# Muscle Shoals

**National Heritage Area**

**2024 Grants Application**

**Instructions:** To submit the application, create your own text document using the format and headings from this form. (Copy and paste works well). Save completed document to your computer. Combine completed application form, narrative, and the three attachments into one document. Name that document YOURORGANIZATION NAME2024. Email to Terah Klein, business manager with the Center for Learning and Professional Development, at tklein@una.edu. Refer to [Grant Guidelines](https://docs.google.com/document/d/1l7lazY3_cRyKIllqs5FzuOpNDYk-1P6sE8_jBFVbhpM/edit) for additional information.

Application date: Grant amount requested:

Name of organization applying for grant:

Project name:

Project location:

Project start & end dates:

Name, email & phone number of project director:

Name & title of person who will sign contract:

Organization mailing address for grants correspondence:

Organization physical address, if different:

Organization email & phone number:

Organization website & social media:

Brief “elevator-pitch” description of grant project:

**NOTE:** Please refer to [Grant Guidelines](https://docs.google.com/document/d/1l7lazY3_cRyKIllqs5FzuOpNDYk-1P6sE8_jBFVbhpM/edit) for additional information.

**GRANT APPLICATION NARRATIVE**

Provide the following information using these headings, subheadings & bullet points.

**A. GOALS, ACTIONS & OUTCOMES**

**1. Executive Summary**

**2. Purpose of Grant** (Brief descriptions, lists, spreadsheets)

**3. Evaluation** (About 200 words)--How will project success be defined & measured?

**4. Budget Tables & Narrative**

* Table I--Expenses – Use this table to show specific proposed line-item expenses that this grant award will cover. “Total expenses” must be the same amount as your requested grant award. (***Text in table is example only. Delete/replace example text.***)

 **Table I--Expenses Charged to Award**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense(s) charged to award** | **Description** | **Quantity** | **Total item expense** |
| ***Labor*** | ***Consultant*** | ***1 @ $3,000 ea.*** | ***$3,000*** |
|  |  |  |  |
|  |  |  | ***$3,000 total expenses*** |

* Table II--Match Contributions – Use this table to show cash & in-kind contributions to be used as one-for-one match for your requested award. Value volunteer hours at $23 per, $12.50 for students participating as an enrolled-course requirement & professionals at their verifiable hourly rate. Indicate specifically what will be match & what will be overmatch. (Applications receive extra points for overmatch.) “Total match” must be the same amount as “total expenses” in Table I. Include a letter signed by your organization’s financial officer or authorized representative verifying amounts & sources of matching funds. (***Text in table is example only--delete/replace example text when submitting application.***)

**Table II--Match Contributions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Matching contribution(s)** | **Description** | **Quantity** |  **Item total to be claimed as match** | **Item total to be claimed as overmatch** |
| ***Supplies*** | ***Wooden window frames*** | ***10 @ $300 ea.*** | ***$1,500*** | ***1,500*** |
| ***Volunteer labor***  | ***Cleanup*** | ***65 hours @ $23/hr*** | ***$1,500*** | ***NA*** |
|  |  |  | ***$3,000 total match*** | ***$1,500 total overmatch*** |

* Table III--Total Award Budget--Use this table to summarize your total grant-award budget. (***Text in table is example only--delete/replace example text when submitting application.***)

**Table III--Total Award Budget**

|  |
| --- |
| **Requested grant award**--$\_***$3,000*** \_\_\_\_\_\_\_\_\_\_\_\_\_**Total project budget (Table I total expenses + Table II total match)**--$\_***6,000*** **Total overmatch (Table II)**-**-*$1,500\_*\_**\_\_\_\_\_ |

* Budget narrative -- Explanation/description of each expense & matching contribution. Include vendors’ quotes for services listed in Table I-Expenses.

**B. ATTACHMENTS TO SUBMIT WITH APPLICATION**

* IRS determination letter indicating 501(c)(3) tax-exempt status if relevant, IRS W-9 form
* If grant request is $5,000 and over, include State of Alabama Disclosure Statement, signed & notarized (mail original to MSNHA).
* Vendors’ quotes for services listed in Table I-Expenses.
* A letter signed by your organization’s financial officer or authorized representative verifying amounts and sources of the matching funds.
* Appropriate budget documentation from “Budget narrative” bullet point above.

**Timeline and checklist**

1. Create a document using the format & headings from the application (copy & paste). Complete application & save to your computer. Combine application & attachments into one document. Name it YOURORGANIZATION2021. Email to tklein@una.edu by 5 p.m. day of deadline. You may submit a draft up to 30 days before the deadline for MSNHA staff to check for completeness.
2. Things to remember about your application:
* Your project must be located within the MSNHA.
* Your project must relate to MSNHA’s mission & one of its three themes.
* This is a reimbursable grant--you pay for expenses first & then we reimburse you.
* This is a 1:1-matching grant--you invest in your project at an amount at least equal to the award you’re requesting. Match can be in-kind contributions or additional expenses--don’t use what’s charged to the grant award as match.
* We designed the budget tables to help you provide the information we need. We’ll automatically discard applications not using the tables.
* Expenses & match must meet our guidelines. (See Grant Guidelines.)
* Expenses & match must be incurred between the specified start & end dates.

 3) We’ll email you immediately to verify receipt of your application & within 120 days to notify you of the funding decision. Funding is always contingent on approval of final report.

**For more information**

Terah Klein

Business manager with the Center for Learning and Professional Development

tklein@una.edu

**Muscle Shoals National Heritage Area**

University of North Alabama

One Harrison Place, UNA Box 5231

Florence, AL 353632-0001

msnha.una.edu 256.765.5028

# Checklist for Grants Application

**Before you submit your application, make sure you’ve included these required items:**

|  |  |
| --- | --- |
|  | Fully completed grants application, using specified headings, subheadings & budget table. Include budget documentation as noted.Signed & notarized copy of State of Alabama Disclosure Statement, if necessary. Also mail original, with clearly legible notary’s seal, to MSNHA.Vendors’ quotes for services listed in Table I-Expenses. |
|   |  Copy of IRS determination letter indicating 501(c)(3) tax-exempt status if applicable. |
|  | Copy of IRS W-9 form. |
|  | Letter signed by your organization’s financial officer or authorized representative verifying amounts and sources of the one-to-one matching funds. |

***Congratulations! You’re almost there!***

Combine everything into one document

named YOURORGANIZATION NAME2024

and email it to tklein@una.edu