



Dear Applicant:

During FY10 the Anne Arundel County Government plans to continue providing limited support to non-profit organizations through grant awards to capital and non-capital projects. Accordingly, preference will be given to submissions that meet the following criteria established by the Office of the County Executive:

- Have quantifiable outcomes.
- Provide reasonable plans for continuing activity without Anne Arundel County financial assistance beyond the funded Fiscal Year.
- Represent a cooperative effort among the applicant, the community, and other private and/or public partners.
- Display creative ways of helping people help themselves.
- Provide activities that will help county residents access services that sustain and enhance the quality of life and are equitable, effective, accountable, and responsive to changing community needs.

FY10 Capital and Non-Capital Grant Applications are available at [www.aacounty.org](http://www.aacounty.org). From the Anne Arundel County HomePage select the County Executive Community Support Grant under *news flash*.

**DEADLINE TO SUBMIT APPLICATIONS:**

**Thursday, February 5, 2009**

**12:00 noon**

**No applications will be accepted after this date and time**

Send **1 (one) original grant application with all support documents and 5 (five) copies of the application only** by mail or in person to the Office of the County Executive, Attn: Maria Casasco, Grants Administrator, 44 Calvert St., Suite 400, Annapolis, MD 21401.

Note: Sending a grant application to our office does not mean automatic approval. After submitting an application it is possible that you may be asked to meet with the Grant Review Committee.

*If you are a current grantee, please keep your budget for activities at the same or at a lower level than FY 09. Should you have any questions, please contact Maria Casasco, Grants Administrator at (410) 222-1879 or [mcasasco@aacounty.org](mailto:mcasasco@aacounty.org).*



ANNE ARUNDEL COUNTY  
OFFICE OF COUNTY EXECUTIVE

**FY 10 COUNTY EXECUTIVE COMMUNITY SUPPORT GRANTS  
FOR NON-CAPITAL PROJECTS**

**FUNDING REQUEST**

**1. General Information**

a. Organization/Entity Name:

\_\_\_\_\_  
(Write it exactly as it appears in the Maryland Department of Assessments and Taxation Form)

Funding Request \$ \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**2. Project Category**

Please check **all** categories 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"/> Crisis/Emergency Response | <input type="checkbox"/> Family Services | <input type="checkbox"/> Education/Training/Job Skills |
| <input type="checkbox"/> Other: _____              | <input type="checkbox"/> Other: _____    | <input type="checkbox"/> Other: _____                  |

**3. Project Information**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.b- ***Purpose of the Grant.***

The purpose of the grant is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.c- ***Goals and Objectives.***

Briefly describe the goals and objectives for the use of funds and the desired results. Outline specific spending directives and timeline for use of the grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.d- ***Describe the need and expected participants.***

Briefly describe the need and expected participants and include any targeted groups served by your organization with this possible funding, including any eligibility requirements. Include the importance of this program to Anne Arundel County:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.e- Are there any similar, related, or duplicate programs currently available to Anne Arundel County residents? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Other sources of funds.**

List description of other sources of funds that support your organization. Include fundraising events, memberships, federal and state grants, in-kind contributions and services, funds from other agencies, private contribution for current year.

Funds	Pending	Secured
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please include a detailed **work plan timeline** for the use of the funds:

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**6. Attach (or fill in the blanks below) budget** for activities to be funded in whole or in part by this grant. (Your organization's overall budget should be included in the documentation submitted as part of the corporate information section.) **Please use the following format:**

**Line Item Format:** (to include, but not be limited to)

- 1. Personnel/Staff costs \_\_\_\_\_
- 2. Consultant Services \_\_\_\_\_
- 3. Occupancy Costs (rent, utilities, etc.) \_\_\_\_\_
- 4. Supplies and Materials \_\_\_\_\_
- 5. Business and Travel (inc. conferences, training, etc.) \_\_\_\_\_
- 6. Other: (please, explain) \_\_\_\_\_
- 7. TOTAL \_\_\_\_\_

7. Use the enclosed **Program Logic Model and Outcome Measurement Framework Forms** 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 and will report on achievement of their proposed outcomes and indicators, if applicable.

8. ORGANIZATION INFORMATION CHECKLIST

Please attach copies of the following documents, even if you provided them on past years. If they are not available or not applicable, please note as such.

- Articles of Incorporation
- By-Laws
- 501 (c)(3) certification/evidence of tax-exempt status
- Current Resolution authorizing signatory of legal documents, **if not signed by the President or Vice-President**. (See below)
- Listing of names, titles, addresses, and phone numbers of the Executive Director, Officers, and Board of Directors legally responsible for the organization's affairs.
- Annual report/annual audit or review for the previous fiscal year
- Work Program for FY10.
- Board-adopted budget for previous fiscal year, to include all public support and corporate revenues and proposed budget for FY10, with estimated public support and approximate corporate revenue
- If you are applying to support a position please provide a job description.

9. Has your organization applied for county funding or other public/private funds in the past? \_\_\_\_\_Yes      FY\_\_\_\_\_      \_\_\_\_\_No

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

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10. **Signing the grant agreement.**

For a corporation, the grant agreement must be signed by the Corporate President or Vice-President. If not, a corporate resolution in company's letterhead, is required giving the Chair, CEO or Executive Director the authority to sign agreements on behalf of the corporation.

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

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Printed Name	Title
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10. **Certification**

I affirm that I am authorized to execute this application on behalf of this organization. I also certify 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: \_\_\_\_\_

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**Program Logic Model**

***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**

***Program:***

***Target Population:***

<p style="text-align: center;"><b>Outcome(s)</b> (From the Program Logic Model)</p>	<p style="text-align: center;"><b>Indicator(s)</b> (How will you know (in measurable terms that the outcome was achieved?))</p>	<p style="text-align: center;"><b>Benchmark</b> (Baseline)</p>	<p style="text-align: center;"><b>Data Source</b> (Where/how will you get the data?)</p>

**SAMPLE**

**Program Logic Model**

**Program Name:** Safe Way for Families

**Target Population:** Families who experience Domestic Violence

**Program Goal:** Families are safe from domestic violence.

Inputs (Resources for program)	Activities (Services)	Outputs (# of activities; participants)	Outcomes (How will the client change because of this program?)		
			Initial	Intermediate	Longer-Term
House – undisclosed location  Funding – <ul style="list-style-type: none"> <li>• Tiger Woods Foundation Grant</li> <li>• AA County</li> <li>• Fundraising</li> </ul> Partnerships – <ul style="list-style-type: none"> <li>• County Hotline</li> <li>• AA Sheriffs</li> <li>• AA Hospital</li> <li>• Humane Society</li> <li>• Community Advisory Council</li> </ul>	<ul style="list-style-type: none"> <li>• Women/children shelter</li> <li>• Case Management of shelter families</li> <li>• Pet Respite</li> <li>• Prevention Education</li> </ul>	45 families sheltered/year  1825 family shelter days/year  900 referrals for community services  600 pet days/year  100 psycho-social groups/ year in shelter	Families have safe alternative housing to avoid violence.          Families are not deterred from seeking safety by concern for their pets.	Families have access to healthcare, employment and schools	Sheltered women avoid violent relationships

**SAMPLE**

**Outcomes Measurement Framework**

**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.