Mississippi Gulf Coast National Heritage Area
Heritage Community Grant
Request for 2024 Funding Application

*Please note that the Mississippi Gulf Coast National Heritage Area (hereinafter referred to as MS Coast NHA) will not award funding a 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 counties where the project will take place)

Project Category: _____**Historical** _____**Cultural** _____**Natural Resources** _____**Recreation**

Applicant /Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Website: _____

U.S. Congressional District #_____ MS Senate District #_____ MS House District #_____
(To find your federal and state district numbers ***http://www.ms.gov/State/Government_Branches*** *)*

SAMS Unique Entity ID Number: _____
(To find your SAMS "System for Award Management" number ***http://www.sam.gov/content/home****)*

W-9: _____ **Mississippi Business ID #:** _____
(To find your MS Business ID number ***https://corp.sos.ms.gov/corp/portal/c/page/corpBusinessIdSearch/portal.aspx#*** *)*

Project Manager: _____ **Title:** _____

Telephone: _____ **Fax Number:** _____

Email: _____

Are there other organizations collaborating on this project? Yes_____ No_____

If yes, which organizations:

_____

Please list your project objectives (not to exceed 250 characters):

_____
_____
_____
_____
_____
_____
_____

Amount Requested from MS Coast NHA $_____
(Must equal total amount of match provided)

Cash Match $_____ **In-Kind Match $**_____

Total Amount of Cash and In-Kind Matching Contributions $_____

Total Project Cost $_____
(Amount requested plus the amount of match being provided)

How many months will the project take to complete? _____
(The maximum grant period is twelve (12) months)

Proposed Start Date: _____
(Should be no earlier than July 1, 2024. If grant related activities will take place prior to this date, please note what and when in the Project Narrative)

Target Completion Date: _____
(Should be no later than June 30, 2025)

The application must be signed by two authorized officials of the applicant organization.

Statement of Assurances

The information provided in this application is correct and complete. By signing below, we affirm that we are authorized representatives and have authority to act on behalf of the organization applying for this Heritage Community Grant from the MS Coast NHA.

_____   _____
Signature   *Printed Name*

_____   _____
Title   *Date*

_____   _____
Signature   *Printed Name*

_____   _____
Title   *Date*

Project Narrative

Please attach a completed project narrative to the 2024 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 project deliverables.
   e. The location for the project.
   f. Explain how it is going to be implemented.
   g. 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 or promote economic development?
   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 INCLUDE TARGET DATES FOR MAJOR PROJECT ELEMENTS OR DELIVERABLES.

First Quarter (July 1-Sept 30)

Second Quarter (Oct 1-Dec 31)

Third Quarter (Jan 1-March 31)

Fourth Quarter (April 1-June 30)

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.

2024 Heritage Community Grant Project Budget Form			
Itemized Project Cost	*Amount Requested*	*Recipient Match*	*Total Project Cost*
Personnel: (staff time, employees, etc.)			
Volunteer: (donated non-skilled services)			
Professional Services/Contractual:			
Commodities:(goods that will be used only for grant related work)			
Equipment: (durable goods that will last beyond the grant period)			
Travel:(for Personnel or Volunteer travel)			
Other Expenses:			
Sub-Total cost from each column			
Indirect Cost (Indirect Rate @ _____%)			
Total Project (Direct and Indirect Costs)			

MS Coast NHA Heritage Community Grant Application Checklist

You should use this checklist to confirm that your application is complete. Incomplete applications will not be considered for funding. Submit one (1) copy of each of the below documents 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.

Submitting your application

The deadline for submitting a grant application is **5:00 p.m. Thursday, March 14, 2024**. If mailed, the application must be postmarked by that date. If delivered, the application must be received in our office by the close of business at 5:00 p.m. on that date. Submission can be emailed to Heritage@dmr.ms.gov and must be received by close of business at 5:00 p.m. on that date.

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 **Thursday March 14, 2024.**

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