☐ **YES** ☐ **NO**

INTERNAL REVENUE SERVICE

NON-PROFIT STATUS : _____

Location of Facilities : _____

Mailing Address of Organization : _____

Contact Person : _____

Title: _____

Contact Number : _____

Treasurer's Name : _____

Contact Number : _____

Description of Existing Facilities

(Provide as much detail as possible. Use another separate sheet of paper if necessary)

What are the normal Hours of Operation _____

**Provide a specific overview of the Project for
which grant monies will be used**

Please be sure to keep your projects within the program guidelines.

Providing a sketch of your plan would be appreciated.

Funding Requests in order of importance

Keep requests within Program Guidelines

| Item | Estimated Itemized Cost |
|-------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The undersigned acknowledges that he/she is an authorized agent of the applicant and that the applicant agrees to all of the provisions outlined in the Grant application and agrees to hold Antrim Township harmless for any injuries which occur on equipment or facilities purchased by grant funds.

The undersigned on behalf of applicant hereby certifies that applicant requires all volunteers to comply with any and all Pennsylvania laws concerning volunteers being required to have background check to have contact with children. Specifically, we comply with the background check requirements for all volunteers having contact with children as set forth in 23 PAC.S. 6344.2.

| | |
|-------------------------|----------------------|
| _____ (Printed Name) | _____ (Signature) |
| _____ (Date) | _____ (Position) |

Liability Insurance Carrier : _____
Policy # _____ Expiration Date: _____