

Rural Preservation Partners
Helping to protect cultural resources to enhance the quality of rural Iowa

PROJECT APPLICATION

Date of application: _____

PROJECT/COMMUNITY CONTACT

Name of Group: _____

Contact Person: _____

Legal Status (circle one): Nonprofit Grassroots Unit of Government
For Profit Other (explain): _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Signature: _____ Date: _____

PROJECT INFORMATION

Name of Project: _____

Assistance Requested (check all that apply):

_____ Nonprofit Organizational Help

_____ National Register Nomination

_____ Educational/ Advocacy

_____ Grant Writing

_____ Project Management

_____ Board Facilitation

Other _____

Estimated starting and completion date: _____

Describe the Proposed Project: _____

Describe Expected Benefits: _____

(continue on the back of application if necessary)

ACTION TAKEN: _____

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