



The Maryland Agricultural Education & Rural Development Assistance Fund

Administered by the RURAL MARYLAND COUNCIL, in partnership with the Maryland Department of Agriculture, the Department of Business and Economic Development, the Department of Health and Mental Hygiene, the Department of Housing & Community Development, and the Department of Natural Resources

MAERDAF Application Form – FY 2014

Applications must be received by July 15, 2013. Awards will be announced by August 19, 2013.

This application is available for download at www.rural.state.md.us. **Applications will be accepted by email only.**

Section 1: Basic Information

Amount of Funding Requested:
\$

Past MAERDAF Grantee
If so, what year(s) _____

Name of Organization:

Organizational type (Check One) Health Care Organization Regional Planning Organization
 ATC or Community College Economic or Community Development Program Ag/Forestry Education Organization

Mailing Address:

City, State, ZIP:

Phone Number

Fax Number:

Contact Person:

Contact's Title:

Contact's Email Address:

IRS tax designation (501(c)3 or similar):

Federal Tax ID Number:
(Do NOT Leave blank)

Organization's Mission Statement: (Use as much space as you need)

Identify your customers. Whom do you serve? (Use as much space as you need)

Describe the extent of your organization's community involvement and cooperation with other organizations. (Use as much space as you need)

Section 2: Project Narrative

The narrative should be **no longer than 5 pages, double-spaced**. Use a **12-point Times font** or similar. Your project period **must** fall between August 2013 and June 2014. The narrative should include:

- 1. Scope of Work:** A Scope of Work clearly identifies **(a)** the overall need to be addressed and **(b)** how MAERDAF funding would be used to meet that need or a portion of that need. Be specific. The Scope of Work should also include a statement that estimates the following, as applicable:
 - Number of individuals and/or businesses and/or communities that will be served by or otherwise benefit from the grant;
 - Number of new partnerships that will be formed, or existing partnerships that will be solidified, as a result of the grant.
- 2. A Table of Goals and Measurable Objectives:** Describe what will be achieved as a result of this grant and how you intend to measure your success. To do this, include a table which shows a goal on one side, such as: "improve survival skills of young people." In the box next to it, include a measurable objective, such as "one thousand eight-year-olds will attend Cooking with Tree Bark classes. Eighty percent of them will learn to make cheesecake out of bark." Keep in mind that your interim and final reporting will be expected to discuss whether these goals and objectives were met and, if not, why not.

Section 3: Appendix Attachments

The Grant Review Board is particularly interested in reviewing (1) overall project budgets; (2) specific explanations of how grant funds will be used; and (3) whether matching funds have been obtained and from where. **Poorly presented budgets are one of the most common reasons applications are denied.** Attach the following items; label them clearly.

- **Attachment A.** Projected Operational Budget showing **all** project funds, **all** grant funds, and **all** matching funds, as well as **all** sources of these funds. *Use format provided below.*
- **Attachment B.** Specific project line item budget. This is the narrative which explains the spreadsheet. *Use format provided below.*
- **Attachment C.** Description of the amount and the source of all matching funds (if any) that have been obtained for this grant. Include a list of pending grant applications and expected date of notification, if applicable.
- **Attachment D.** A copy of your IRS Determination letter, verifying your organization's tax status as a 501(c) 3 or similar.
- **Attachment E.** Supportive materials, including letter(s) of support, newspaper articles, etc. These items will not be returned. Legible photocopies are acceptable.

I hereby certify that this organization has no outstanding fiscal issues with the State of Maryland or the U.S. Government.

Signature:

Date:

Name:

Title:

An application packet includes an application, a project narrative, and all attachments. Cover letters are not required.

Applications must be submitted by email to rmc.mda@maryland.gov and must be received by midnight July 15, 2013. Paper applications will NOT be accepted.

Grantees will be announced by August 19, 2013.

If you have questions, call RMC Executive Director Charlotte Davis at: 410-841-5774.
Or email: charlotte.davis@maryland.gov.

Attachment A: Proposed Operational Budget

Use this sheet to show **all** project funds, **all** grant funds, and **all** matching funds, as well as **all** sources of these funds. Use Attachment B to explain these amounts.

Name of Applicant Organization: _____

Estimated Expenses	MAERDAF Funds Requested	Federal, Local, Gov't	Business & Industry	Community College	Other (Include other grants)	Total
A. Salaries & Wages						
B. Fringe Benefits						
C. Travel						
D. Equipment						
E.						
F.						
G.						
TOTAL DIRECT COSTS	\$					
H. Other Costs						
Materials & Supplies						
Pubs./Documentation						
Consultant Services						
Subcontracts						
Other:						
Other:						
Other:						
TOTAL OTHER COSTS						
TOTAL Project Cost*						

**Total Project Cost should equal the sum of Direct Costs and Other Costs*

Attachment B: Line Item Budget

Use this sheet to provide a narrative which explains each amount on your Proposed Operational Budget. (For instance, if your spreadsheet in Attachment A shows \$5,000 in travel from business/industry, explain where those funds came from, how they will be used, and what restrictions there are in using them, if any.) **Be concise but complete.** Use as much space as you need.

Name of Applicant Organization: _____

Line A: Salaries & Wages --

Line B: Fringe Benefits --

Line C: Travel --

Line D: Equipment --

Line E:

Line F:

Line G:

Line H: Other Costs --