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

Application Due: April 23, 2021 Funded projects should be completed by: August 31, 2022

**Part I. APPLICANT INFORMATION:**

Organization: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

County: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

FID/EIN #**:** Click or tap here to enter text.

BCO-10 #: Click or tap here to enter text.

Expiration Date: Click or tap here to enter text.

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

Public Education Institution

Municipality

Are you a Member of EMHR: Choose an item.– *\*All grant applicants must be paying EMHR members.*

Letters of Support for project: Choose an item.– \**Include any support letters with application.*

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

(Include contact information)  
1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

***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 = $ Click or tap here to enter text.

Cash Match = $ Click or tap here to enter text.

Non-Cash (In-Kind) Match = $ Click or tap here to enter text.

Projected Total Project Cost = $ Click or tap here to enter text.  
List of Matching Funds:

**Name**

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Amount**

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Public/Private**

Choose an item.

Choose an item.

Choose an item.

**In hand/ Pledged/ Pending Funds**

Choose an item.

Choose an item.

Choose an item.

**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: Click or tap here to enter text.

Project Location: Click or tap here to enter text.

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

Expected Start Date: Click or tap here to enter text.

Expected Completion Date: Click or tap here to enter text.

*\*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.

Click or tap here to enter text.

**Project Mission:**

Describe how your project furthers the mission and goals of the Endless Mountains Heritage Region. *(Mission and goals can be found on application cover page.)*

Click or tap here to enter text.

**Project Scope:**

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

Click or tap here to enter text.

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.

Click or tap here to enter text.

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

Click or tap here to enter text.