
Missouri Secretary of State
LOCAL RECORDS PRESERVATION GRANT

James C. Kirkpatrick State Information Center
PO Box 1747, Jefferson City, MO 65102-1747

Applicant Agency:

Agency Head Name, Title:

Address:

Telephone:

Email:

Web Address:

State Senate District:

State Representative District:

Vendor Number (Issued by State, if you need one, please complete Vendor Input Form):

Federal Employee Identification Number (FEIN):

Authorizing Agency:
(If different from above)

County:

Official Name, Title:

Address:

Telephone:

Email:

Web Address:

Primary Project Contact Name, Title:

(The individual responsible for monitoring project and completing reports)

Address:

Telephone:

Email:

(Required)

(Required)

1. Grant Request, Enter Whole Dollar Amount:
(round to nearest dollar)

2. Budget Details. Supply a breakdown of your grant request. What supplies/commercial vendor services/shelving/essential equipment/other services or commodities will be funded through this grant?

3. Accounting Methods. Provide a brief description of your accounting and auditing practices.

4. Project Description. Present a brief statement of purpose for this project and describe how it will support the goals and plans of your organization.
