



# MARYLAND HISTORICAL TRUST

MUSEUM ADVANCEMENT GRANT PROGRAM

FISCAL YEAR 2010

## PROJECT CHALLENGE GRANT APPLICATION

### DEADLINE

**December 12, 2008 – Intention to Apply Due**

**March 27, 2009 – Completed Application Due (post-  
marked)**

**Maryland Department of Planning**  
Richard Eberhart Hall, Secretary  
Matt Power, Deputy Secretary  
[www.mdp.state.md.us](http://www.mdp.state.md.us)  
[www.MarylandHistoricalTrust.net](http://www.MarylandHistoricalTrust.net)

**Maryland Historical Trust**  
100 Community Place  
Crownsville, MD 21032  
Contact: Mary Alexander  
410-514-7622 or 1-800-756-0119 ext. 7622  
[malexander@mdp.state.md.us](mailto:malexander@mdp.state.md.us)



Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor

## Project Challenge Grants

The Museum Assistance Program Review Panel has modified FY2010 grant opportunities based on the Legislature's proposed \$224,862 funding. Enhancement Grants will be capped at 1% of a museum's budget and all projects, regardless of a museum's budget, will be limited to \$5,000. All other elements of the applications remain the same. Questions, contact Program Administrator, Mary Alexander 410-514-7622 or [MAlexander@mdp.state.md.us](mailto:MAlexander@mdp.state.md.us).  
--February 20, 2009

There are three separate documents that you need in order to complete the FY2010 Project Challenge Grant Application. These documents are:

- 1. The Museum Advancement Grant Application Guidelines and Instructions**
- 2. Museum Project Challenge Grant Application**
- 3. The MHT FY2010 Intention to Apply form**

The MHT FY 2010 Museum Advancement Intention to Apply, Grant Application Guidelines and Instructions and the Project Challenge Grant forms must be downloaded separately from the MHT website [www.marylandhistoricaltrust.net](http://www.marylandhistoricaltrust.net) under "forms and documents." Please read the items below as they refer specifically to the electronic Museum Advancement Grant Applications.

The applications are a Microsoft Word form document. Please download it from the MHT website and save it to your computer using a different file name.

All items on the electronic application that require a response from the applicant are represented by gray squares or brackets. If you do not see gray squares or brackets in your document, you may have to turn on "Bookmarks." Do this by going to the "Tools" menu, clicking on "Options," and then clicking on the "View" tab. Select the "Bookmarks" check box. The gray squares or brackets should now appear in the form section of the application.

Clicking on a gray square or bracket will enable you to insert a response to a question. The text areas are expandable. As you type, the text areas will expand to allow text to run beyond the visible space. When typing, please keep in mind that each section **must not exceed the maximum number of pages stated in the application.**

**This document may be filled-in on a computer, but you must submit to the Maryland Historical Trust a printed application, with original signature and attachments, and seventeen copies of the application by the deadline of March 27, 2009.**

Your application will NOT be accepted as complete if it is faxed or emailed to our office. Sending in the electronic application ahead of the hard copy will not secure your place in our review process. If your entire application package is not submitted with a postmark on or before March 31, 2008, your project will not be reviewed.

**Maryland Cultural Data Project (Maryland CDP)**

MHT is engaged in a partnership with the Maryland Cultural Data Project (Maryland CDP). The Maryland CDP is a state-wide, collaborative effort of public and private funders throughout Maryland and consists of an online system for collecting and standardizing historical financial and organizational data. MHT, along with other funders in Maryland, now requires applicants to complete a Cultural Data Profile through the Maryland CDP Web site (<http://www.mdculturaldata.org>). Applicants will fill out the Cultural Data Profile once each year and use that data as part of their application to all participating funders throughout the state.

The Maryland CDP will provide the cultural community with consistent, reliable, comprehensive data on arts and culture in Maryland, enabling organizations to view trends in their data, benchmark themselves against peer organizations, and enhance their organizational capacity.

If you have any questions, please contact Mary Alexander at 410-514-7622 or [malexander@mdp.state.md.us](mailto:malexander@mdp.state.md.us)

SAMPLE

## Project Challenge Grant Cover Sheet

### Museum Applicant Information

Name

Contact

Email

Telephone

Project Description (25 words or less)

MHT funds requested:

Total Project costs, including matching funds:

\*\*Cultural Data Project Profile must accompany this application.

**PART I – MUSEUM INFORMATION****1. Applicant Information**


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 Applicant Organization Name
 

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 Mailing Address
 

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 City
 

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 State
 

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 Zip Code
 

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**2. Project Contact Person Information**


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 Contact Person Name
 

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 Contact Person Title
 

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 Mailing Address (if different than above)
 

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 City
 

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 State
 

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 Zip Code
 

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 Contact Daytime Telephone Number
 

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 Contact E-mail Address
 

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**3. Institutional affiliations**

Is your museum a designated NPS  
Bay Gateway Site?

 Yes

 No

Is your Museum located in a Maryland  
Certified Heritage Area?

 Yes

 No

If yes, name of Heritage Area:

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**4. Historical Collections**

A. Number of Buildings: \_\_\_\_\_

B. Number of Three Dimensional Objects: \_\_\_\_\_

(e.g. thimbles, clocks, carriages, specimens) \_\_\_\_\_

C. Number of Books/Manuscripts: \_\_\_\_\_

D. Number of Photographs: \_\_\_\_\_

E. Number of Oral History Audio/Visual Recordings: \_\_\_\_\_

**5. Assessment Status**

A. Institutional Assessment (MAP I)\*

Completion Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

B. Collections Management Assessment (MAP II)\*

Completion Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

C. Public Dimension Assessment (MAP III)\*

Completion Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

D. Governance Assessment (MAP IV)\*

Completion Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

E. CAP (Conservation Assessment)

Completion Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

F. American Association of Museums  
Accreditation

Award Date: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

\* American Association of Museums Program

## 6. Museum Memberships

- The museum belongs to: (check all that apply)
- American Association of Museums (AAM)
  - American Association for State and Local History (AASLH)
  - Small Museums Association (SMA)
  - Maryland Association of History Museums (MAHM)

## 7. Eligibility

A nonprofit organization or a local government may apply for a grant from the Museum Advancement Grant Program for the benefit of a museum if the organization or local government and the museum meet the following eligibility requirements. To be eligible answers to all applicable questions MUST be "yes." **IF YOU ANSWER "NO" TO ANY OF THE QUESTIONS, YOU WILL NOT BE ELIGIBLE FOR FUNDING.**

### A. For Nonprofit Organizations Applicants Only:

1. Is the applicant a nonprofit organization (i.e., a corporation, foundation, or other legal entity, no part of the net earnings of which inures to the benefit of any private shareholder or individual holding an interest in the entity)?  Yes
2. Has the applicant organization or the benefiting museum applied for recognition as a tax-exempt entity under Section 501 of the Federal Internal Revenue Code?  Yes
3. Is the organization in good standing, qualified to do business in Maryland, and with the legal capacity and necessary authority to incur the obligations of a grant from the Program?  Yes
4. Has the museum been in existence as a non-profit institution organized and operated on a nonprofit basis and open to the public for at least three (3) years prior to the date of this application?  Yes

### B. For Local Government Applicants Only:

- Has the museum that will benefit from the grant been in existence as an agency or instrumentality of the local government and open to the public for at least three (3) years prior to the date of this application?  Yes

### C. For all Museum Applicants:

1. Is the museum that will benefit from the grant organized for essentially educational or preservation purposes?  Yes
2. Does the museum own or utilize tangible, inanimate objects?  Yes
3. Is the museum organized for the care of those objects?  Yes

4. Does the museum exhibit tangible, inanimate objects to the on a regular schedule?  Yes
5. Does the museum interpret the State's cultural heritage or the State's history, natural history, or history of science and technology?  Yes
6. The museum WILL NOT receive operating support from the Maryland Arts Council concurrently with this grant.  Yes
7. The museum is NOT operated by the State of Maryland.  Yes
8. The museum is NOT operated in whole or in part by a department or agency of the federal government.  Yes
9. The museum is located in Maryland.  Yes

## **Part II – Project Challenge Grant**

Applicants must define a specific project with discrete activities and outcomes and include a schedule for all project activities. The proposed activities must reflect institutional planning.

Museums are eligible for up to \$5,000 for project support. Grant funds must be matched with non-state funds. An institutional Maryland Cultural Data Profile is required as part of the application [see instructions].

Projects may address all aspects of museum operations. Match required: 25% cash and 75% in-kind services. Match requirements are described under "Related Resources" on the website.

**Project Challenge Grants** will be rated on a 100-point scale. **Application narrative is limited to 5 pages in 12 point font with one inch margins (including attachments).**

## Application narrative

### 1. Institutional Assets

**Insert your mission statement here.**

Describe the history of your organization. Include a description of the scope of your collections, exhibitions and public programs.

What have been the key milestones in its development?

What have been the most significant accomplishments of the past three to five years?

What have been the most important accomplishments of this past year?

What have been the most significant challenges?

Describe your governing authority and the role it plays in guiding the museum.

Explain how the museum adds to the quality of life of your community.

### 2. Project Description and schedule

Outline your project in 25 words or less; you may repeat the text from the cover sheet.

How does this project support your institutional mission and plan?

Define the scope of your project identifying its overarching goals. Outline the specific steps necessary to reach these goals and to complete the project. Include a proposed schedule of project activities.

Identify the staff, consultants, and funding sources necessary to accomplish and sustain this project. Attach resumes (no more than two pages each) for personnel involved.

### 3. Project Impact

How will this project contribute to the museum's future growth and viability? Who in the community will it impact?

What is the plan for evaluation for this project?

Explain how you will incorporate what you learn into your ongoing and future work.

Is this project a new approach to an "old" problem that can be shared with other museums or agencies?

### 4. Project Budget

Budget items should link directly to project narrative and reveal careful planning and commitment of funding from third-party sources (match). Budget form must reflect project goals.

**Application narrative is limited to 5 pages in 12 point font with one inch margins.**

**PART III – PROJECT BUDGET**

Provide a cost breakdown for the proposed project. The project budget should not exceed one page. **Check out the details of match requirements found under “Related Resources” on the MHT website.**

PROJECT BUDGET				
LINE ITEMS	MHT GRANT FUND	APPLICANT CASH MATCH	APPLICANT IN-KIND MATCH	TOTAL COST
<b>TOTALS:</b>				

Identify source(s) of non-state matching funds and in-kind match. If more than one organization is providing support, identify each organization and the kind and amount of matching funds. **Note “C” next to each donor if funds are committed as of March 27, 2009, funds anticipated may also be included.**

A. Donor: _____	C. Donor: _____
Kind: _____	Kind: _____
Amount: _____	Amount: _____
 B. Donor: _____	 D. Donor: _____
Kind: _____	Kind: _____
Amount: _____	Amount: _____

## **PART IV – SIGNATURES**

### **Assurance of Compliance**

All grant recipients are required to comply with the Maryland Historical and Cultural Museums Assistance Program regulations (COMAR 05.08.04). These regulations require the applicant to comply with all applicable statutes, ordinances, executive orders, regulations, and other laws, including: (1) Titles VI and VII of the Civil Rights Act of 1964, as amended; (2) Title VIII of the Civil Rights Act of 1968, as amended; (3) The Americans with Disabilities Act of 1990, as amended; (4) Article 49B of the Annotated Code of Maryland; (5) The Governor's Code of Fair Practices, as amended; (6) The Maryland Accessibility Code, COMAR 05.02.02; and (7) Executive Order 01.01.1989.18 relating to Drug and Alcohol Free Workplaces. **Signing this form indicates your commitment to comply with the laws referred to above should you receive a grant.**

**Signatory's Initials:** \_\_\_\_\_

### **Confidentiality Waiver**

The Trust intends to make available to the public certain information regarding applications submitted under the Museum Assistance Program. The information available to the public will include the information in this application, as supplemented or amended. This information may be deemed confidential under Maryland's Access to Public Records Act. *Therefore, if you consider any of the information contained in this application confidential and do not want it made available to the public, please identify on a separate page the information you consider confidential and attach that page to this application.* You agree that not attaching an objection constitutes your consent to the information being made available to the public and a waiver of any rights you may have under the Act regarding this information.

**I have read and understand I have waived confidentiality of information as described above.**

**Signatory's Initials:** \_\_\_\_\_

### **Authorization Statement**

I, the undersigned, certify that all the information contained in this application is true and accurate. I have been authorized by my Board of Trustees/Directors or by the governing body of the local jurisdiction to submit this application to the Maryland Historical and Cultural Museum Assistance Program.

**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name/Title:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### **Application Checklist**

Please use the following checklist to ensure that your grant application is complete. If for any reason, part of your application will be submitted separately, please clearly note this in the space below with an explanation.

Before submitting your application, please check the following list to be sure your application is complete:

- Completed Application Form
- Cultural Data Profile
- Proof of nonprofit status (if not on file, one copy is required):
  - A. Copy of the application to the Internal Revenue Service for nonprofit status; or
  - B. Letter from the Internal Revenue Service recognizing the applicant as a tax-exempt organization under Section 501 of the Federal Internal Revenue Code; or
  - C. An official document identifying the institution as a unit of county or municipal government. If prepared specifically for this application, the verification should be provided on the letterhead of the local government and certified by its authorized official.
- Three copies of a financial audit
- Three copies of a current Long Range Plan
- Three copies of a general information brochure
- Three copies of sample educational materials
- Two (2) legislative letters of support

- One recent image of the exterior of your institution even if MHT has one.
- Signature by **the authorized official** on the original application (the original may be a photocopy as long as the signature is original). Signed copy of Matching funds guidelines.
- ONE ORIGINAL AND **SEVENTEEN COPIES** OF THE COMPLETED APPLICATION FORM AND CULTURAL DATA PROFILE.

### Review Panel Ranking Criteria\*

<p><b>1. Institutional Assets</b></p> <p>Is the mission clear and helpful to the museum staff and governing authority?            Is the scope of collections appropriate?            Do the exhibitions and public programs well serve current and potential audiences?            Does the museum acknowledge its strengths and weaknesses?            Does the museum governing authority seem appropriately engaged?            Does the museum serve its community, contributing to quality of life?</p>	<b>25 points</b>
<p><b>2. Project Description and schedule</b></p> <p>Does the project fit with the organization's mission or shift away from it?            Does the project design make sense? Do the proposed activities fit the overall goals?            Is the program likely to succeed in achieving its desired results? What are the major challenges to success? Are these challenges addressed?            If the proposed scope of work is new for the museum, does it have the capacity to meet the goals?            Do the project timeframe and costs make sense?            Do the staff or consultants have the necessary skills to insure the project's success?</p>	<b>30 points</b>
<p><b>3. Project Impact</b></p> <p>Who are the project beneficiaries?            How will the museum measure its success? Is this process appropriate to the project design?            Are resources allocated for evaluation in the project budget?            What is the value of this project for other museums?</p>	<b>15 points</b>
<p><b>4. Project Budget</b></p> <p>Does the budget reflect the narrative? Are budget categories realistic and justified?            Is there evidence of third-party sources (match) committed to the project?</p>	<b>30 points</b>
<b>Total</b>	<b>100 points</b>

**\*These are the questions that the review panel will be addressing as they review your application.**