

# Grant Application

## **EVALUATION AND AWARD NOTIFICATION**

This is a competitive grant program. Applications are reviewed by committee utilizing quantitative and qualitative methodologies. Members of the review team and evaluation criteria remain confidential. Applicants will be notified of status by letter; and all successful applicant organizations will be posted online at [www.eriecanalway.org](http://www.eriecanalway.org) and through other means. No information on status will be provided prior to award announcements. Applicants whose requests have been declined are encouraged to contact program staff to discuss their application.

## **SUBMISSION REQUIREMENTS**

**Application Due Date: 4:00 PM, Friday, October 27, 2017**

**E-mail completed application, narrative, and the following materials as PDFs to:** [andy\\_kitzmann@partner.nps.gov](mailto:andy_kitzmann@partner.nps.gov) Questions can be directed to Andy Kitzmann at 518-237-7000, ext. 201

The subject line should be your *organizational name* followed by *Grant Application*.

- ☐ A completed copy of the following application, narrative & budget.
- ☐ Retain a copy with an original signature for your records (ECNHC may request this within a seven year period).
- ☐ A copy of your organizational budget for current (fiscal or calendar) year of organization.
- ☐ A completed project budget (see pages 4 & 5).
- ☐ A list of board of directors, or other governing authority.
- ☐ IRS Letter of Determination.
- ☐ Organization's audit of the last fiscal year any IRS Form 990.
- ☐ Award letters for secured grants used as project match.
- ☐ Other appropriate documentary information (Small sampling of best information highly recommended).
- ☐ Letters of support may be included (optional).

## General Information

Project Title:

Organization:

Project Contact/Title:

Mailing Address:

City, State, Zip Code

Telephone:

Email:

Fax:

Website:

Type of Organization:  
*e.g., non-profit,  
municipal*

501(c)(3)

YES

NO

NA

Current on all payroll  
taxes?

YES

NO

NA

Organization's EIN:

Year Founded:

Do you plan to partner with another organization  
or municipality on this project? If yes, who?

Erie Canal Bicentennial Project?

Yes answers are addressed in the narrative. YES

NO

Type of Project Being Requested

Education

Interpretive

Program

Planning

Preservation

Other

If Other, provide a brief description:

**Number of people who are:**

|           |           |            |               |
|-----------|-----------|------------|---------------|
| Full time | Part Time | Volunteers | Board Members |
|-----------|-----------|------------|---------------|

## Start and end dates

|                     |                   |
|---------------------|-------------------|
| Project Start Date: | Project End Date: |
|---------------------|-------------------|

**Organizational Mission Statement (100 word limit):**

|  |
|--|
|  |
|--|

**Briefly describe your grant request** (200 word limit - you will have space later to fully explain your project)

|  |
|--|
|  |
|--|

## Request and Match

|                                      |                      |                         |                |
|--------------------------------------|----------------------|-------------------------|----------------|
| Amount Requested of<br>Erie Canalway | Applicant Cash Match | Applicant In-kind Match | Project Total: |
|--------------------------------------|----------------------|-------------------------|----------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## NARRATIVE

On up to three (3) separate pages, please describe:

1. How will the grant funds be used:
  - a. Describe your project: What are your project goals and objectives, target audience and project impacts? What outcomes do you anticipate as a result of your project?
  - b. How does your project relate to the mission, goals and objectives of Erie Canalway? <https://eriecanalway.org/resources/preserve-plan> (see Chapter 9, Implementation)
  - c. If this is an Erie Canal Bicentennial Project, fully describe the multi-year and state-wide impact of the project.
2. The Project Plan:
  - a. Describe your project plan including: planning documents, consultants and selection process, and your project sustainability plan. *Briefly* describe the qualifications for staff and/or consultants conducting this project. How will the final product be evaluated?
3. The Project Schedule:
  - a. What major tasks do you anticipate? What are the deadlines for other project funders? What key outreach/communication dates do you anticipate? Detail anticipated review periods or other required approvals.

## BUDGET

Complete the following budget tables.

Please complete each of the following three budget tables. As part of the project final report, full documentation for both grant award and match will be required of the applicant. This can include receipts, time sheets, cancelled checks, award letters, etc. Award letters for secured grants should be included with your application submission.

Grant awards may not be used for food, entertainment, or per diem. These items may be counted towards meeting your matching requirement.

### Project Support and Revenue

| Source (grants, donations or other)                   | Secured Amount | Requested/Pending Amount | In-kind Amount | Total |
|-------------------------------------------------------|----------------|--------------------------|----------------|-------|
| <i>Requested of Erie Canalway Heritage Fund, Inc.</i> |                |                          |                |       |
|                                                       |                |                          |                |       |
|                                                       |                |                          |                |       |
|                                                       |                |                          |                |       |
|                                                       |                |                          |                |       |
|                                                       |                |                          |                |       |
| <b>Total Support &amp; Revenue</b>                    |                |                          |                |       |

**Expenses**

| Budget Items                 | ECNHC Funds | Cash Match | In-Kind Match | Total | Explanation/Source (be specific) |
|------------------------------|-------------|------------|---------------|-------|----------------------------------|
| Personnel                    |             |            |               |       |                                  |
| Volunteers                   |             |            |               |       |                                  |
| Consultants & Contracts      |             |            |               |       |                                  |
| Travel Expenses              |             |            |               |       |                                  |
| Materials and Supplies       |             |            |               |       |                                  |
| Other ( <u>must detail</u> ) |             |            |               |       |                                  |
| <b>Total Expenses</b>        |             |            |               |       |                                  |

**Matching Fund Sources (attach additional pages as needed)**

| Name                        | Source (State, Federal, Private) | Amount | Status (requested, pending, secured) |
|-----------------------------|----------------------------------|--------|--------------------------------------|
|                             |                                  |        |                                      |
|                             |                                  |        |                                      |
|                             |                                  |        |                                      |
|                             |                                  |        |                                      |
| <b>Total Matching Funds</b> |                                  |        |                                      |

**Applicant Authorized Signatory:**

**Note:** *an original signed copy must be made available upon request by Erie Canalway.*

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_