

Montgomery County FY2021 Community Grant Renewal & Program Enhancement 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.

Confirm Organization's Legal Name

- I have checked that the organization's legal name entered in the previous question matches the legal name listed on current or previous County contracts or updated the legal name to reflect IRS revisions.

Organization's "Doing Business As" Name

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

Organization's Address

Street Address

Address Line 2

City

State

Zip Code

Phone Number

Website

Primary Contact Information

Enter the contact information for the person that is responsible for responding to questions related to this renewal application.

- Salutation
- Mr.
 - Ms.
 - Mrs.
 - Mx.
 - Dr.
 - Hon.

First Name

Last Name

Title

Email Address

Confirm Email Address

Phone Number

Confirm Phone Number

Last Year's Organizational Budget (in whole dollars)

Enter the total amount of funds your organization received as revenue/income in your organization's last fiscal year. Knowing that each organization has different fiscal year start dates, please use the total funds raised in your organization's LAST FULL fiscal year of 12 months. This number is used to determine organization size and does not need to follow the County's fiscal calendar. For example, on your organization's last completed annual financial statements, how much is listed as revenue/income/funds received? This number is known to your organization since your last fiscal year is in the past.

This Upcoming Year's Budgeted Organizational Budget (in whole dollars)

Enter the budgeted or estimated total amount of funds your organization forecasts as revenue/income in your organization's NEXT fiscal year. For example, what do you project to be the total revenue/income/funds received in the next 12 months that will complete your organization's NEXT fiscal year? This number is used to determine if your organization size will change significantly. This exact number is not known yet since it is a future projection.

Please enter the program name your organization is submitting a renewal application for.

Note that due to technology platform constraints, a separate renewal application must be submitted for each Community Grant contract.

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

[20 words or less] Please use the exact same purpose listed on previous contracts.

Select the County Priority Outcome that best captures your program description.

[Program areas are included for your guidance.]

Please use your best guess as we can update this, if needed. Additional information and descriptions of the Priority Outcomes for A More Equitable and Inclusive Montgomery County can be referenced here:

<https://www.montgomerycountymd.gov/Government/visionStatement.html>

- Thriving Youth and Families --> Healthcare Services for the Medically Uninsured, Mental & Behavioral Health, Seniors, Social Isolation, Services for People with Physical, Intellectual and Developmental Disabilities, Youth Development, Disconnected Youth, 13+ Years Old, Under 12 Years Old
- A Growing Economy --> Economic Development, Workforce Development
- A Greener County --> Climate Change, Environment
- Easier Commutes
- A More Affordable and Welcoming County --> Emergency Assistance Programs, Food Insecurity, Hunger, Housing for the Homeless, Legal Services, Services for New Americans, Immigrant Services
- Safe Neighborhoods--> Community Development
- Effective, Sustainable Government

How many County residents do you seek to serve with the program you are requesting funding for?

[100 words or less] Describe who these County residents are; for example, demographics, geography specific schools, specific country origin, etc.

How will this program improve the lives of those served?

[100 words or less] What will be the outcome (short-term and/or long-term) for the participants of this program?

Please list the Montgomery County Community Grants funding levels this specific program was contracted for in the last three fiscal years. If your program was previously funded through TWO contracts (County Executive AND County Council), please include the TOTAL funding level for the program. If your program was not funded in a specific fiscal year, please enter "0".

We are seeking the total contracted funding per program. If your program is funded by a County Executive contract AND a County Council contract, enter the sum of these two amounts. Some organizations have may one program funded by a County Executive contract and another program funded by a County Council contract. In this scenario, you would need to submit two separate renewal applications. List only the contracted amounts for one program in each application.

Total Contracted Funding Amount (CE + CC) in USD

FY18

FY19

FY20

Amount of FY21 Funding Request (in whole dollars)

Please enter the highest level of funding contracted for this program from the last three years.

Amount of FY21 Program Enhancement Funding Request (in whole dollars)

If your organization is requesting additional funding above the FY21 funding request entered previously, enter the additional amount here. Please do not include 3% contract administrative adjustments in your program enhancement amount. Enter "0" if this does not apply to this renewal application.

Briefly identify the purpose and need for the program enhancement request.

[100 words or less] Describe the services what will be provided with the additional program funds and who will be receiving these services. Will this increase in funding allow your program to serve current clients with greater outcomes or will the program be expanding to new locations or a specific target demographic in the next year?

Total Expected FY21 Program Cost (in whole dollars)

This is the organization's total expected cost for the program [includes the funding & program enhancement request amounts, if applicable]. For example, Total Program Cost = FY21 Funding Request + Program Enhancement Request + Other Funds to be Raised from Non-County Sources. For smaller organizations, the program cost may be the same as the entire organizational budget.

Program Budget for FY21 Funding Request & Program Enhancement Request

Enter the grant funds requested for each budget line item category listed. Enter "0" if the budget category does not apply to your request. The "Total" rows at the bottom of each column will automatically calculate the sum and must equal the funding and/or program enhancements levels requested in previous questions. If you have a negotiated administrative rate with the County, please use the same admin rate. If you do not have a contract with a County department, please use a rate of 10% of your program budget. Either way, your total should equal the amount you are applying for and the total program enhancement request.

	FY21 Funding Request in USD	FY21 Program Enhancement Request in USD
Full-Time Staff	<input type="text"/>	<input type="text"/>
Part-Time / Contractor Staff	<input type="text"/>	<input type="text"/>
Non-Staff Program Expenses	<input type="text"/>	<input type="text"/>
Admin	<input type="text"/>	<input type="text"/>
Other Expenses	<input type="text"/>	<input type="text"/>

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 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.
- Applicant has cited in this application all individuals affiliated with the organization and this program who are employed by Montgomery County.

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.