

Please use this application template to prepare your responses only.
Applications must be submitted through the Montgomery County Grants portal to be officially received.

Montgomery County FY2020 Community Grant Application

Organization's Legal Name

Enter the exact legal name of your organization, including "Inc" and punctuation, as necessary. Incorrectly submitted organization legal names will delay your application.

Organization's "Doing Business As" Name

If your organization uses a different name for day-to-day operations, please list the commonly used name.

Briefly identify the specific program or purpose for this funding request.

[20 words or less] This will be the published purpose for any grant awards and should be brief and very specific. For example, "Provide improved education and leadership skills for African youth," or "Provide emergency assistance for rent and utilities." If this program has been funded by a community grant in the past and you are applying for the same program, please use the exact same purpose listed on previous contracts.

First-Time Applicant

Is this the first application that your organization is submitting to the Community Grants Program?

- Yes
- No

How many years has your organization been implementing this program that you are applying for funding?

Was this exact program funded by a County Executive or County Council community grant in FY19?

- Yes, by the County Executive only.
- Yes, by the County Council only.
- Yes, by both the County Executive and County Council.
- No

Please tell us how many years this exact program has been funded by the community grants program either by the County Executive or the County Council.

Enter in the total years your program has been funded as opposed to how many consecutive years.

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Does this specific program have an existing County contract with the Department of Health and Human Services?

- Yes
- Yes, but with a different County department
- No

Is this application being submitted on behalf of a team of multiple applicants?

The organization submitting a team application will be the lead agency for these services and will coordinate with other service providers.

- Yes
- No

If yes, please list all organizations participating in this team application.

Amount of this funding request (in whole dollars)

This is the amount of funding you are requesting with this application. Please do not enter commas or dollar signs in the numeric field.

Total Program Cost (in whole dollars)

This is the organization's total cost for the program. Please do not enter commas or dollar signs in the numeric field.

Organizational Budget (in whole dollars)

This is the total amount of funds your organization received as revenue/income in the last fiscal year.

Organization's Address

Street Address

Zip Code

Address Line 2

Primary Phone
Number

City

Secondary Phone
Number

State

Organization Website
Address

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Executive Director/CEO Information

Salutation Mr.
 Mrs.
 Ms.
 Dr.
 Hon.

First Name

Last Name

Email Address

Phone Number

Will the Executive Director/CEO be the primary contact for this grant application?

- Yes
- No

If no, include Primary Contact Information

Salutation Mr.
 Ms.
 Mrs.
 Dr.
 Hon.

First Name

Last Name

Preferred Title

Email Address

Phone Number

Is your organization registered with the IRS as a 501(c)3 nonprofit organization?

- Yes
- No

What year did the IRS issue your 501(c)3 status?

Year (YYYY)

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What year was your organization incorporated?

Year (YYYY)

What state was your organization incorporated?

Do you have access to a copy of your organization's Articles of Incorporation?

- Yes
- No

Is your organization in "Good Standing" with the State of Maryland Department of Assessments & Taxation?

Visit <https://egov.maryland.gov/businessexpress> to search of the status of your organization.

- Yes
- No

What is the last date that you confirmed that your organization is in "Good Standing" with the State of Maryland Department of Assessments & Taxation?

Date (MM/DD/YYYY)

Does anyone in your organization earn \$100,000 or more per year in total compensation?

- Yes
- No

Type of funding requested:

- Operating Funds
- Capital Funds

Check all program areas that apply for this program:

- | | |
|--|--|
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Climate Change / Environment | <input type="checkbox"/> Services for New Americans / Immigrant Services |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Services for People with Physical / Intellectual / Developmental Disabilities |
| <input type="checkbox"/> Emergency Assistance Programs | <input type="checkbox"/> Youth Development - Disconnected Youth |
| <input type="checkbox"/> Food Insecurity / Hunger | <input type="checkbox"/> Youth Development - 13+ Years Old |
| <input type="checkbox"/> Healthcare Services for the Medically Uninsured | <input type="checkbox"/> Youth Development - Under 12 Years Old |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental / Behavioral Health | |

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1. Briefly describe the mission of your organization and explain how this request supports this mission. Include a description of how your organization's efforts have made a difference in the community.

[100 words or less]

2. Briefly describe the program you are seeking funding for: what it is, how it supports the mission of your organization, why it is needed, its frequency and duration and what exactly will you be using County dollars to fund.

[200 words or less] Please BE SPECIFIC. The program described in this section should reflect the specific items included in the program budget you will attach to this application.

3. Specifically describe who will be served by your program and what geographic areas of the County will be served.

[200 words or less]

4. How will the program/activity described in Question 2 collaborate or coordinate with other non-profit organizations and County agencies? Be sure to identify organizations that provide similar services. Specifically identify your key partner organizations and describe the nature of the collaboration/coordination.

[150 words or less]

5. If this is a team proposal, please tell us the specific role of each participating organization. For all other applicants, please leave this question blank.

[200 words or less]

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Outputs and Outcomes Section

This section requests information about both outputs and outcomes of your program.

An output details what your program will deliver or produce. Outputs are often described as total numbers, such as: number of sessions held, number of participants who will attend, number of referrals made, or number of social media hits/clicks.

An outcome is the change you hope to see in the clients/participants or communities that benefit from your program. Said differently, outcomes describe the *difference* your program is making in the lives of the individuals or communities served. Outcomes are often described as: change in knowledge, change in attitudes/beliefs, change in skills, change in behavior, or change in status. Since outcomes describe the change that happens as a result of your program, they typically begin with verbs, such as: improved, decreased, increased, earned, or completed.

In general, your outcomes should be reflective of program outputs.

6. Describe up to three specific outputs that will result from the expenditure of these grant funds.

Please note that it is not necessary to provide more than one output. Descriptions are limited to 50 words and measurements are limited to 60 words. You may enter up to three outputs for this program. Prior year actuals may be "N/A" for new programs.

For Example

Output Description: Number of third grade students attending summer reading programs in FY20

How Will You Measure: Electronic attendance records and password protected recordkeeping system

FY20 Target to be Served: 100

FY19 Actual or Estimated: 83

FY18 Actual: 75

	Output Description	How will you measure?	FY20 Target to be Served	FY19 Actual or Estimated	FY18 Actual
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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7. Describe up to three specific outcomes that will result from the expenditure of these grant funds.

Please note that it is not necessary to provide more than one outcome. Descriptions are limited to 50 words and measurements are limited to 60 words. You may enter up to three outcomes for this program. Prior year actuals may be "N/A" for new programs.

For Example

Outcome Description: Increased attainment of third grade reading level benchmark

How Will You Measure: Report cards

FY20 Target to be Served: 100

FY19 Actual or Estimated: 91

FY18 Actual: 60

	Outcome Description	How will you measure?	FY20 Target Expected to Achieve Outcome	FY19 Actual or Estimated	FY18 Actual
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. If this is a new program, provide information on the success of similar programs in other jurisdictions, evidence of best practices, etc. If it is an existing program, describe the outcomes/results achieved to date. Please provide data and be specific. Has the program achieved the goals established for it?

[150 words or less]

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9. Please list the source(s) of County funding and the amount(s) received for the program that you are applying for.

Sources may include HHS Community Services Grants, Community Development Block Grants (CDBG), County Council Grants, County Executive Community Collaboration Grants, funds in the Cost Sharing CIP program, and/or in a County department's base budget. Please list the most recent sources of funding first. No dollar signs or commas are allowed in the "Amount" column.

	Fiscal Year	Source	Amount
1	<input type="radio"/> FY19	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FY18		
	<input type="radio"/> FY17		
2	<input type="radio"/> FY19	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FY18		
	<input type="radio"/> FY17		
3	<input type="radio"/> FY19	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FY18		
	<input type="radio"/> FY17		
4	<input type="radio"/> FY19	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FY18		
	<input type="radio"/> FY17		
5	<input type="radio"/> FY19	<input type="text"/>	<input type="text"/>
	<input type="radio"/> FY18		
	<input type="radio"/> FY17		

10. What portion of the total program cost that you are applying for do you expect to be funded or raised from sources other than County funding? (You may include up to five sources of funds)

(e.g., Federal, State, private, foundation, community donations, participant fees, other) If you are not seeking other sources of funding, enter None for the Source, 0 for the amount and "n/a" as a comment in line 1. Enter amounts without dollar signs or commas. Optional comments are limited to 50 words.

	Source	Amount	Comments (optional)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

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11. How does your organization plan to financially sustain this program in the future?

[150 words or less] Please note that Community Grant awards are provided for a single fiscal year. Funding in future fiscal years is not assured and is subject to the annual application process.

12. Describe efforts made to recruit volunteers and/or leverage community resources.

[150 or less]

13. Is there anything else you would like to say about your program or organization that has not been fully addressed by this application form? This question is optional.

[200 words or less]

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Acknowledgements Agreed to by All Applicants

- Applicant acknowledges that this grant application may not be revised or altered after submission.
- Applicant acknowledges that if a grant is awarded, the organization will enter into a non-competitive contract with the County.
- Applicant acknowledges that if a grant is awarded, there is a 60-90 day period after July 1, 2019 during which your organization contract will be finalized.
- Applicant acknowledges that grants are not distributed as a lump sum, but are reimbursed after sufficient documentation is submitted to the administering County agency.
- Applicant acknowledges that any funds submitted for reimbursement must be spent AFTER the contract is finalized and a Notice to Proceed is secured.

Assurances Agreed to by All Applicants

If the grant is awarded, the applicant assures that:

- The applicant will administer funds.
- Funds received will be used solely for the documented activities.
- The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
- The applicant organization intends to comply with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
- Please note that applications are subject to the Maryland Public Information Act (MPIA) (found at Md. Code Ann., State Gov't., §10-611 through -628 (MPIA) and the County must comply with the disclosure requirements of the MPIA when a request for documents is received.
- I hereby certify that information submitted in the grant application is a true and correct statement of facts. I, as a designated legal representative of the Organization, further certify that this Organization shall abide by and be subject to all applicable Federal, State and Local laws and regulations pertaining to any subsequent grant that may be issued.
- The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.
- If there are any changes that need to be made to the grant application after submittal or if the organization ceases operations or becomes a subsidiary of another organization, you have the responsibility of notifying the appropriate grants administrator.

Name of Person Completing Application:

This serves as your electronic signature.

Title of Person Completing Application

Date:

MM/DD/YYYY