

# FY2018 MHAA Capital Grant Full Application

## Overview

### Application Overview

#### Organization Name

#### Project Title

Project refers to the specific activity for which funding is being requested, not the site or organization involved.

*More guidance in the information box.*

#### Project Description

This field should provide a short description of the key details of your project.

*More guidance in the information box.*

### 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**. You will be given a final opportunity to review your application. If you have included all the required fields and materials, you will see a **Submit** button.
- **You must submit your final application no later than your local heritage area's deadline (see the **Grant Guidelines**).**
- You will be given an opportunity to edit your application if your local heritage area requests changes.

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

**Grant award decisions will be made in July 2017, 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 or bottom of each page. You may also click **Next** to continue the application, which will also save your work.
- **Upload documents:**

- o Click the **Browse** button.
- o Browse to the location of the document on your computer.
- o Highlight the document, and click **Open** or **OK**.
- o 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**

**Project Location**

**In which Certified Heritage Area will the project take place?**

For multi-heritage area projects, select all that apply.

**In which county (or counties) will the project take place?**

Select all that apply.

**Project Details**

**What problem or need will this project address?**

**Is this project urgent?**

Why does this project need to proceed at this time? What will happen if it does not?

*More guidance in the information box.*

**What will be the results of this project? What tangible and intangible deliverables do you anticipate?**

For tangible deliverables, specify the anticipated number of products, i.e. 12 restored windows, 1,500 sq. ft. exhibit, 5,000 brochures, 10 interpretive signs, one set of architectural plans. For intangible deliverables, provide estimates, i.e. 500 new visitors; 150 new interactions with the public; 750 additional page views on website.

**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.

**What are the key challenges that you face with this project?**

**How will completing this project accomplish the goals and objectives of your organization?**

**How will completing this project accomplish the goals and objectives of your Heritage Area?**

You are encouraged to cite specific passages of your heritage area's planning documents to support your statement.

**Will any aspects of the project cause ground disturbance (utility lines, footings, underpinnings, grading, signage installation, archeology, etc.)?**

If yes, please describe how you will make sure historical and archeological resources are protected.

**Do any aspects of the project have potential to disturb lead-based paint, asbestos, oil tanks, or other hazardous materials?**

If yes, how will you deal with these materials safely? See the information box for additional resources.

**Timeline**

**Project Start Date**

The date you plan to start work.

**Project End Date**

No more than two years from the project start date. Be sure to allow yourself plenty of time to complete the project, and build in time for unforeseen delays.

**Key Steps and Timeline**

List the steps you will take to complete the project, and projected dates when you will do them. Include other phases (identified as outside the grant period) if applicable.

**Budget**

**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 (not a PDF)**, and use those figures to complete the Budget fields below.

### **Grant Request**

When typing in dollar amounts, **only enter numbers - do not use the dollar sign or decimal point.** Round the amounts to the nearest dollar.

### **Grant Funds Requested**

The maximum amount you can request for a capital project is \$100,000.

### **Required Match**

You are required to match the grant request dollar-for-dollar. State funds cannot be included as part of the required match.

***When typing in dollar amounts, only enter numbers - do not use the dollar sign or decimal point. Round the amounts to the nearest dollar.***

### **Required Cash Match**

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

**List the source(s) of any non-state cash match 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.

These are funds that are in-hand and available immediately. Do not include state funds.

**List the source(s) of any non-state cash match for which your organization has a commitment.**

Documentation for these funds must be submitted as part of this application.

Include the source of funding, amount, and date of availability.

These are funds which are not yet in hand, but for which you have a solid commitment. Do not include state funds.

**Identify how you anticipate obtaining matching funds that are not yet in-hand or committed, including the source(s) of those anticipated funds.**

Documentation for these funds must be submitted no later than June 15, 2017.

Do not include state funds.

**What other sources of funding have you considered or applied for (successfully or unsuccessfully) to support this project?**

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

**You must provide documentation for your cash match.**

Cash match must be in-hand or committed by **June 15, 2017**. If you are not able to provide documentation for your match, you must provide documentation of a back-up source of match. That means if your chosen source of match falls through, you have another source of funds to allow you to complete the project. If you are not able to provide documentation at the time of submission, please email your match documentation to [MHT.grants@maryland.gov](mailto:MHT.grants@maryland.gov) by June 15, 2017.

**In-Kind Match**

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

**List any donations or donated time you will receive for the project.**

This includes volunteer time, as well as donations of equipment, supplies or services. Include the source of the donation, amount, and date of availability.  
*See the information box for details on how to value volunteer time.*

**Total Required Match**

Click the calculator to autofill.

The total match must equal the amount of grant funds requested above.

*If the calculator does not work, check for non-numeric symbols in the number fields.*

0 

**Other Project Costs****Other Project Costs**

If your overall project includes other non-state costs in addition to the grant request and required matching funds listed above, please put the total of those additional costs here.

*More guidance in the information box.*

**Where will the funding for the non-state Other Project Costs come from?****Are there any State funds already committed for this project? What are they paying for?**

State funds cannot be part of the required match for the project but we'd like to know about them. State funds may include legislative ("bond bill") grants and loans, the African American Heritage Preservation Program grants, Community Legacy funding, etc.



**Total State Funds Already Committed**

**Impact**

**How will this project make your site / organization and your heritage area better places for heritage tourists and residents to visit?**

**How will you measure the success of your project?**

**In order to be eligible for a capital grant, your project must meet at least one of these criteria.**

**Does the project take place in an area that has other local, State or Federal designations?**

Check or list all that apply.  
(This is in addition to the Certified Heritage Area)

Other - please list.

**Does the project contribute to a current regional, State or Federal initiative or contribute to activities already supported by significant public investment?**

Examples include the commemoration of World War I, implementation of the Captain John Smith Chesapeake Historic Trail, or a project within a State Park.

**Is the project part of a group of related heritage sites in a relatively small area, or relating to a common theme or topic?**

Resources can be connected by physical linkages; share a distinct thematic linkage (e.g. the Civil War Antietam campaign); or be part of a compact concentration of heritage tourism resources (e.g. Historic St. Mary's City)

**Will the project be a catalyst that will likely result in significant public or private investment over the next ten years?**

If yes, describe how.

## Property

### Property

**Property Name**      **Address of Project Property**

**County in which the property is located**

**Is the property historically designated, or in a designated area?**

Check all that apply.

**Other (please list)**

**Does the Maryland Historical Trust hold a preservation easement on the property?**

**If yes, check the box.**

No

### **Property Significance**

Briefly discuss the historical and/or cultural significance of the property.

*If the project is new construction, type "Not Applicable".*

Information on properties listed in the Maryland Inventory of Historic Places can be found [HERE](#).

**Map of Property**

Submit a map for the project property with the location of the project property marked.

**Look up the following property data with the State Department of Assessment and Taxation by clicking [HERE](#). You may also call SDAT at 410-767-1184.**

**Legal Name of Property Owner or Owner Entity**

You must complete this field, even if the applicant is the property owner.

**Tax Account ID      Tax Map      Tax Grid Number      Tax Parcel**

*Note: If your project involves capital work on a moveable object such as a boat or train, simply put n/a in these fields.*

**Relationship of Property Owner to Grant Applicant Organization**

If property owner and grant applicant are the same, state "Same". If property owner and grant applicant are not the same, explain the relationship. Include information regarding any leases or users of the property.

**Property Owner Consent**

Upload a letter from the property owner indicating their consent to the project, and their willingness to donate a preservation easement to MHT if required. Failure to submit the required letter using the required language may result in your application being ineligible for funding. A sample letter can be found [HERE](#).

**If the applicant organization is the property owner, skip these questions and move to the next section. If the property owner is not the applicant, provide their contact information here.**

**Prefix      First Name      Last Name**

<None>

**Title**

**Address**

**City      State      Zip Code**

<None>

**Phone      E-mail**

## Access & Outreach

### Public Benefit

**What hours per day, days per week, and months per year is the project open to the public?**

If the project is not open regular hours, please indicate how public access is made available.

**What amenities are available to the public at the project property?**

This includes restrooms, water, parking, interpretation (guided tours, self-guided tours, signage, brochures), etc.

**What provisions exist or will be made for physical or programmatic access by individuals with disabilities?**

**How will you make sure that the general public knows about your new product(s)?**

Who is your target audience, and what are their needs?

Describe how the products will be marketed for the life of the project.

How will consumer inquiries be handled? How will materials be distributed?

**Will the local tourism office / Destination Marketing Organization (DMO) be involved in this project?**

If so, how?

## Support

### Education Projects

**If your application is for a Pre-K - 12 education project, please provide documentation that you have consulted with either the Maryland State Department of Education and / or your local school system on this project.**

### Support from Elected Officials

**Please list any elected officials from whom you have requested letters of support.**

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

Letter of Support

Letter of Support

Letter of Support

### Legislative District(s)

**In which Maryland state legislative district(s) will the project take place?**

To look up your legislative district(s), click [HERE](#).

**In which Federal legislative district(s) will the project take place?**

To look up your legislative district(s), click [HERE](#).

**Local Commitment**

**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

**Capacity**

**Project Management**

**Has your organization received and successfully managed other grants in the last three years?**

If yes, list the sources of those grants, and discuss the results or outcomes of the projects.

**What other administrative and financial experience does your organization have that will allow you to successfully manage this grant?**

**Project Primary Contact Person**

**This is the person who will receive all correspondence, notifications and reminders regarding the grant.** You will have an opportunity to provide the contact information for the grant writer (if applicable) and a primary contact for the organization (such as a director or board chair) on the next tabs.

**Prefix**                      **First Name**                      **Last Name**  
<Select One>

**Title**

**Contact Address (if different from above)**

**City**                      **State**                      **Postal Code**  
   <None>

**Contact Phone**                      **Extension**

**Email**

**Area of Expertise**

**What is the primary contact person's role in the project?**

**Please upload a resume for the primary contact.**



**Key Individuals Within the Applicant Organization**

List any other key individuals within the **applicant** organization who will be involved in the implementation of this project. Describe their role in the project and what they will be responsible for. Please upload their resumes on the Attachment page at the end of the application.

**Consultants**

List 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). Describe their role in the project and what they will be responsible for. Please upload their resumes on the Attachment page at the end of the application.

**Project Partners**

List any other partners (or potential partners) you will be working with on this project, and what their roles will be.

### Applicant

**Applicant Organization**

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**Legal Name**  
 This **must** match the name registered with the State Department of Assessments and Taxation. *More guidance in the information box.*

**Organization Type**

**Tax ID / Federal Employer Identification Number (EIN)**  
 This is generally a 9-digit number, e.g. 52-1234567.

**Mailing Address**

**City**      **State**      **Zip Code**  
                  <Select One>

**Organization General Phone**      **Extension**      **Organization General E-mail**

**Website Address**

**If you have already listed your organization's primary contact person elsewhere in the application, do not complete this section.**

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Please provide a primary contact for your organization, **if different** from the project contact person listed on the previous page. This can be the Executive Director or Board President, for example. Do not enter the same person again if they are listed elsewhere.

**Prefix**      **First Name**      **Last Name**  
 <None>

**Title**

| Contact Phone | Extension | E-mail |
|---------------|-----------|--------|
|---------------|-----------|--------|

**Area of Expertise**

**Organizational Documents - Non-profit Organizations Only**

Non-profit organizations must provide copies of their organizational documents if they have not been submitted online previously.

**If you uploaded your documents in a previous year, you do not need to do so again unless there have been changes.**

For most organizations the organizational documents 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. *More guidance in the information box.*

**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 if you have not uploaded it previously.

**Additional Information**

**Is there anything else you think we should know when reviewing your application?**

**Release & Consent**

The Maryland Heritage Areas Authority ("the Authority") and the Maryland Historical Trust ("the Trust") regularly share information about projects that have received grant funding. Application materials, including photographs, maps, text, graphics, and forms may be used by the Authority and the Trust 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 the Authority or the Trust staff may also be made available to the public.

In rare cases, additional application information may be requested by the public 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 requested financial assistance, and I hereby authorize the Authority and the Trust 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.**

Do not check if you are uploading a letter of objection.

No

**I 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 Submitter**

This must be someone who is legally authorized to sign for your organization.

**Only complete this section if you utilized a grant writer who has not already been listed elsewhere in the application.**

If this grant was prepared by **someone other than the Project Contact or Organization Contact**, please provide their information here. Do not enter the same person if they are listed elsewhere.

| Prefix                   | First Name          | Last Name                 | Title |
|--------------------------|---------------------|---------------------------|-------|
| <None>                   |                     |                           |       |
| <b>Office Address</b>    |                     |                           |       |
| <b>Office City</b>       | <b>Office State</b> | <b>Office Postal Code</b> |       |
|                          | <None>              |                           |       |
| <b>Office Phone</b>      | <b>Extension</b>    | <b>E-mail</b>             |       |
| <b>Area of Expertise</b> |                     |                           |       |

## Deadlines

**Each heritage area has different deadlines for submissions (see the [Grant Guidelines](#)).** Some require a draft copy be emailed to them for feedback - make sure you know what is required for your heritage area.

Once you have submitted your application, your local heritage area will review it, and may ask you to make changes to strengthen your application. If changes are needed, your application will be returned to your online account for editing.