

# FY 2025 Maryland Heritage Areas Authority (MHAA) Capital Grant Application

## Introduction

### Introduction

The Maryland Heritage Areas Authority (MHAA) is an independent unit of government in the Executive Branch of government that operates in the Maryland Department of Planning and is administered by the Maryland Historical Trust. The MHAA grant program, which is funded out of Program Open Space, is designed to assist and encourage the preservation of historical, archaeological, natural, and cultural resources and support economic development through heritage tourism within heritage areas certified by MHAA.

You must submit this application by 11:59 on March 4, 2024. Please reach out to your local heritage area to discuss your project prior to this deadline. Contact information can be found [here](#).

Any question marked with a red asterisks (\*) must be completed before you can submit your application. Please refer to MHAA's "Fiscal Year 2025 Project Grant Guidelines for Applicants" [here](#) to learn more about the program. If you have any questions about the application, please reach out to MHAA staff at [andrew.arvizu@maryland.gov](mailto:andrew.arvizu@maryland.gov) or [martha.waldron@maryland.gov](mailto:martha.waldron@maryland.gov).

## Overview

### Applicant Organization

#### Organization Name

#### Legal Name

This may be the same as your organization name but the name provided must match EXACTLY the legal name as registered with the Maryland State Department of Assessments and Taxation (SDAT). You can check your organization's legal name by clicking [here](#).

<b>Organization Type</b>	<b>Tax ID / EIN</b>	<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>
--------------------------	---------------------	-----------------------	-------------	-----------------

**State**

- Select One -

**Website Address (if applicable)**

**Project Contact**

**Primary Project Contact**

This is the person who will manage the grant and serve as the primary project contact. They will receive all correspondence, notifications, and reminders regarding the grant.

**Prefix                      First Name                      Last Name**

- Select One -

**Suffix**

<None>

**E-mail                      Phone**

**Title**

**Street Address                      City                      Zip Code**

**State**

- Select One -

**Acknowledgement of Management and Administrative Capability**

**Please check the box below to affirm that the organization and primary project contact have read the MHAA "Fiscal Year 2025 Project Grant Guidelines for Applicants" and can provide the administrative and managerial oversight needed to complete the proposed project.**

No

## Project Information

### Project Information (10 points)

#### Grant Project Title

The project title should refer to the property and/or specific activity for which funding is being requested.

#### Project Summary (250 Word Limit)

Please provide a short description that includes a list of the specific work and/or deliverables to be completed using the grant funds and match.

#### Overall Project Description

Please describe the overall project, including any consultants or contractors you plan on hiring, or past and future phases of work. Be sure to include any pre-planning and preparation work that has already been completed and, if applicable, how the project will be maintained long-term.

#### Timeline / Schedule

Please list the proposed timeline of the work to be funded by your grant and match. You can also include other phases (identified as outside the grant period) if applicable. Keep in mind that your project start date will be July 11, 2024 and your first payment will be released by or around January 2025.

## Budget Information

### Project Budget (10 Points)

#### Grant Funds Requested

The maximum amount you can request for an MHAA Capital Grant project is \$100,000. The minimum is \$5,000. Round up to the nearest dollar. Enter numbers only, no commas or dollar signs.

#### Required Match Amount

0.00

You must provide a 1:1 match to the grant using any combination of cash and in-kind contributions.

Salaries and/or benefits of permanent or temporary staff of the applicant organization are considered ineligible grant expenses, but staff time working on the grant-funded project can be used as match.

You may not use other sources of state funds to fulfill your match requirement, with the exception of staff time for state employees which can be used as match.

All grant and match funds must be spent within the term of the grant (July 11, 2024 - Project End Date).

### **Upload Your Budget Here**

Please use the following template:

[https://mht.maryland.gov/Documents/grants/Grants\\_MHAA\\_BudgetDetail.xlsx](https://mht.maryland.gov/Documents/grants/Grants_MHAA_BudgetDetail.xlsx)

To upload, click "choose file" and select your completed Excel Project Budget Form. Then, click "upload."

### **Anticipated Other Project Costs (NOT STATE FUNDS)**

If the total project is expected to cost more than the total grant request and required match combined, those additional costs are considered Other Project Costs and should be included in your project budget.

### **Total Project Budget**

This amount should match exactly the amount listed in your Excel Project Budget.  
0.00

### **Source of Match**

If you know the source(s) of your match funds (other state funds are not eligible, except state staff time can be used as in-kind match) please list them here. If they are still to be identified, please provide any details you can about potential match sources. Proof of match is NOT required at time of application.

### **Additional Budget Information**

Please provide any additional details about your proposed budget, such as quotes for work. For capital work, detailed estimates from contractors are preferred, but if applicants are unable to provide official estimates, please explain how budgeted expenses were determined. Additional budget information can be uploaded below.

### **Supporting Budget Documents:**

Click "choose file" and select your supporting budget documents in PDF format. Then, click "upload." Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

To learn more about project budgets, including in-kind contributions and Other Project Costs please refer to MHAA's "Fiscal Year 2025 Project Grant Guidelines for Applicants."

## Project Impact

### Project Impact (80 points)

To explain the potential impact of this project, please explain how your work pertains to MHAA's three program goals:

- Developing Heritage Tourism Products
- Building Partnerships
- Sustaining Regional Identity

#### **How will this project result in increased heritage tourism? (25 points)**

Consider sharing how this project will engage tourists, your intended audience (out of state or local?), how you will market and/or distribute this project, and what amenities (bathrooms, parking, hours open to the public, etc.) this project can offer, if any, to visitors.

#### **How will this project build partnerships within your heritage area? (15 points)**

Consider, for example, how does this project will engage partners and leverage resources, how does your project bring common and uncommon partners together around a shared, local vision or how do project partners help build organizational capacity? Partners might include other non-profits, your heritage area, and members of your community.

#### **How will this project sustain regional identity or showcase your local heritage area's distinctive cultural, historical, and natural assets? (20 points)**

Please describe how your project will support place-based experiences, historic/cultural/natural resources, traditions, or priorities in your heritage area. You may cite specific sections of your local heritage area's planning documents (found [here](#)) including their designated interpretive themes. For more information, please contact your local heritage area director listed in MHAA's "Fiscal Year 2025 Project Grant Guidelines for Applicants."

**How does your project address diverse or inclusive historical narratives? (5 points)**

**What provisions exist or will be made for physical or programmatic access by individuals with disabilities? (5 points)**

**Why does this project need to proceed at this time? What will happen if this grant is not awarded or only partially funded? (10 points)**

## **Property Information**

### **Property Information**

#### **Property Name and Address**

#### **Supplemental Property Information**

Please share any additional information about the property, such as historical or community significance, or special designations (i.e., listed on the National Register or Maryland Inventory of Historic Places, or located in a historic or arts and entertainment district).

### **Property Owner Consent**

Please check one of the boxes below indicating property owner status or acknowledgment that consent is needed. One box **MUST** be checked.

#### **Do you own the property?**

No

**If no, then please check the box to affirm that you have notified the property owner of your proposed project and understand that the Maryland Historical Trust may require a letter from the property owner indicating consent to the project should your project be selected for an award.**

No

## Supplemental Documents

### People Working on the Project

Use this section to list the people, including the primary project contact, who are actively working on your project, such as staff members, board members, volunteers, partners, and consultants. Include the name, title, company and/or organization name and the role they will play in your project. If you have not yet identified your partners or consultants for this project, please attach a description of the qualifications that you will be looking for below.

#### Attachment

Please upload the resumes/CVs or bios of staff and board members, volunteers, partners and consultants who will be working on the project here, including anyone who will be assisting with the administration or management of the project. Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

### Letters of Support

#### Please provide any letters of support for your project.

Letters of support can come from potential partners, local and state elected officials, or anyone else that you feel is an appropriate advocate for your project. Letters of support are encouraged but not required. Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

### Organizational Documents:

Please provide your Articles of Incorporation, Bylaws, and Proof of Non-Profit Status. If you are a government agency, you may skip this step. All Non-Profit Applicants are required to submit these documents. Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

#### Attachment

## Projects on DNR Property

**If your application is for a project that will take place on Maryland Department of Natural Resources property, you must obtain permission from DNR for the proposed project. Please upload your approval letter from DNR. If you have not yet received approval, upload your request form that was submitted to DNR.**

A blank form and instructions can be found on the MHAA Guidelines and Resources webpage [here](#). Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

## 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.**

In most cases, this documentation should consist of a letter from your local county school system or systems. Only one document can be uploaded here. If you have more than one document, you can either combine them into one PDF and upload here or use the Attachments tab to upload additional documents.

## Archaeological Requirements

**Applicants proposing archaeological work will need to align their project with MHT's archaeological guidelines, which can be found [here](#).** If you plan to perform archaeology as part of your project, please check the box below to indicate that you have read and agree to follow MHT's archaeological guidelines.

### Archaeology Requirements Consent

No

## Release

### Release and Consent

MHT/MHAA regularly shares information about projects that have received grant funding. Application materials, including photographs, maps, text, graphics, and forms may be used by MHT/MHAA for non-profit purposes including, but not limited to, education and publicity via printed material, television broadcasts, and internet postings. MHT/MHAA does NOT share applicants' financial information unless required to do so by law.

Photographs of the project which have been taken by 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 MHT/MHAA to print, publish or post pictures of the Project and to make application materials available to the public.

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 the box if you have uploaded a letter of objection.

No

### **Legal Authorization**

**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 legally authorized to sign for your organization. For example:  
John Smith, Executive Director

