



New Hampshire Society of Genealogists Grant Program Intent to Apply

Project Name: _____ Grant Amount: _____

Applicant: _____ Mailing Address: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

Please provide a brief description of your project:

Please provide a brief description of the entity applying for the grant. For example, are you a non-profit, a government agency, a public library or an historical society?

If you are applying to digitize a collection, who has ownership of the collection? Do you have the rights to share this collection publicly? ***(Please note one of the grant requirements is that all digitized information needs unrestricted access by the public.)***