**2021 EMHR Partnership/Mini-Grant Application**

Application Due: May 1, 2021 Funded projects should be completed by: August 31, 2022

**Part I. APPLICANT INFORMATION:**

Organization:

Contact Name: \_\_\_\_ Title:

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Email:

FID/EIN #**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BCO-10 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of entity: IRS 501(c) 3 Non-Profit Organization\_\_\_\_\_\_\_

Public Education Institution\_\_\_\_\_\_

Municipality\_\_\_\_\_\_

Are you a Member of EMHR: Yes/No (please circle) – *\*All grant applicants must be EMHR members*

Letters of Support for project: Yes/No (please circle) – \**Include any support letters with application*

Partners: Please list partners who will actively be involved with your project.

(Include contact information)  
1.

2.

3.

4.

***Part II. BUDGET INFORMATION:***

*\*All EMHR Partnership grants require a full match (i.e. – a $1,000 grant requires a full $1,000 match)*

Grant Amount Requested = $

Cash Match = $

Non Cash (In-Kind) Match = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Total Project Cost = $   
List of Matching Funds:

Name Amount Private or Public In-Hand/Pledged/

Pending Funds

**Proposed Budget: In addition to the information above, please submit a proposed budget for your project as an attachment to this application.**

***Part III. PROJECT DETAILS:***

Project Title:

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if this is an “Implementation Project” or a “Special Purpose Study:”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Only project costs incurred after PA Department of Conservation & Natural Resources (DCNR) approval are eligible for reimbursement.*

**Project Description:**

Describe the project your organization wishes to undertake and how it will further your mission or enhance the surrounding community.

How does your project further the mission and goals of the Endless Mountains Heritage Region? *(Mission and goals can be found on application cover page.)*

Project Scope:

Describe what items (equipment, materials, volunteers, etc.) will be needed for this project and the steps your organization will take in order to complete it.

Project Readiness:   
Describe the planning that has been done for the implementation of this project, including professional consultations, architectural/engineering studies, plans & specifications, government review & permitting. Copies of relevant documents may be requested prior to EMHR’s committee review.

Please provide a list of deliverables or final products that will be presented as the result of your project’s completion: