



# Maryland Horse Industry Board Grant Program

<http://mda.maryland.gov/horseboard>

240-344-0000

## Grant Application

Application for 2023 Grant Year  
Application Deadline: October 7, 2022

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

1. Name of grant project: \_\_\_\_\_

2. Amount requested: \_\_\_\_\_

3. Proposed Start Date of Project: \_\_\_\_\_

*(approved grant payments will not be dispersed until after January 1, 2023)*

Proposed Date of Completion: \_\_\_\_\_

*(awarded grants must be completed by June 30, 2023)*

4. Name of Applicant/Organization: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. City/State/Zip: \_\_\_\_\_

7. County where applicant/organization based?: \_\_\_\_\_

*(skip if not based in Maryland)*

8. In what geographic area does this project serve?: \_\_\_\_\_

9. Telephone(s): \_\_\_\_\_

10. Fax: \_\_\_\_\_

11. Email: \_\_\_\_\_

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. Has the Applicant/Organization ever applied for a Maryland Horse Industry Board Grant?: Yes  No

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

\_\_\_\_\_

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16. Contact Person: \_\_\_\_\_

17. Address (if different from above): \_\_\_\_\_

18. City/State/Zip: \_\_\_\_\_

19. Telephone(s) (if different from above): \_\_\_\_\_

20. Fax (if different from above): \_\_\_\_\_

21. Email (if different from above): \_\_\_\_\_

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

23. Please list any project collaborators:

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Role in Project: \_\_\_\_\_

I don't think we need their contact info. Just who they are, affiliation, and what they are doing.

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Role in Project: \_\_\_\_\_

*If there are additional collaborators, please attach their contact information to the grant proposal in or hard copies. Alternatively, you can have them list collaborators and affiliations in a large fillable box.*

24. Has this organization or contact person declared bankruptcy within the last seven years?

Yes  No

25. Does the contact person or the organization have any outstanding liabilities with the State of Maryland? Yes  No

If yes, please list all outstanding liabilities:

Liability: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Liability: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Liability: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Liability: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Again, make it easy and leave a box for them to put their liabilities in.

26. Name to make grant check payable to: \_\_\_\_\_

Address to mail check to: \_\_\_\_\_

27. Brief biography of contact person (maximum 150 words):

28. Brief history of the organization (maximum 150 words):

29. Please provide a brief description of your project including the project's major goals.  
(maximum 250 words):

30. Please provide a timeline for the activities in your project. (maximum 100 words)

31. Describe the benefits and/or impact this project will have on the Maryland horse industry (i.e. who and how many will benefit from this project?) (maximum 100 words)

32. How will your organization acknowledge the grant to your participants, membership, and/or the general public? (maximum 100)

33. Provide an itemized budget of the project using the table below or attach a brief itemized budget to the grant proposal. List specific expenses related to the project and the cost of each expense. (ex: social media marketing - \$300; fee for judge/clinician/announcer - \$400, etc.)

Item	Description	Total Cost
Total Project Budget		

34. Will you have other funding sources or matching funds for this project, or donation of in-kind goods or services?  Yes  No

35. If yes, please describe, including amount or dollar value of matching funds

36. If partially funded, would you be able to complete this project? Yes  No

Signature of Authorized Agent for Organization: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title of Authorized Agent for Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Submit your grant application as an email attachment in MS WORD or in PDF to [ross.peddicord@maryland.gov](mailto:ross.peddicord@maryland.gov).**

**While email applications are preferred, hard copies of the grant will be accepted.**

**Grants must be emailed or must be postmarked by October 7, 2022 to the email above or address below:**

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

**Note: To be eligible for future grants from the Maryland Horse Industry Board, you must submit a project report by June 30, 2023 (unless an extension is requested by May 30, 2023), that describes what was accomplished and includes documentation of funds spent (copies of receipts, contracts, etc.)**