



Maryland
HORSE INDUSTRY BOARD

Grant Application for 2013

Please review the grant application guidelines prior to completing this document.

www.mda.maryland.gov/horseboard

1. Name of grant project: _____

2. Amount requested: _____

3. Proposed Start Date of Project: _____ Proposed Date of Completion: _____

(Approved grant payments will not be disbursed until after January 1, 2013)

4. Has the Applicant/Organization ever applied for a Maryland Horse Industry Board Grant?: ___No ___Yes

5. If the applicant has previously received a grant what year(s) did it receive them?: _____

6. Name of Applicant/Organization: _____

7. Address: _____

8. City/State/Zip: _____

9. Telephone(s): _____

10. Fax: _____

11. E-mail: _____

12. Website: _____

13. Federal I.D. number or evidence of not-for-profit or non-profit status: _____

(If there is no federal I.D., contact person must provide his/her Social Security number)

14. Contact Person: _____

15. Address (if different from above): _____

16. City/State/Zip: _____

17. Telephone(s) (if different from above): _____

18. Fax (if different from above): _____

19. E-mail (if different from above): _____

20. Social Security # if there is no Fed. I.D.: _ _ _ _ _

21. Brief Biography of contact person (maximum 150 words):

22. Brief History of the Organization (maximum 150 words):

23. Explain how the grant money will be used in this project. (maximum 150 words)

24. Check the box(es) that best describe(s) the goals of your project (maximum of 3 boxes):

| | | |
|--|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Equine Rescue / Rehabilitation | <input type="checkbox"/> Facility Development |
|--|---|---|

| | | |
|---|--|--|
| <input type="checkbox"/> Green Space Preservation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Horse Health Awareness |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Research | <input type="checkbox"/> Therapeutic Equine Activity |
| <input type="checkbox"/> Youth Activity / Education | <input type="checkbox"/> Other _____ | |

25. Summarize how your project will further one or more of the above goals. (maximum 150 words)

26. Who will benefit from this project? (25 words or less)

27. What geographic area does this project serve? _____

28. In what Maryland County is the Applicant/Organization based? (Skip if not based in Maryland)

29. Attach a brief breakdown of how grant funds will be used. List expenses specifically related to the project and the cost of each expense (ex: Saddles -- \$2,000; Newspaper ads -- \$1,000; Fee for announcer -- \$400)

30. Will you have other funding sources or matching funds for this project, or donation of in-kind goods or services? ____ NO ____ YES

31. If yes, please describe, including amount or dollar value of matching funds (100 words or less):

32. Please list any project collaborators:

Name _____

Organization (if applicable) _____

Role in Project _____

Address _____

City/State/Zip _____

Telephone(s) _____

Fax _____

E-mail _____

Name _____

Organization (if applicable) _____

Role in Project _____

Address _____

City/State/Zip _____

Telephone(s) _____

Fax _____

E-mail _____

33. How will your organization acknowledge this grant to its membership and/or the general public?

34. Has your organization or contact person declared bankruptcy within the last seven years? ___ NO ___
YES

35. Does the contact person or the organization have any outstanding liabilities with the State of Maryland?

___ NO ___ YES

List them:

Liability _____ Amount \$ _____

NOTE: To be eligible for future grants from the Maryland Horse Industry Board, you must submit a project report by September 30, 2013 (unless an extension is requested by August 30, 2013), that describes what was accomplished and includes documentation of funds spent (copies of receipts, contracts, etc.).

Name to make check payable to: _____

Address to mail check to: _____

Signature of Authorized Agent for Organization: _____

Printed Name: _____

Title of Authorized Agent for Organization: _____

Date signed: _____

Proposal with original signature, plus 7 copies of entire proposal and attachments must be received no

later than **4:00 p.m. October 1, 2012** at:

Maryland Horse Industry Board
Maryland Department of Agriculture
50 Harry S Truman Parkway, Room 203
Annapolis, MD 21401

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