



LOWER MISSISSIPPI DELTA INITIATIVE LOCAL HERITAGE GRANTS APPLICATION



Fields marked with an asterisk (*) require a response.

1. **ORGANIZATION INFORMATION**

Organization Name * [text box]

2. **Type of Organization** * [drop down menu]

- **Choose: Chartered Community Organization; Federally Recognized Tribe; Historically Black College or University; Local or State Government Entity; National Heritage Area; Non-profit Museum, Heritage Center, Nature Center, etc.; Non-profit Preservation Organization; Non-profit Public Land Partner; Private Land Owner; Visitor Bureau/Destination Marketing Organization; or Other.**
- **If you select "Other," please describe your organization's purpose in the text box.** [text box]

3. **Federal Employer Identification Number** (if applicable) [text box]

4. **Year Founded** [text box]

5. **Organization Phone Number** * [text box]

6. **Street Address** * [text box]

7. **City** * [text box]

8. **State** * [drop down menu]

9. **Zip Code** * [text box]

10. **Website URL** [text box]

11. **Number of paid full-time equivalent staff** * [text box]

12. **Which best describes your organization's annual income or budget?** * [radio buttons]

- ☐ **Gross receipts or budget \$50,000 or less**
- ☐ **Gross receipts or budget \$500,000 or less**
- ☐ **Gross receipts or budget \$1,000,000 or less**
- ☐ **Gross receipts or budget more than \$1,000,000**

13. **PRIMARY CONTACT**

Name * [text box]

Title * [text box]

Email * [text box]

Phone Number * [text box]

14. **What is your role with this project?** * [text box]

- 15. Is there another person managing the finances for this project? ***
[radio buttons]
o Yes
o No

IF PREVIOUS ANSWER IS "YES", THE FOLLOWING WILL APPEAR:

15 (B). FINANCIAL CONTACT PERSON

Name * [text box]
Title * [text box]
Organization Name * [text box]
Email * [text box]
Phone Number * [text box]

15 (C). What is this person's role with the project? [text box]

16. PROJECT LOCATION

State(s) Where Project Will Be Physically Located * [radio buttons]

- o Arkansas**
- o Illinois**
- o Kentucky**
- o Louisiana**
- o Mississippi**
- o Missouri**
- o Tennessee**

**17. County (or Counties) Where Project Will Be Physically Located
(must be within the Delta Region boundary) *** [text box]

18. Project Details [text box]

19. Project Description [text box]

20. Project Title * [text box]

21. Project Category (choose all that apply) * [multi-select check boxes]

- o Native American Heritage (interpretation of regional Native American culture and heritage)**
- o African American Heritage (interpretation of regional African American culture and heritage)**
- o Public Roads and Visitor Use Plans (and interpretive additions to public ways)**
- o Music Heritage (regional music heritage with specific emphasis on Mississippi Delta Blues)**
- o Museums - Planning, Implementation, Education, and Collection Integrity**
- o HBCUs - Surveys (including efforts to prepare National Register or NHL nominations)**

- o **HBCUs - Stabilize, Preserve, and Interpret (historic properties)**
- o **Archeological Site (non-HBCU)**
- o **Historic Building or Structure (non-HBCU)**

IF CATEGORY IS “HISTORIC BUILDING OR STRUCTURE (NON-HBCU)” OR “ARCHEOLOGICAL SITE (NON-HBCU)”, THE FOLLOWING WILL APPEAR:

- 21 (B). Is the site on Federal or non-Federal land? *** [radio buttons]
- o **Federal**
 - o **Non-Federal**

IF CATEGORY IS “NATIVE AMERICAN HERITAGE” THE FOLLOWING WILL APPEAR:

- 21(C). Tribe Consulted and Date *** [text box]
- 21 (D). Summary of consultation with tribe *** [text box]
- 22. Project Abstract *** [text box, please provide a 2-3 sentence overview of your request]
- 23. Optional - Upload a photograph or video that provides further background for your project.**
- 24. Optional - You may upload up to two additional images or videos.**
- [Image/Video 1 upload link]
 - [Image/Video 2 upload link]
- 25. Optional - You may use this space to include links to any additional websites or videos about your project.** [text box]
- 26. Description of Project *** [text box, please provide a detailed overview of your request.]
- 27. Project Start Date *** [text box]
- 28. Project End Date *** [text box]
- 29. When is grant funding required to be in hand? (month/year) *** [text box]
- 30. Is your timeline flexible? If yes, please describe.** [text box]
- 31. Please list any additional active non-federal partners with a substantial role in this project.** [text box]

PROJECT OUTCOMES

- 32. Who are the participants and/or target audience for this project? ***
[text box]

33. What are the anticipated tangible outcomes of this project? * [text box]

34. Will this project generate any revenue? If yes, please explain. *
[text box]

35. What will happen if this project does not receive funding from this program? [text box]

FINANCIALS

36. Project Budget & Funding Spreadsheet [Click here to download the Project Budget & Funding spreadsheet.]

37. Please upload a completed .xls copy of the Project Budget & Funding spreadsheet *

38. Optional - Upload a scanned PDF of any cost estimates for contracted work included in the budget, if applicable.

39. Please list the source(s) of any professional estimates you have received for contract work. [text box]

FINANCIAL DETAILS

40. What is the Total Project Budget (from spreadsheet)? * [text box, round to nearest whole dollar]

41. What is the Total Funding Share from Applicant Organization (from spreadsheet)? [text box, round to nearest whole dollar]

42. Will the project receive financial support from other non-federal sources? * [radio buttons]

- ☐ Yes
- ☐ No

IF QUESTION ABOVE IS "YES" THE FOLLOWING WILL APPEAR:

42 (B). Name of Other Non-Federal Source #2 [text box]

42 (C). Contributions from Non-Federal Source #2 [text box, round to nearest whole dollar]

42 (D). Name of Other Non-Federal Source #3 [text box]

42 (E). Contributions from Non-Federal Source #3 [text box, round to nearest whole dollar]

42 (F). Names of All Other Non-Federal Sources Not Listed Above [text box]

42 (G). Contributions from All Other Non-Federal Sources [text box, round to nearest whole dollar]

42 (H). Total Non-Federal Match (applicant organization plus additional sources) [text box, round to nearest whole dollar]

- This is the sum of your organization's contribution plus all additional sources. Should match "Non-Federal Match" on Budget Form.

42 (I). LMDI Grant Requested (total budget minus additional sources)
[text box, round to nearest whole dollar]

42 (J). Total Non-Federal Match, [text box, round to nearest whole dollar]

- This is the contribution from your organization. Should match "Non-Federal Match" on Budget Form.

43. LMDI Grant Requested [text box, round to nearest whole dollar]

44. If the grant offered to your organization was 25-50% smaller than requested, how might you modify the project so that it could still move forward? * [text box]

45. If the grant offered to your organization was 25-50% greater than requested, how might you modify the project so that it could have greater impact? * [text box]

46. Please list any previous Lower Mississippi Delta Initiative Local Heritage Grants that your organization has received in the last five years. [text box]

ACKNOWLEDGEMENT

By submitting this application, you agree to the following:

- 1. Funding for this program is provided through the National Park Service and administered by Jefferson National Parks Association, the official non-profit partner of the LMDI Program. Recipients of funding under this grant program are subject to the requirements of 2 CFR §200.92 Subaward; 200.101 Applicability; and 200.332 Requirements for pass-through entities.**
- 2. A project, activity, or program funded in whole or in part under the direct or indirect jurisdiction of a Federal Agency, including those carried out with Federal financial assistance may be subject to review under Section 106 of the National Historic Preservation Act. A finding of "no adverse effect" by a duly qualified individual is required before grant funds will be distributed.**

- 3. Recipients of grant funding will be required to complete their projects in a timely manner and provide a final report of outcomes at the conclusion of the project.**
- 4. Funds may only be expended for the project as proposed. Unspent funds must be returned to the program immediately upon conclusion of the project.**

Please read the Terms & Conditions for the Lower Mississippi Delta Initiative Local Heritage Grants. By submitting this application, you agree to accept these Terms & Conditions if your project is selected for funding. Any questions should be sent to grants@jnpsa.com prior to submission of this application. Changes to Terms & Conditions not agreed upon in advance of submission of this grant application will not be considered.

OPTIONAL - FEEDBACK ON THE APPLICATION PROCESS

On a scale of 1 (being the most difficult to understand and complete) to 10 (being the easiest to understand and complete), how would you rate this grant application? [text box]

Please provide any feedback on how we can improve the application process for the Lower Mississippi Delta Initiative. [text box]

NOTICES

PRIVACY ACT STATEMENT

Authority: To be drafted

Purpose: To be drafted

Routine Uses: To be drafted

Disclosure: To be drafted

PAPERWORK REDUCTION ACT STATEMENT

We collect this information under the authority of Public Law (PL) 103-433 - Lower Mississippi Delta Initiative (LMDI). We use this information to initiate projects to preserve the region's cultural and natural resources and to increase tourism. Your response is required to obtain or retain a benefit. We may not collect or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1024-0XXX.

ESTIMATED BURDEN STATEMENT

We estimate that it will take you 5 hours to complete this form, including time to review instructions, gather and maintain data, and complete and review the form. You may send comments on the burden estimate or

any aspect of this form to the Information Collection Clearance Officer, National Park Service, 13461 Sunrise Valley Drive, (MS-244) Herndon, VA 20171. Please do not send your completed form to this address.