

**Fort Mill History Museum**  
**Grant Processing Request Form (FMHM-FM-13)**

**Project Overview**

Project Name:

Project Contact Info:

Name:

Phone No:

Email:

Project Description with Goals and Areas of Community Impact

Project Timeframe:

Project Measurable Outcomes

**Requested Funds/Budget**

Total Requested Funds:

Budget Details

Expense Description	Projected Expenditure (\$) Amount

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Additional Funding Partners (if applicable)

Group / Agency Name	Potential Funding Amount

Suggested/Potential Funding Sources

Entity Name	Entity Point Person (name / number)

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**This section completed by Grant Processing Team**

Grant Request Number:

Date Grant Request Received: