



2025-26 REQUEST FOR GRANT FUNDING

THIS GRANT APPLICATION MUST BE IN OUR HANDS 14 DAYS PRIOR TO THE FIELD TRIP DATE. APPLICATIONS WILL BE SENT TO THE BOARD ON THE 2ND WEDNESDAY OF EACH MONTH.

- To be eligible or to be considered for grant funding by the Tuscarawas Valley Heritage, Inc., all sections of this request form must be completed.
- This application is for teachers, curriculum directors or homeschool educators.
- Funding requests exceeding \$250 per district, per event require additional documentation for board consideration.

1. Date of Application: _____

2. Name of entity or organization: _____

3. Location where entity or organization operates: _____

4. Main contact person for entity or organization:

Name: _____

Title: _____

Address (include city, zip): _____

Phone: _____

Email: _____

5. Name of activity, program, event or project for which you are requesting funding including the Tuscarawas County museum or historical site:

6. Date and location of activity, program, event or project for which you are requesting funding:

7. Description of the activity, program, event or project for which you are requesting funding:

8. Description of how this activity, program, event or project for which you are requesting funding serves to promote or teach local Tuscarawas Valley culture, heritage or history:

9. What is the estimated cost of this activity, program, event or project?

10. What is the amount of funding you are requesting from TVH? _____
11. Please provide a detailed budget for this activity, program, event or project. Include costs for personnel, transportation, entrance fees or admissions, supplies or other expenses associated with this project. This can be on a separate piece of paper not to exceed one page.
12. Will there be any matching funds from you or from any other entity or organization for this activity, program, event or project? YES NO
13. Do you have a lesson plan prepared for this project? _____
14. Will you be using a local speaker or presenter for this project _____
15. Total number of classes involved? _____ Total number of students? _____

NOTE: By signing this form, the applicant expressly acknowledges and agrees that the Tuscarawas Valley Heritage, Inc. (the "TVH") is under no obligation whatsoever to fund this request, and that the TVH reserves the right to deny this Request with or without cause. Moreover applicant expressly acknowledges that if it is granted funding by TVH (1) The TVH will not be considered a partner or member of a joint venture as concerns the above activity, program, event or project, and that the applicant agrees to indemnify and hold harmless the TVH for any causes of action in either law or equity that may arise on behalf of a third party resulting directly or indirectly from the activity, program, event or project; and (2) the applicant will timely return any grant funding not directly used for the activity, program, event or project or call us to make other arrangements (in school field trip, a second field trip etc.,)

Signature: _____ Date: _____

Print Name: _____ Email: _____

Title : _____

For questions, please call 800-527-3387.

Applications may be emailed to info@traveltusc.com or mailed to Tuscarawas Valley Heritage, 124 E High, New Philadelphia OH 44663.

Tuscarawas Valley Heritage is the 501c3 arm of the Tuscarawas County Convention and Visitors Bureau and was created specifically to support local attractions and schools seeking field trip money to County historical sites and museums. To see a complete list of attractions and historical sites see: www.traveltusc.com