



The Maryland Agricultural Education and Rural Development Assistance Fund (MAERDAF)

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 2016

Applications **must be received** by July 10, 2015. Awards will be announced by August 14, 2015.

This application is available for download at www.rural.maryland.gov

Applications will be accepted by email only.

ALL application submissions will be acknowledged.
If you DO NOT receive an acknowledgement, the RMC did not receive your application.

Section 1: Basic Information

| | |
|--|--|
| Amount of Funding Requested: | <input type="checkbox"/> Past MAERDAF Grantee If so, what year(s) |
| Name of Organization: (Applicant) | |
| Organizational type (Check One) | |
| <input type="checkbox"/> Health Care Organization <input type="checkbox"/> Regional Planning Organization <input type="checkbox"/> Community College <input type="checkbox"/> Economic or Community Development Program <input type="checkbox"/> Ag/Forestry Education Organization | |
| Applicant - Mailing Address: | |
| Applicant - City, State, Zip Code: | |
| Applicant - Phone Number: | Applicant - Fax Number: |
| Applicant - Point of Contact (POC): | |
| Applicant - POC Title: | |
| Applicant - POC Email Address: | |
| Applicant Organization IRS tax designation (501 (c) 3 or similar): | Applicant Federal Tax ID Number: (Do NOT Leave blank) |

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Section 1: Basic Information (continued)

Project - Point of Contact (POC):

Project – POC Title:

Project – POC Organization:

Project – POC Mailing Address:

Project – POC City, State, Zip Code:

Project – POC Phone Number:

Project – POC Fax Number:

Project - POC Email Address:

Project Organization Federal Tax ID Number: *(Do NOT Leave blank)*

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Section 1: Basic Information (continued)

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 2015 and June 2016. 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.
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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 and 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 that explains the spreadsheet. *Use format provided below.*
- **Attachment C** - Description of the amount and the source of all matching funds (if any) 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** - Include a screenshot of the Maryland Department of Assessments and Taxation Certificate of Status for the applicant organization. Go to <http://sdat.resiusa.org/UCC-Charter/Pages/CharterSearch/default.aspx>, under "Charter Record Search" choose search by organization name. Enter your organization name, click "Continue." Click on "General Info." We do not require a copy of the certificate it is sufficient for you to print the screen (Ctrl + P) and send it with your application.
- **Attachment F** - 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.

My organization/I am a member of the Rural Maryland Foundation.

NOTE: Applications must be submitted by email to rmc.mda@maryland.gov and must be received by midnight July 10, 2015. Paper applications will NOT be accepted. All applications will be acknowledged when received.

Grantees will be announced by August 14, 2015.

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. Note this sheet does not automatically calculate totals.

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 that 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:

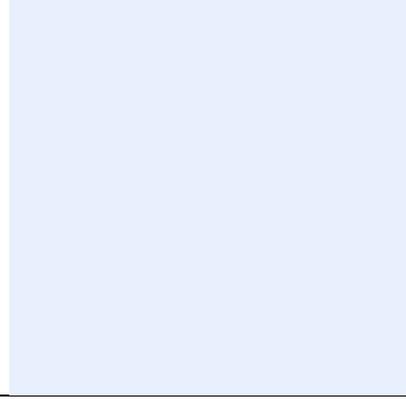
Line H: Other Costs –

Attachment C

Description of the amount and the source of all matching funds (if any) 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

Maryland Department of Assessments and Taxation Certificate of Status
(A "print screen" image [Alt+Print Screen] is acceptable)

Attachment F

Supportive materials, including letter(s) of support, newspaper articles, etc.
These items will not be returned. Legible photocopies are acceptable.

