FY 2016 MHAA Marketing Grant Full Application

Overview

Organization Name
This is the organization that will be the primary applicant for this marketing grant. This organization will be responsible for the administration of the project and any awarded grant funds.

Project Title
FY 2015 Marketing Grant

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

INSTRUCTIONS

Applications must be submitted jointly by the Certified Heritage Area and the appropriate Destination Marketing Organization(s)("DMOs"). The Certified Heritage Area and DMOs must have jointly completed within the last 24 months a heritage areas marketing plan applicable to the time period when marketing activities will occur in order to be eligible to apply for funding of marketing activities. The Primary Applicant will be the organization that will be responsible for administering the grant and any grant funds awarded. The Co-Applicant(s) must provide a letter of authorization, and certify that they support the submission of the application and approve the heritage area marketing plan that is submitted.

- 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

Project Design

Project Plan

Project Description
Describe the project, providing background information on how the proposed marketing strategies were developed and what the marketing objectives are.

Project Methodology
Describe the methodology of the project, outlining each step you will use to achieve your marketing objectives. Be sure to describe your inquiry fulfillment process.

Timeline

Project Start Date
The date you plan to start work.

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

Key Steps and Timeline
Provide an outline schedule / sequence for the project. Include other phases (identified as outside
the grant project) if applicable.

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

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

Grant Funds Requested
The maximum amount you can request for a marketing grant is $50,000.

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.

Total Project Cost
Click the calculator to autofill.
0

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.

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 commited 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.

Marketing Plan

Heritage Area Marketing Plan
Using the outline available HERE, submit a copy of the approved Heritage Area Marketing Plan, which should reflect the goals and objectives of the Heritage Area Management plan, and have been completed in coordination with the affilidated DMO(s) within the last 24 months, and be applicable to the time period when marketing activities will occur.

Deliverables

Deliverables
What tangible products will the project produce?

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 or website/smart phone app fees and updates. For technology items, please discuss how long the
product will be live and active.

If applicable, what provisions exist or will be made for physical or programmatic access by individuals?

How will the completed project benefit minority individuals or groups?

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.

Key Individuals Within the Applicant Organization

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

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).

Primary Applicant 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** **Phone** **Extension**

Email

Area of Expertise

Please upload a resume for the primary contact.

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 at least 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

Primary Applicant

Primary Applicant Organization

This is the organization that will be responsible for all grant paperwork and grant funds.

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
The primary organization must upload copies of their organizational documents if they are a non-profit. 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 has one, you must upload a copy of the Determination Letter from the Internal Revenue Service.

Project Location

Select the counties in the Certified Heritage Area:

Select the Certified Heritage Area:

Organization Contact

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

Title

Address

Office City **State**

Zip Code

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

Area of Expertise

Co-Applicant(s)

Please list the contact information for the co-applicant(s). **Do not include the organization and contact person listed as the primary applicant.** There must be at least one co-

applicant, either the Certified Heritage Area, or a Destination Marketing Organization where the marketing activities will occur. The co-applicant(s) must provide a letter of authorization for the application, and certify that they support the submission of the application and approve the heritage area marketing plan that is submitted.

Co-Applicant 1 (Required)

First Name **Last Name** **Title**

Organization **Office Phone** **Extension** **E-mail**

Co-Applicant 2

First Name **Last Name** **Title**

Organization **Office Phone** **Extension** **E-mail**

Co-Applicant 3

First Name **Last Name** **Title**

Organization **Office Phone** **Extension** **E-mail**

Co-Applicant 4

First Name **Last Name** **Title**

Organization **Office Phone** **Extension** **E-mail**

Co-Applicant Letter of Authorization

Each Co-Applicant must submit a letter of authorization indicating their support of the grant submission and the heritage area marketing plan. A sample letter is available HERE. If there is more than one co-applicant, additional letters of support can be uploaded on the Attachments

page at the end of the application.

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

If this grant was prepared by someone other than the Project Contact, Organization Contact, or Co-Applicant, please provide that person's contact information. Do not complete if the grant writer is already identified elsewhere in the application.

Grant Writer
Prefix **First Name** **Last Name** **Office Address** **Office City** **Office State** **Zip Code** **Phone** **Extension** **E-mail** **Area of Expertise**