



Partner Coversheet/Participation Agreement

Downtown Enhancement Grant
Indiana Office of Community and Rural Affairs
Indiana Main Street



Partner Coversheet must be completed for all partners and submitted with proposal.

Partner Name: _____

Contact person/title: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Applicant's Legal Status: [] City [] Town [] County [] Nonprofit Corporation

Project Coordinator: _____

Mailing address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email Address: _____

Thoroughly identify the role of the organization's involvement in this project. Explain partner roles as partners must contribute either financially, as in-kind, or as a documented planning or advisory partner for the project. This section must be complete to qualify as a project partner. Additional documentation for this question should be attached.

Clearly indicate any and all organizations who will be involved in the project and their role. This section should define any contribution and the amount. If an individual is contributing to the project and is not a part of an organization they should also fill out this form.-WRITE THIS ON THE APPLICATION PAGE

UPON SIGNING THIS REQUEST I AM CERTIFYING THAT APPLICANT IS NOT IN VIOLATION OF ANY STATE OR FEDERAL LAW, OR MUNICIPAL ORDINANCES AS OF THIS DATE. NO MONEY IS DUE AND PAYABLE TO ANY MUNICIPAL, COUNTY, STATE OR U.S. GOVERNMENTAL AGENCY OR DEPARTMENT, NOR DOES THE APPLICANT HAVE LIENS OR POTENTIAL LIENS WHICH COULD JEOPARDIZE THE COMPLETION OF THIS PROJECT. ADDITIONALLY, THE IDENTIFIED ORGANIZATION CERTIFIES THAT IT IS AN ACTIVE PARTNER IN THE PROJECT AND WILL FULLFILL THE ROLE(S) IDENTIFIED ABOVE THROUGHOUT THE GRANT PERIOD.

Signature of Chief Official

Official's Title

Date