

FY 2016 MHAA Management Grant Full Application

Overview

Application Overview

Organization Name

Project Title

FY 2016 Management Grant

Brief Project Description

This field should provide a short summary of how the management funds will be used and what proposed activities will be undertaken.

INSTRUCTIONS

- All questions with a red asterisk (*) require answers.
- Please use plain text. Content will not retain formatting such as bold, italics, or bullets.
- When you have completed your application, click **Review and Submit**. You will be given a final opportunity to review your application. If you have included all the required fields and materials, you will be able to click **Submit**.
- **You must submit your final application no later than 11:59 p.m. on April 3, 2015.**

We will contact you if we have questions during our review.

Grant award decisions will be made in July 2015, and you will notified by email of the final award decisions.

HOW TO

- **Spell-check:** click the check mark to the right of the field.
- **Save a draft:** click **Save and Finish Later** at the top and bottom of each page. You may also click **Next** to continue the application, which will also save your work.
- **Upload documents:**
 - Click the **Browse** button.
 - Browse to the location of the document on your computer.
 - Highlight the document, and click **Open** or **OK**.
 - Click the **Upload** button.

Acknowledgement

Before beginning your application, please download and review all program guidelines, which are available [HERE](#).

Please click this box to indicate that you have read, and understand the guidelines.

No

Annual Plan

Annual Work Plan Chart

Using the template available [HERE](#), draft program goals and organizational goals for the heritage area for the coming fiscal year, and draft objectives, action items, timelines, estimated costs, and responsibilities for each goal. Categorize each objective as one or more of the four MHA Categories of Activity: **Product Development, Building Partnerships, Regional Identity, or Organizational.**

Timeline

Project Start Date

The date you plan to start work.
07/09/2015

Project End Date

Should be no more than two years from the project start date.

Budget

Before completing the budget fields below, complete a detailed budget using the Excel spreadsheet which you can download and complete by clicking [HERE](#).

The management budget spreadsheet is pre-populated with the main expenditure categories that can be included in a management grant. Please utilize these categories for as many of your expenditures as possible. Expenditures that do not fit into one of these categories should be itemized under "Other".

Budget Detail

Once you have completed the budget detail, upload it here as an Excel file, and use those figures to complete the Budget fields below.

Budget

When typing in dollar amounts, only enter numbers. Round the amounts to the nearest dollar.

Grant Funds Requested

The maximum amount you can request for a management grant is \$100,000.

Required Cash Match

This amount must be at least 75% of the grant funds requested above.

Identify the source(s) of any cash funds your organization has in hand for this project.

Documentation for these funds must be submitted as part of this application. Include the source of funding, amount, and date of availability.

Identify any other cash funds or financial support your organization has a commitment for relative to this project.

Documentation for these funds must be submitted as part of this application. Include the source of funding, amount, and date of availability.

In-Kind Match

This amount cannot be more than 25% of the grant funds requested above.

Identify the in-kind support the project will receive.

This includes volunteer time, as well as donations of equipment, supplies or services. Include the source of in-kind support, amount, and date of availability.

Total Match

Click the calculator to autofill. The total match must equal the amount of grant funds requested.

0 

Other Project Costs

If your project includes other costs in addition to the grant request and required matching funds listed above, please put the total here.

Describe your organization's efforts to fund this project from non-MHAA sources.

List the sources of funding for any Other Project Costs.

Include grants from non-state agencies that you have applied for but do not know the outcome, loan applications in progress, or research into possible funding options.

Total Project Cost

Click the calculator to autofill.

0 

Describe any state funds that are already committed for this project.

State funds may not be part of the match for the project.

You must provide documentation for your cash match.

Cash match must be in-hand or committed by June 15, 2015. If you are not able to provide documentation for your match at the time of application, you must provide documentation of a back-up source of match. If you are not able to provide documentation at the time of submission, please email your match documentation to MHT.grants@maryland.gov by June 15, 2015.

Deliverables**Deliverables****What tangible products will the project produce?**

Identify any key individuals **outside** of the applicant organization who will be involved in the implementation of this project (i.e. contractors or consultants who have already been selected).

If the project product(s) include items that require ongoing maintenance, commitment,**repair or replacement, how will this be carried out and paid for in the future?**

This can include signage maintenance and replacement; trail maintenance; exhibit wear and tear; or website/smart phone app fees and updates. For technology items, please discuss how long the product will be live and active.

Project Mgmt

Project Management

Describe your organization's administrative and financial experience and ability to manage a grant of this type.

Provide examples of other grants your organization has received and successfully managed.

Project Contact Person

This is the person who will receive all correspondence and communication regarding the grant.

Prefix First Name Last Name

Title

Address

City State Zip Code

Contact Phone Extension Email

Area of Expertise

Please upload a resume for the primary contact.

Key Individuals Within the Applicant Organization

Who will staff your organization's heritage area activities and who will be responsible for the various components of the heritage area's operations?

Consultants

Identify any key individuals outside of the applicant organization who will be involved in the implementation of this project (i.e. contractors or consultants who have already been selected).

Applicant

Applicant Organization

Legal Name

This **must** match the name registered with SDAT.

Organization Type

Tax ID / Federal Employer Identification Number (EIN)

This is generally a 9-digit number, e.g. 52-1234567.

Mailing Address

This is the legal address of the entity as registered with SDAT.

City State Zip Code

Organization General Phone Extension Organization General E-mail Website Address

Organizational Documents

Non-profit organizations must upload copies of their organizational documents. For most organizations this will include the filed Articles of Incorporation or Articles of Organization, and Bylaws or an Operating Agreement.

You can upload one document in each upload box. If you need to upload additional documents, you can add them on the Attachments page at the end of the application.

Additional Organizational Document

Proof of Non-Profit Status (if applicable)

If your organization is a non-profit, you must upload a copy of the Determination Letter from the Internal Revenue Service.

Project Location

Select the Certified Heritage Area: **Select the counties in the Certified Heritage Area:**

Organization Contact

Please provide a primary contact for your organization, if different from the project contact listed on the previous page. Do not fill in if it is the same as the project contact person.

Prefix **First Name** **Last Name**

Title

Phone **Extension** **E-mail**

Area of Expertise

Letters of Support

Legislative District(s)

Select the Maryland state legislative district or districts in the Heritage Area:

To look it up, click [HERE](#).

Local Commitment

Please list the elected officials from whom you have requested letters of support. You must have letters from a State Delegate, a State Senator, and a local government official.

If you have copies of the support letters, you can upload them here.

State Senator

State Delegate

Local Elected Official

List the other individuals from whom you have requested letters of support, and their titles and organizations.

If you have copies of the letters of support, you can upload them here. If you have more than three letters, you can upload additional letters on the Attachments Page at the end of the application.

Letter of Support

Letter of Support

Letter of Support

Release & Consent

MHAA and MHT regularly share information about projects that have received grant funding. Application materials, including photographs, maps, text, graphics, and forms may be used by MHAA and MHT for non-profit purposes including, but not limited to, education and publicity via printed material, television broadcasts, and internet postings.

Photographs of the project which have been taken by MHAA or MHT staff may also be made available to the public.

In rare cases, application information may be requested under Maryland's Access to Public Records Act (the "Act").

By executing this release and consent, I hereby consent to the publication of photographs and other application materials relating to the Project for which I have received financial assistance, and I hereby authorize MHAA and MHT to print, publish or post pictures of the Project and to make application materials available to the public.

I Agree.

No

If you consider information in this application confidential and do not want it made available to the public, please indicate your objections in writing and upload your letter below.

Upload your letter of objection, if applicable, here.

I have read and understand that, by not attaching an objection in writing, I have consented to public use of information in this application and a waiver of any rights I may have under the Act.

No

I, the undersigned, certify that all the information contained in this application is true and accurate and that I am legally authorized to submit this application on behalf of the applicant organization.

No

Full Name and Title of Legally Authorized Signer

Grant Writer

If this grant was prepared by someone other than the Project Contact or Organization Contact, please provide their contact information here. Do not complete if they have already been identified elsewhere in the application.

Prefix First Name Last Name

Title

Address

City State Zip Code

Phone Extension E-mail

Area of Expertise