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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | $ | % |

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

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