

# Ohio & Erie Canalway – Strategic Initiative Program 2022 Fund Application Form

## A. Applicant Information

Project Title \_\_\_\_\_

Applicant Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Please check one of the following organization types:  Not for Profit  Government Entity  
 For Profit  Other

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_

If the implementation of the project involves a joint partnership (i.e. any part of the project money is being administered by an organization other than the applicant organization), please list organization/agency name below:

Partner \_\_\_\_\_

Organization \_\_\_\_\_

Please check one of the following organization types:  Not for Profit  Government Entity  
 For Profit  Other

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_

## B. Project/Award Request Information

Award Amount Requested \_\_\_\_\_

(Maximum request is \$50,000) **Note\* Funding is contingent on our federal appropriations**

Match Amount \_\_\_\_\_

(looking for minimum 2/1 match; historically grants bring 3/1 match)

Use of Strategic Initiatives Funds (please do not use additional pages for the following two items)

The Funds will be used to accomplish the following:

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The end product(s) and associated costs are as follows:

**(Total should equal both the award amount and the matching amount)**

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
TOTAL	\$ _____

C. Project Information

Additional sheets may be used for responses to Items 1-12.

1. Project Description: Provide a detailed description of your project and how you plan to accomplish your objectives. (Please use a separate sheet(s) for this item and title it "Project Description")
2. Organizational Profile: For applicants other than units of government, please provide the following information about your organization:
  - a. IRS letter for non-profit status: Date \_\_\_\_\_
  - b. Number of years in existence: Founded: \_\_\_\_\_
3. Project Location: Is project within boundaries of Ohio & Erie Canalway National Heritage Area?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, it is not eligible)

Address/ street intersection: \_\_\_\_\_

Municipality or Township \_\_\_\_\_

Does your project connect to any of the transportation systems listed below?

Does your project connect to any of three transportation options:

- Existing or Proposed Towpath Trail
- Existing or Proposed Right-of-Way for the Cuyahoga Valley Scenic
- Railroad
- The Ohio & Erie Canalway National Scenic Byway

How does your project connect to the above Canalway linkages?

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- 4. Planning Document Identification: How does your project meet goals of the Ohio & Erie Canalway? (reference Corridor Management Plan/ Canalway Communications Plan)
- 5. Implementation: Provide a schedule clearly showing when the project will be implemented, including an end date for the project.

Task

Date

*If more space is required, please attach an implementation schedule.*

- 6. Is your project a construction project?  
Yes \_\_\_\_\_ (answer NEPA/106 questions)  
No \_\_\_\_\_ (skip to question #7)

NEPA/106:

- a. All construction and planning projects must comply with the National Environmental Protection Act (NEPA) and Section 106 of the National Historic Preservation Act. Applicants should give consideration to the potential costs of these requirements when planning and implementing their projects.
- b. Be aware. If grant is awarded, you will need to complete Appendix D. This is the first step in your compliance with NEPA and Section 106.
- c. Compliance with these two programs must be completed before construction or planning starts or the award will be rescinded.

- d. Evidence of Ownership: For projects involving the improvement of real property, provide documentation of ownership of the project area in the form of a copy of the deed or long-term lease. If you are not the owner or the lessee, attached written evidence of owner's consent.
  - e. Evidence of Project Planning: For construction projects, attach completed or draft project plans. All construction projects must submit construction and site plans or schematics with professional licensure stamp prior to funds being released.
7. Canalway Promotion: How will your organization promote the project and its affiliation with the Ohio & Erie Canalway (National Heritage Area) through press releases, signage at the construction site, correspondence to elected officials, web site information etc.
  8. Does your organization currently recognize the affiliation with the Ohio & Erie Canalway? Explain how. (EG – on web site/ logo included on print publications/ etc.) Does your web site provide a link to [OHioanderiecanalway.com](http://OHioanderiecanalway.com)?
  9. Project Need: Why is your project important to the development of the Ohio & Erie Canalway?
  10. Management History: Have you received awards from the Ohio & Erie Canalway in the past? If so, please list all grant awards/ year funded/ year closed.
  11. Project Budget:

Please provide a line item budget for your project, with a detailed description of goods and services you plan to purchase. This line item budget can be in any format. Then, using your line item budget and "Appendix A: Budget Categories," provide complete project budget using the following format. Do not alter the format below.

1	2	3	4	5
	Project Budget	Award Amount	Applicant Match Amount	Source of Match
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Construction				
H. Other				
<b>Subtotal</b>				
I. Indirect Charges				
<b>Total</b>				

*For definitions of Budget Categories A-I, please see attached Appendix A.*

The amounts entered in the Project Budget column (2), MUST equal the total sum of the Award Amount (column 3) plus the Applicant Match Amount (column 4).

Please submit your line item budget on a separate page. Failure to submit your line item budget could result in your application being denied upon receipt.

12. Match Status: Please indicate the source of your match funds, if the match is in-hand or anticipated, and the total match amounts. If you have existing documentation of the match (award letters, resolutions, bank statements, etc.) please attach them to the application.

**Other sources of federal funds are NOT eligible as match.**

Source of Match	In-Hand Amount	Anticipated Amount	Anticipated Date
Totals	\$	\$	

The information contained herein is complete and accurate, to the best of my knowledge.

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Applicant's Signature

Print Name

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Organization and Title

Date

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Financial Officer's Signature

Print Name