**Maryland Department of Natural Resources**  
Aquatic Resources Education Grant Application

Please read and fill out all sections of the application; failure to do so will result in the grant application being returned.  
For information on filling out the application, please reference <http://dnr.maryland.gov/ccs/Documents/ARE-Grant-Application-Instructions.docx>

We are no longer accepting handwritten applications, please contact us if special accommodations are required.

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| 1. **Application Submittal Date:** Click here to enter a date. | | | |
| **School Information** | | | |
| 1. **School Name:** Click or tap here to enter text. 2. **School Address:** Click here to enter text. Click or tap here to enter text.   **City State Zip County**  **School Phone Number:** Click or tap here to enter text.   1. **Principal Name & Email:** Click or tap here to enter text. | | 1. **Name & Email of school’s fiscal person:** Click or tap here to enter text. | |
| 1. **Employer Identification No.** **(EIN) or Federal Employer Identification Number (FEIN):**   Click or tap here to enter text. | |
| 1. **Has your school ever submitted a grant application to DNR:  Yes**   **No** | |
| **Applicant Information** | | | |
| 1. **Applicant Name:**Click or tap here to enter text. 2. **Applicant Email:**Click or tap here to enter text. | | | |
| **Project Information** | | | |
| 1. **Project Title:** Click here to enter text. | | | |
| 1. **Dollar Amount Requested:** Click or tap here to enter text. | 1. **Desired Project Dates: Start:** Click or tap here to enter text. **End:** Click or tap here to enter text. | | **OFFICE USE ONLY:**  Approved Start Date: |
| 1. **Project Description:** Click or tap here to enter text. | | | |
| 1. **Proposed Timeline of Project Events**: Click or tap here to enter text. | | | |
| 1. **Project Personnel:** Click or tap here to enter text. | | | |
| 1. **Evaluation**:Click or tap here to enter text. | | | |
| 1. **Proposed Itemized Budget:** Click or tap here to enter text. | | | |
| **Required Signatures** | | | |
| **While these forms may be filled out electronically, *signatures are still required and can be accomplished electronically.* Upon completing the form and budget, obtain the three (3) required signatures electronically and email to the address at bottom.**   1. Name of Applicant: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name of Principal: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Fiscal Person: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Following completion of this application, **email the application with the following subject line:**  **ARE Grant Application [name of school] to:**  Christine.Conn@maryland.gov  \*It is recommended that an electronic copy of this document be saved and a copy sent to the principal and fiscal person.  Any questions, please contact Christine Conn via email or phone: 410-260-8735 (O) | | | |