

Mississippi Gulf Coast National Heritage Area Heritage Community Grant Request for 2019-2020 Funding Application

*Please note that the Mississippi Gulf Coast National Heritage Area (hereinafter referred to as MS Coast NHA) will not award funding to any sub-recipient with an open Heritage Community Sub-Grant Agreement. Previous sub-recipient must be in good standing and project must be closed before being eligible to apply for next round of funding.

Project Title:				
Project Location:				
(List the county or co	unties where the p	project will take p	place)	
Project Category: _	Historical	Cultural	Natural Resources	Recreation
Applicant /Organizat	tion:			
Address:				
			Zip Code:	
Website:				
(To find your federal and	l state district number	rs (<u>http://www.ms.g</u>	ct # MS House Doov/State/Government Branch	
Dun & Bradstreet (D (To find your DUNS "Da	OUNS) Number: _ ata Universal Number	ring System" Numb	per) (<u>https://fedgov.dnb.com/w</u>	vebform/index.jsp
W-9:				
			le:	
Telephone:	Fax Number:			
Email:				
Are there other organ	nizations collabor	eating on this pro	oject? Yes 1	No
If yes, which organiz	ations:			

	to exceed 250 characters):
Imount Requested from MS Must equal total amount req	Coast NHA \$uested)
Cash Match \$	In-Kind Match \$
Total Amount of Matching C	Contributions \$
Fotal Project Cost \$ Amount requested plus the an	mount of match being provided)
	roject take to complete?
Proposed Start Date:	
Target Completion Date:	
*The application must be sign	ned by two authorized officials of the applicant organization.
Statement of Assurances	
affirm that we are authorized i	his application is correct and complete. By signing below, we representatives and have authority to act on behalf of the Heritage Community Grant from the MS Coast NHA.
Signature	Printed Name
J	
Title	
Title Signature	Date Printed Name

Project Narrative

Please attach a completed project narrative to the 2019-2020 funding application, not to exceed four pages.

Project Narrative

The project narrative should explain what the project will accomplish and how this project is linked to the MS Coast NHA Management Plan. The plan can be downloaded at http://msgulfcoastheritage.ms.gov/ under the 'About MGCNHA' tab. It must also include the below sub-categories:

NOTE: If photographs or drawings will help to explain the project, they may be attached, but are not required.

1. Project Narrative: Provide a detailed description of your project. Be sure to include the following:

- a. Detailed project description
- b. The need for the project.
- c. The goals for the project.
- d. The location for the project
- e. Explain how it is going to be implemented.
- f. The period of performance.

2. Anticipated Benefits:

- a. How will the project benefit the public?
- b. How will the project be shared with the public?
- c. Do you expect to see economic, social, community, and/or quality of life impacts?
- d. Will this project create jobs?
- e. What happens after the grant is completed? Will the project be sustained? If so, how do you plan to sustain it?
- f. How do you plan to evaluate the success of the project? How will you know whether you are successful?

3. Partner Organizations Involved in Project (if any):

a. Explain briefly the role and contribution of each listed partner organization involved in the project.

4. **Project timeline/milestones:**Outline a timetable listing measurable goals for each quarter of the project. Be sure to i

Outline a timetable listing measurable goals for each	quarter of the proje	ect. Be sure to include
target dates for major project elements or deliverable	S.	

First Quarter (JanMar.)
Second Quarter (AprJune)
Third Quarter (July-Sept.)
Fourth Quarter (OctDec.)

5. Outreach and Education Requirements

- a. How do you plan to recognize the project and to acknowledge the support of the Mississippi Gulf Coast National Heritage Area (if a grant is awarded)?
- b. How will the project be shared with the public?

6. Project Budget

Attach the project budget form showing key areas of requested expenditures. Describe your management and staffing plan for the project. If you are seeking funds for project administration, please explain how those funds will be utilized.

NOTE: Documentation of efficient management and financial ability to complete the project must be provided with the application.

Project Budget Form

This grant is a 1:1 match. Therefore, this figure must be equal to or greater than the grant amount you are requesting for your project.

The match may consist of real dollars or in-kind (non-cash) contributions of labor, services, materials, equipment, supplies, and or travel expenses that are necessary and reasonable for the accomplishment of project objectives. Grantees must be able to produce records of in-kind contributions.

Provide a detailed project budget using the following tables. All included estimated costs must be reasonable and necessary to complete the project objectives.

Be sure to list your requested indirect cost rate in the Indirect Cost Rate row. Indirect is limited to 10% unless your organization has a current negotiated indirect cost rate with a Federal agency. All equipment costs must be excluded from your calculation of indirect costs.

Please check your math before you finalize the budget form and make sure the totals correspond to the totals listed on the Grant Application.

2019-2020 Heritage Co	ommunity Grant Proj	ject Budget Form	
Itemized Project Cost	Amount Requested	Recipient Match	Total Project Cost
Personnel:			
Volunteer:			
Professional Services/Contractual:			
Equipment/Supplies/Space/Equipment Rental:			
Travel:			
Other Expenses:			
Sub-Total cost from each column			
Indirect Rate @	Indirect Cost		
Total Project (Direct and Indirect Cost)			

MS Coast NHA Heritage Community Grant Application Checklist

	ns will not be considered for funding. Submit one (1) copy of each of the below s and you do not need to submit this page with your application.
	Grant Application Form
	Project Narrative
	Project Budget Form
	Project Timeline
	Letter documenting the amount of matching contributions to the project
	Documentation of the qualifications of key project personnel
	A copy of your organization's annual budget (non-profit organizations only)
	Letters of support (these may be mailed separately)
	Copy of IRS letter confirming tax-exempt status (non-profit organizations only)
	A copy of your organization's most recently completed year-end financial statement. (Audited statements are preferred)
	Annual audit if your organization has expended \$750,000.00 or more in federal funds (cumulatively) during a fiscal year.
Submittin	g your application
application office by t	ine for submitting a grant application is Monday, March 16, 2020 . If mailed, the n must be postmarked by that date. If delivered, the application must be received in ou he close of business at 5:00 p.m. on that date. Submission can be emailed to odmr.ms.gov and must be received by close of business at 5:00 p.m. on that date.

You should use this checklist to confirm that your application is complete. Incomplete

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You must submit a completed printed copy of your application and all supporting documents. Print or type your application on 8 ½ by 11 white paper with one (1) inch side margins. Font needs to Times New Roman size 12. You may use a paper clip or a binder clip to hold your application together, but please do not use staples.

Letters of support are preferred to be included with the application or can be mailed separately but must be postmarked by the application deadline of Monday, March 16, 2020.

Application and letters of support should be addressed to:

MS Coast National Heritage Area Attention: Joyce Hart Mississippi Department of Marine resources 1141 Bayview Avenue **Biloxi, MS 39530**