
Missouri Secretary of State
LOCAL RECORDS PRESERVATION
ELECTRONIC RECORDS INITIATIVE 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:

2. Budget Details. Present a breakdown of your request. What software/hardware/service/other will be funded through this grant?

3. Accounting Methods. Provide information about your accounting and auditing practices.

4. Project Description. Briefly describe how this project will support your local government with electronic records and/or accessibility to electronic records through web portals, e.g., what new processes do you anticipate?
