**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.
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| 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.
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| 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.
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| 1. **Proposed Timeline of Project Events**: Click or tap here to enter text.
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| 1. **Project Personnel:** Click or tap here to enter text.
 |
| 1. **Evaluation**:Click or tap here to enter text.
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| 1. **Proposed Itemized Budget:** Click or tap here to enter text.
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 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)  |