

APPLICANT NAME: \_\_\_\_\_

### SMALL GRANT APPLICATION CHECKLIST

Please enclose this sheet with your application, as the top sheet. Check off each enclosure as you assemble your package and please number your pages. One electronic or one signed original and two copies are required. A USB FLASH DRIVE or flash drive digital version of your complete application (items 1-5 at a minimum) or electronic submittal IS REQUIRED. **Hand-written applications are not accepted.**

1.  Summary Sheet (1 page, use the form following this checklist) Page 1
2.  Project Description (no more than 2 pages) Page number from application: \_\_\_\_
3.  Project Personnel Information (1 page, approx.) Page number from application: \_\_\_\_
4.  Project Budget and Sources of Funds (1-2 pages) Page number from application: \_\_\_\_
5.  Statement of Project Support (source of your match & documentation as appropriate)  
Page number from application: \_\_\_\_
6.  Proof of nonprofit status (if applicable and if not already on file with ESHI):  
7. Page number from application: \_\_\_\_
8.  Articles of incorporation (if not already on file with ESHI):  
Page number from application: \_\_\_\_
9.  Bylaws (if most recent version is not already on file with ESHI):  
Page number from application: \_\_\_\_
10.  Certificate of good standing from the Maryland Department of Assessments and Taxation  
([www.dat.state.md.us](http://www.dat.state.md.us); you do not need to pay for the version we need, a screen short will suffice)  
Page number from application: \_\_\_\_
11.  501(c)(3) or other letter of nonprofit status from the IRS, if applicable  
Page number from application: \_\_\_\_
12.  Letter from your local government elected body (NOT a single official)  
Page number from application: \_\_\_\_
13.  Optional: Other letters of support Page number from application \_\_\_\_
14.  USB FLASH DRIVE or other electronic submittal with a digital copy of your project description,  
budget and summery sheet Please label the drive with the heritage area name and project name or  
electronic submittal Page number from application \_\_\_\_
15.  At least one digital photo suitable for publicity. May be submitted with final report.

***Please note that your application may not be considered unless all your final reports for previous grants are in hand, or an extension granted. Performance on previous grants is a factor in the ESHI Grants Committee's evaluation.***

**SMALL GRANT APPLICATION SUMMARY SHEET, FY2024- Round 2**

YOU MUST INCLUDE THE CHECKLIST ON THE PRECEDING PAGE;  
Hand-written applications are not accepted.


**APPLICANT INFORMATION**

- 1. Full Legal Name of Applicant Organization: \_\_\_\_\_
  
- 2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Project Contact Person with title: \_\_\_\_\_
  
- 4. Telephone: \_\_\_\_\_
  
- 5. Email Address (required): \_\_\_\_\_
  
- 6. Applicant’s Federal Employer Identification Number: \_\_\_\_\_
  
- 7. State legislative district & subdistrict of applicant (please ensure accuracy): \_\_\_\_\_

**PROJECT INFORMATION**

- 1. Project title or property name: \_\_\_\_\_
  
- 2. Brief description of the project, its purpose and goals, and any project products (please use no more than 450 words)

3. **Project Description – Attach up to 2 pages, if needed, to further explain your project.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed project description. It occupies the majority of the page's vertical space below the instruction.

**PROJECT PERSONNEL**

A large, empty rectangular box with a thin black border, intended for the user to list project personnel. It is positioned below the 'PROJECT PERSONNEL' header and takes up the lower half of the page.

**PROJECT TIMELINE**

**PROJECT PRODUCTS AND DELIVERABLES**

**PROJECT BUDGET SUMMARY (see budget guidance and detailed budget form)**

- 1. Amount requested from ESHI \$ \_\_\_\_\_
- 2. Applicant's cash match; line 1 must be no more than line 2 \$ \_\_\_\_\_
- 3. Applicant's additional in-kind match \$ \_\_\_\_\_
- 4. TOTAL PROJECT COST (total of lines 1-3) \$ \_\_\_\_\_

**PROJECT BUDGET**

NOTE: Applicants may use an Excel spreadsheet for the budget

LINE ITEMS	ESHI GRANT	CASH MATCH	IN-KIND MATCH	TOTAL
TOTALS				

Identify source(s) of matching funds and in-kind contributions. If more than one organization is providing support, identify each organization and the kind and amount of support.

Donor: \_\_\_\_\_

Kind: \_\_\_\_\_

Amount/Value: \_\_\_\_\_

Date Available: \_\_\_\_\_

Donor: \_\_\_\_\_

Kind: \_\_\_\_\_

Amount/Value: \_\_\_\_\_

Date Available: \_\_\_\_\_

Kind: \_\_\_\_\_

Amount/Value: \_\_\_\_\_

**PUBLIC INFORMATION DISCLOSURE**

ESHI intends to make available to the public certain information regarding projects for which an application has been submitted under the MHAA-ESHI Small Grant Program. The information available to the public will include the information in this grant application as supplemented or amended. This information may be confidential under Maryland's Access to Public Records Act. If you consider this information confidential and do not want it made available to the public, please indicate so in writing attached 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.

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Signature of Organization President, Chairman, or Executive Director

Date \_\_\_\_\_

