

Montgomery County FY2021 Community Grant New Organization / New Program 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	<input type="radio"/> Mr.
	<input type="radio"/> Ms.
	<input type="radio"/> Mrs.
	<input type="radio"/> Mx.
	<input type="radio"/> Dr.
	<input type="radio"/> Hon.
First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Confirm Email Address	<input type="text"/>
Phone Number	<input type="text"/>
Confirm Phone Number	<input type="text"/>

Last Year's Actual 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/partnership/initiative name your organization is submitting an application for.

[20 words or less]

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.

Select ONE 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

Briefly describe the mission of your organization and explain how your program supports this mission.

[100 words or less] If you are applying as a team; collaborative partnership or an initiative that includes multiple organizations, enter the collective mission as opposed to just the mission of the lead organization that is applying to contract with the County.

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?

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

Please enter level of funding you are requesting with this application. This amount is not capped for FY21. We are seeking data on what the need is in the nonprofit community which will help determine scope for community grants in the next fiscal year. For example, this number can be the cost of a pilot year for the launch of your program or a portion of the cost for the entire program to run for one year.

Total Expected FY21 New Program Cost (in whole dollars)

Please enter the organization's total expected cost for the program, which includes the funding request amount entered previously. For some smaller organizations, the program cost may be the same as the entire organizational budget. If you requested funds for a pilot program, the program cost may be the same as what you requested.

Program Budget for FY21 New Program Funding Request (in whole dollars)

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 level requested and the total expected program cost entered in the 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 the County and would like to include administrative overhead costs in this request, 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 expected program cost.

	FY21 Funding Request in USD	FY21 Total Expected Program Cost 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.