



ANNE ARUNDEL COUNTY
OFFICE OF COUNTY EXECUTIVE

FY 2011 COUNTY EXECUTIVE COMMUNITY SUPPORT GRANTS
CAPITAL GRANT APPLICATION

Capital Grants provide funds to non-profit organizations to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration, or new construction of buildings).

1. General Information

Organization/Entity Name: _____
(Write it exactly as it appears in the Maryland Department of Assessments and Taxation-STAD Form)

Furnish copy of the determination letter from the IRS showing your organization is exempt from Federal income tax as an organization described in section 501 (c)(3) of the Internal Revenue Code.

STOP HERE IF YOU DO NOT HAVE PROOF OF YOUR ORGANIZATION'S IRS TAX-EXEMPT STATUS.

Copy attached of the organization's general entity information showing that it is currently in good standing with the state of Maryland. (Note: A paid STAD Certificate is not required).

Please note that an organization cannot enter into a contract with the County if it is listed as "forfeited" or not in good standing with the Maryland State Department of Assessments and Taxation (SDAT). This information can be found at the SDAT website www.dat.state.md.us.

STOP HERE IF YOU DO NOT HAVE PROOF OF GOOD STANDING.

Federal ID Number: _____

Funding Request: \$ _____

Organization's Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

E-mail Address: _____

2. Project Information. (If using additional sheets, please identify clearly each item)

a. Summarize your **organization's mission** or attach official mission statement:

b. Has your organization applied received Anne Arundel County funding in the past?

Yes FY _____ No

If the answer is yes, please explain the funding previously received: _____

3. Purpose of the Grant.

The purpose of the grant is: _____ _____ _____ _____ _____ _____ _____ _____

4. Goals and Objectives.

Briefly describe the goals and objectives for the use of funds and the desired results.

Outline specific spending directives and working plan **timeline** for use of the grant:

5. Describe the importance of this project to Anne Arundel County:

6. List description of other funds that support your project. **Attach budget** for project activities to be funded in whole or in part by this grant.

Funds

Secured

Pending

7. ORGANIZATION INFORMATION CHECKLIST

Please attach copies of the following documents, even if you provided them in past years.

If they are not available or not applicable, note as such. **Incomplete applications will not be considered.**

- a. Proof from the Internal Revenue Service showing that your organization is exempt from income tax. (501(c)(3) certification/evidence of tax-exempt status)
- b. Copy of the organization's general entity information showing that it is currently in good standing with the state of Maryland. (A paid STAD Certificate is not required).
- c. Articles of Incorporation
- d. By-Laws
- e. Current Resolution authorizing signatory of legal documents, if not signed by the President or Vice-President. (If applicable or requested)
- f. Listing of names, titles, addresses, and phone numbers of current Executive Director, Officers, and Board of Directors legally responsible for the organization's affairs.
- g. Annual report/annual audit or review for the previous fiscal year. (If applicable or requested).
- h. Work Program for FY11.
- i. Board-adopted budget for previous fiscal year, to include all public/private support and corporate revenues and proposed budget for FY11, with estimated public/private support and approximate corporate revenue.

8. Signing the grant agreement.

Let us know who is going to be signing the Grant Agreement:

Printed Name

Title

9. Certification.

I affirm that I am authorized to execute this application on behalf of this organization. I also certify that the information contained in this application, including all attachments, is true and correct.

I will notify the Office of the County Executive of any changes in organizational status or structure, or in the material contained herein within ten (10) days of any such changes.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

This grant application, along with all the required documents stated on Item 7, must be submitted by the deadline. **Incomplete applications will not be considered.** Submission does not guarantee approval.