



Hancock County Tourism Commission

Grant Application

Hancock County Tourism & Visitor Center Office 119 W. North St., Greenfield, IN 46140  
317-477-8687 ♦ [info@visitinhancock.org](mailto:info@visitinhancock.org) ♦ [www.visitinhancock.org](http://www.visitinhancock.org)

Company, Business or Organization Name Applying for the Grant:

Contact Person and Title: Hancock County Historical Society

Mailing Address: P. O. Box 375

City: Greenfield

State: IN

Zip: 46140

Preferred Phone Number: 317-403-3988

Alternate Number:

Email: mkester@prodigy.net

Date of Incorporation: 6-2-1967

Federal Tax ID Number (if applicable) 23-7309983

Are you a 501c3 Not for Profit? Yes

If you are not, how are you considered a Not for

Profit?

Tax Exempt Number: 0001087860 000 0

Please List Board of Directors, Committee or Project Members (you may attach a separate sheet with a list of all board members if needed): Separate sheet attached

***Request Information***

Describe the project need or event: Dehumidifier purchase and installation to improve the Chapel in the Park artifact spaces.

If the need is for an event, what is your estimated attendance? N/A

How will the funding of this request increase tourism or impact other Hancock County businesses in a positive manner? This will prevent the artifacts from further degrading. We house delicate late 1800s fabrics, which include WW1 and WW2 uniforms. Also, our paper artifact will greatly benefit from this protection.



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How are you planning on engaging the county hotel industry in your event or project? We receive guests at our facility that are staying at Greenfield hotels and traveling around the city to see our attractions. They ask us for directions to the Riley Home, as well as other venues.

How do you plan to measure the tourism impact on visitors with this project or event? We are currently tracking guests name, addresses, emails, and locations via our guest register.

***Tourism Support Budget***

What is the total amount that you are requesting the Tourism Commission to support? \$1850.00

Please provide a breakdown of the Tourism Support Budget for your event. You may submit separate documents.

Project Needs Description: Installation of new commercial Aprilaire dehumidifier.  
(i.e. advertising, project support, studies or plans, operating expenses)

\$ \$1850.00 Install Aprilaire Dehumidifier in Chapel basement museum.

\$

\$

\$

Please attach an overall budget for your ENTIRE event or project that includes the Tourism Support Budget as well as the other areas of your budget that are not to be supported by Tourism. Please show how your own organization is supporting this project, and how other organizations, sponsors, or other grants are fulfilling the need for this event or project.

What funding, if any, is being sought from other organizations for this project? None

(When possible, the Hancock County Tourism Commission suggests that local companies or contractors be utilized when assisting with this project)



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Have you previously requested or been granted funds by the Hancock County Tourism Commission? If so, when and for what purpose were those funds used? **No**

***Timing***

When are the funds needed for this project? **ASAP**

If this is a long term project, is there anyway that funds could be split up over time, with partial payment now, and partial payment at a later date? If yes, how are you proposing this split to happen? These funds will be needed at the time we schedule the installation of the dehumidifier with the contractor.

When will the event be completed or the project finished? **1 day installation**

You will need to submit a follow up Final Grant Report Sixty days after the completion of this project or event. On what date, will the Tourism Commission be expecting your Final Grant Report along with all of the receipts detailing the expenditures for the Tourism Support Budget listed above? **Within 2 weeks following the installation date.**

**Signature**

I hereby submit this application and supportive documents for the proposed request. I have read and understand that I must comply with the Grant Guidelines attached. I understand that if the funded request is approved, the printed and or broadcast material must indicate that **a source of the funding was via the Hancock County Tourism and Visitor Center.**

Applicant Signature: **Michael Kester**

Date: **3/24/2019**

Title: **Greenfield Director**

Company or Business Name: **Hancock County Historical Society**

If approved; what name should be listed on the check? **Hancock Co. Historical Society**

How would you like to receive the check? Circle one

**Pick up at Visitor Center** / Mail to address on application / Mail to address below.

Mail to:



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**FOR TOURISM COMMISSION USE ONLY**

Hancock County Tourism Commission Approval: Yes or No

Amount Approved:

Check #:

Date:

First Signature:

Date:

Second Signature:

Date:

Final Grant Report Received? Yes or No

When:

Complete?

Submitted to the Board for Review:

Returned Funds? Yes or No If yes, amount:

Notes: