

# Ancient Roads Research and Mapping Grant Program Application and Signature Form

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Municipality \_\_\_\_\_ Grant Administrator \_\_\_\_\_

Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address (if available) \_\_\_\_\_

Backup Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

**Total Requested Grant Amount** (up to a maximum \$5000/town) \$ \_\_\_\_\_

*All applications must include this form and be signed by the grant administrator and the Chair or designee of the legislative body.*

## Signatures

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To the best of my knowledge and belief, information in this application is true and correct. The application has been duly authorized by the Legislative Body of the applicant. We understand that the receipt of funds is conditional upon agreement to comply with all applicable state requirements and availability of funding.

The legislative body hereby authorizes the Grant Administrator to execute and provide all information necessary for the completion of said application, to execute the Grant Agreement and such other documents as may be necessary to secure funds, and to administer this Municipality's performance of the provisions of the Grant Agreement.

\_\_\_\_\_  
(Signature of Grant Administrator)

\_\_\_\_\_  
(Printed/typed name and title)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature of Legislative Body Chair)

\_\_\_\_\_  
(Printed/typed name and title)

\_\_\_\_\_  
(Date signed)