

FY13
NON-CAPITAL
Grant Application



County Executive John R. Leopold

Deadline:
Wednesday,
November 30, 2011
12:00 noon

COUNTY EXECUTIVE COMMUNITY SUPPORT GRANTS
FY13 NON-CAPITAL GRANT APPLICATION

Non-Capital Grants provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.

DO NOT MODIFY THE FORMAT OF THIS APPLICATION.
ALL PAGES SHOULD BE PAPER-CLIPPED. DO NOT STAPLE, BIND, OR PUT INTO A NOTEBOOK

I. Grantee Information. If a section or question is not applicable to your grant, please indicate so.

a. Organization/Entity Legal Name:

_____ Federal ID # _____
(Write it exactly as it appears on the Maryland Department of Assessments and Taxation-SDAT Form)

Organization's Address: _____

Primary Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail Address: _____

- Attachment a.** 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.

- Attachment b.** Copy of the organization's general entity information showing that it is currently in good standing with the state of Maryland.

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

b. Is this your first time *ever* applying for a County Executive Community Support Grant? Yes No

c. **Funding Request:**

\$ _____

d. **The use of this grant is:**

- To cover general operating expenses
- To purchase training/instructional materials
- Other: (describe) _____
- To support a job position
- Other: (describe) _____

e. Does your program/project require matching funds?: No Yes How much?: _____%

II. Program/Project Information. (If using additional sheets, please identify each item clearly)

a. Executive Summary (It should briefly cover the core aspects of this particular project and address the need. (Describe it in fewer than 300 words).

b. Program/Project Category. Please mark all appropriate boxes that best apply to your grant application.

- | | | |
|--|--|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Elderly | <input type="checkbox"/> Health/Mental Health |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Disability | <input type="checkbox"/> Legal/Mediation |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Housing | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Adult Services | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Education/Training/Job Skills | <input type="checkbox"/> Crisis/Emergency Response | <input type="checkbox"/> Other: _____ |

c. Purpose of this Request Describe the purpose of your proposed project in about 100 words.

Funds will: _____ _____ _____ _____ _____ _____ _____

d. Describe the Need (specific economic, cultural, or geographic issues) that will be the focus of your project.

e. Goals and Objectives

What are your program/project goals? Describe how this grant request will help you meet your goals in order of priority:

f. Outcomes. What specific, realistic measurable outcomes do you expect as a result of the implementation of this particular program/project? _____

g. Indicate how the proposed program/project relates to your organization's mission and goals. _____

h. Program Logic Model and Outcome Measurement Framework. Use the enclosed Program Logic Model (h.1.) and Outcome Measurement Framework Forms (h.2.) to diagram the program you propose to operate with AA County funds. See the SAMPLES enclosed to guide you in completing the forms. Grantees are required to measure its program/project and will report on achievement of their proposed outcomes and indicators, if applicable.

i. Timeline for the project/program you are requesting funding. _____

III. Population Served. Identify the audience, geographical area, language.

a. Target Population: _____

b. Geographical Area of Anne Arundel served?: (be specific) _____

c. In which language(s) is the program offered?: _____

d. Is your organization accessible to people with disabilities/special needs? Yes No
(If No, explain) _____

e. Are there any eligibility requirements for this particular program/project? Yes No
If Yes, please explain: _____

f. Describe any potential challenges you may encounter and alternative approaches and solutions to these challenges. : _____

IV. Partnerships. Partners are those groups with whom your organization collaborates.

a. List the partner’s organizations with whom you have an existing working relationship. _____

b. *How will partners be involved?* Describe their involvement and the type of resources/support they will provide to this particular project/program: _____

c. Include on this application one (1) **Letter of Support** with **original signature** from a partnering organization.

V. Organization’s Capacity

a. In your geographical area, what are the three organizations that are most similar to you?
Three similar organizations: (500 characters maximum)

b. What makes you different?: (750 characters maximum)

c. Please summarize your stronger achievements in the past 3 years, meaning those who have benefited from your program/project.

VI. BUDGET. Project & Organization Budget

Do not modify this format

A. Income Sources

Column 1

Column 2

Column 3

BUDGET CATEGORY	THIS REQUEST** **(It should match the county funding request on page 1)	Total Program/Project Budget	Total FY13 <i>Projected</i> Organization Budget
1. GOVERNMENT GRANTS	\$	\$	\$
2. FOUNDATIONS	\$	\$	\$
3. CORPORATIONS	\$	\$	\$
4. INDIVIDUAL CONTRIBUTIONS	\$	\$	\$
5. FUNDRAISING EVENTS	\$	\$	\$
6. MEMBERSHIP INCOME	\$	\$	\$
7. IN-KIND SUPPORT	\$	\$	\$
8. INVESTMENT INCOME REVENUE	\$	\$	\$
9. GOVERNMENT CONTRACTS	\$	\$	\$
10. EARNED INCOME (fee for services, etc.)	\$	\$	\$
11. OTHER (Specify)	\$	\$	\$
12. OTHER (Specify)	\$	\$	\$
13. TOTAL INCOME	\$	\$	\$

B. Expenses

BUDGET CATEGORY	THIS REQUEST	Total Program/Project Budget	Total FY13 <i>Projected</i> Organization Budget
1. SALARIES & WAGES (Break down by individual position, indicate Full or Part Time position and % of Share)	\$	\$	\$
% Share Position FT or PT			
a.	\$	\$	
b.	\$	\$	
c.	\$	\$	
d.	\$	\$	
1.1. SALARIES & WAGES SUBTOTAL	\$	\$	\$
2. INSURANCE, BENEFITS, & OTHER RELATED TAXES	\$	\$	\$
3. CONSULTANTS AND PROFESSIONAL FEES	\$	\$	\$
4. TRAVEL/TRANSPORTATION	\$	\$	\$
5. EQUIPMENT	\$	\$	\$
6. SUPPLIES	\$	\$	\$
7. PRINTING & COPYING	\$	\$	\$
8. TELEPHONE/INTERNET/WEB	\$	\$	\$
9. POSTAGE & DELIVERY	\$	\$	\$
10. RENT & UTILITIES	\$	\$	\$
11. IN KIND SUPPORT	\$	\$	\$
12. DEPRECIATION	\$	\$	\$
13. OTHER (Specify)	\$	\$	\$
14. OTHER (Specify)	\$	\$	\$
15. TOTAL EXPENSES	\$	\$	\$

c. **Budget Narrative** for this particular FY13 funding request. Explain how AACo. funds will be used.

d. **FY13 County Funding Request:** \$ _____
 (It should match the first column in the Budget Section)

Total Cost of this particular program/project: \$ _____
 (It should match the second column in the Budget Section)

Funds Secured to date for this particular project: \$ _____

Balance Needed: \$ _____

e. **Other income sources for this FY13 program/project.** (List ALL other income sources, grants, private & public donations, etc.)* Refer to Column 2

Has your organization received/expect to receive funding on behalf of this particular program/project for this fiscal year? Yes No

If Yes, please list sources, amounts and dates:

Funder's Name	Amount Provided/ Requested	Date when provided/requested	Projected	Pledged	Secured	Anticipated Approval Date

*Any information found inaccurate or incomplete could possibly disqualify any future funding your organization might receive.

f. If full funding is not received, would your grant be viable with partial funding? Yes No (Please explain)

g. What are your plans to support the project/program financially beyond this fiscal year, including grants you are seeking or have received and/or a business plan to become self-supporting?

h. **General Annual Operating Budget:** Is it Audited? Yes No

VII. Signing the grant agreement.

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

_____ Printed Name _____ Title _____
Phone #: _____ e-mail: _____

VIII. 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: _____

e-mail: _____ Phone #: _____

- This grant application, along with all accompanying documents, must be submitted by the deadline.
- Applications will be declined based on: not following application guidelines and incomplete application materials.
- Submission does not guarantee approval.

Please keep a copy of this grant application for your reference/files

Program Logic Model

II. h.1.

Program Name:

Target Population:

Program Goal:

Inputs (Resources for program)	Activities (Services)	Outputs (# of activities; participants)	Outcomes (How will the client change because of this program?)		
			Initial	Intermediate	Longer-Term

Outcomes Measurement Framework

II.h. 2.

Program:

Target Population:

Outcome(s) (From the Program Logic Model)	Indicator(s) (How will you know (in measurable terms that the outcome was achieved?))	Benchmark (Baseline)	Data Source (Where/how will you get the data?)

Outcomes Measurement Framework

SAMPLE: This Sample does not need to be submitted as part of the application

Program: Safe Way for Families

Target Population: Families who experience Domestic Violence

Outcome(s) <i>(From the Program Logic Model)</i>	Indicator(s) <i>(How will you know, in measurable terms, that the outcome was achieved?)</i>	Benchmark <i>(Baseline)</i>	Data Source <i>(Where/how will you get the data?)</i>
Families have safe alternative housing to avoid violence.	Safe shelter beds are available within 24 hours to at least 90% of DV families seeking shelter.	In 2004, beds were available within 24 hours to 85% of DV families seeking shelter.	Police reports, hotline logs, shelter records
Families are not deterred from seeking safety by concern for their pets.	10% or fewer DV complainants cite concern about pets as the reason for staying in violent home.	New outcome. In 2004, 28% of DV complainants cited concern about pets as the reason for declining shelter.	Police reports.
Families have access to healthcare, income and schools	Within 30 days of admission, at least 60% shelter families have established healthcare, children's school enrollment and a source of income.	In 2004, 52% of families had healthcare, income and school enrollment by the 30 day milestone.	Case management records, proof of income documents.
Sheltered women avoid violent relationships	At least 90% of families report at discharge that they are moving to a violence-free home.	In 2004, 92% of families reported at discharge that they were leaving for a violence-free situation.	Discharge records.

FY13 NON-CAPITAL GRANT APPLICATION

CHECKLIST & Required accompanying documents

Use this checklist to assist you in preparing the right application. Please make sure it is complete before submission by checking the boxes to indicate that you have included the following required documents, even if you provided them in previous years. Be advised that all items listed in this checklist must be included in your application. One (1) copy of each of the following materials is required. **Identify each document alphabetically.**

ALL PAGES SHOULD BE PAPER-CLIPPED. DO NOT STAPLE, BIND, OR PUT INTO A NOTEBOOK

- One **original** FY13 grant application with **original** signature **and** accompanying documents
- Five (5) copies of the grant application **only**. (Include on each copy Program Logic Model (h.1), Outcome Measurement Framework (h.2.), and Letter of Support (IV.c.).)

Accompanying Documents with the original grant application: (One (1) copy each).

- a. **IRS determination Letter**. Copy of the latest IRS determination letter of tax-exempt status under Section (501(c)(3) indicating evidence of tax-exempt status.
- b. **Good Standing Status**. Most recent copy of the organization's general entity information showing that it is currently in good standing with the state of Maryland. *Be advised that if the organization/entity is listed as « forfeited » or not in good standing with the State Department of Assessment & Taxation (SDAT), it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.* (Note: A paid STAD Certificate is not required). Refer to *Obtaining a printout of Good Standing* instructions below.
- c. **Articles of Incorporation**
- d. **By-Laws**
- e. **Mission Statement**. Official organization's mission statement.
- f. **List of Board members/Officers**. 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. **Financial Statement**. Most recently completed financial statement, preferably an audited statement.
- h. **Job Description**. Include a Job Description for **each position** you are requesting support.

Did you?

- ... Select the right 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).
- Non-Capital Grants** provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.
- ... Answer items a.-e. on Part I Grantee Information?
- ... Answer items a.-i. on Part II Program/Project Information?
- ... Fill out Program Logic Model (h.1) and Outcome Measurement Framework (h.2.)?
- ... Fill out items a.-f. on Part III Population Served?
- ... Fill out items a.-b. on Part IV. Partnerships?
- ... Include a Letter of Support with **original signature** from a partnering organization. (Item IV.c.)
- ... Fill out items a.-c. on Part V. Organization's Capacity?
- ... Fill out Budget Template Part VI. Budget: Project & Organization Budget?
- ... Fill out items c.-h. on Part VI. Budget?
- ... Fill out Part VII. Signing the Grant Agreement?
- ... Sign the Grant Application Certification on Part VIII?

DO NOT SUBMIT ADDITIONAL INFORMATION NOT SPECIFICALLY REQUESTED

FY13 Grant Applications Deadline:
Wednesday, November 30, 2011 @ 12:00 noon



County Executive John R. Leopold

Office of the County Executive
Minority Affairs & Grants

44 Calvert St, Suite 400

Annapolis, MD. 21401

410-222-1879

mcasasco@aacounty.org

From: Maria Casasco, Grants Administrator

To: County Executive Community Support Grant applicants

Obtaining a printout of Good Standing Status
from the Maryland Department of Assessments and Taxation

Information about business entities can be found at the Maryland State Department of Assessments and Taxation (“SDAT”) website. Go to www.dat.state.md.us. From the center of the home page, select “Business Data Search”. From the menu in the second block, select “Business Entity Information”. Under “Name Search”, enter the name or a part of the name of the entity. There should be no spaces between words, and you should not include the words “the” or “and”. Also, do not include any “tail” such as “Inc.” or “LLC”. If you only search part of the name, follow the part with “%” for a wildcard search.

It will give you the entity’s name, status with the SDAT, and whether the entity is in good standing with SDAT.

A paid SDAT Certificate is not required; A printout entity detail from the Maryland Department of Assessments and Taxation webpage indicating the organization’s good standing is acceptable.

Please note that if the entity is listed as “forfeited” or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.