



## 2024 SC State DERA Grant Application Cover Sheet

Please attach this page to the front of your proposal.

<b>I. PROJECT INFORMATION</b>					
Project Title:					
Project Manager:					
Phone #:			Email:		
Secondary Contact:					
Phone #:			Email:		
<b>II. ORGANIZATION INFORMATION</b>					
Organization / Business Name:					
Mailing Address:					
City:		State:	Zip Code +4:		County:
Type of Organization / Business:		Non-Profit	For-Profit	Educational / College / University	
		Other:			
<b>III. FUNDING</b>					
TOTAL Cost of Project:		\$			%
Amount of DERA Funds Requested:		\$			%
Amount of Cost-Share/ Matching Funds		\$			%
<b>IV. PROJECT SUMMARY</b>					

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**Authorized Signature**

*Signature certifies authority to represent this organization in this application. Unsigned applications will not be accepted.*

\_\_\_\_\_  
**Date**