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| **Shape  Description automatically generated with medium confidence2023 SC State DERA Grant**  **Application Cover Sheet** |

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| --- | --- |
| Project Title |  |

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| --- | --- | --- | --- |
| Project Manager |  |  |  |
|  | Name | Telephone # | Email |
| Secondary Contact |  |  |  |
|  | Name | Telephone # | Email |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization or Business Name |  | | | |
| Mailing Address |  | | |  |
|  | List the mailing address, city, state, and zip code. Also list the county. | | | |
| Type of Organization or Business |  | | | |
|  | Indicate if Government, Non-profit, Educational/ university/ college, For-profit, or Other. If Other – please specify. | | | |
| Total Project Cost | | $ |  | |
| Amount of DERA Funds Requested | | $ | % | |
| Amount of Cost-share/ Matching Funds | | $ | % | |

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| --- | --- |
| Project Summary |  |

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| **Signature of Authorized Representative** |  |
| (Signature certifies authority to represent this organization in this application. Unsigned applications will not be accepted.) | |