



INTENT TO APPLY

For Maryland Heritage Areas Authority Project Grant – FY 2013

Please complete this form to the best of your ability, even if you aren't sure that you will actually apply. We understand that information provided here may change, but your feedback now will help us to anticipate the demand.

Contact Name: _____

Applicant Organization: _____

Address: _____

Phone: _____ Email: _____

Target Investment Zone, if applicable: _____

Project type (check one): _____ Capital _____ Non-Capital _____ Non-Capital Program

Project Title: _____

Brief Description: _____

BUDGET:

Amount Requested: \$ _____

Cash Match: \$ _____

In Kind Match: \$ _____

Total Project Cost: \$ _____

(must be able to demonstrate 100% matching project funds with a minimum of 75% cash match and balance from in-kind services match; cash cannot be matched with other State of Maryland funds).

This form must be completed and returned to Stories of the Chesapeake Heritage Area no later than close of business on January 27, 2012.