



**ANNE ARUNDEL COUNTY  
OFFICE OF COUNTY EXECUTIVE**

**FY 2011 COUNTY EXECUTIVE COMMUNITY SUPPORT GRANTS  
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.

**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](http://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 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. (If using additional sheets, please identify clearly each item)

3.a- Summarize your organization’s mission or attach official mission statement.

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3.b- *Purpose of the Grant.*

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

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**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 the use of the grant:

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**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:

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

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**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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). BE SPECIFIC.

- 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. Other: (please, explain) \_\_\_\_\_
- 8. Other: (please, explain) \_\_\_\_\_
- 9. TOTAL \_\_\_\_\_

**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.
- j. If you are applying to support a position, please provide a Job Description.

8. 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:

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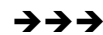
**9. Signing the grant agreement.**

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**10.** 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 its project and will report on achievement of their proposed outcomes and indicators, if applicable.



***11. 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.

## 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:***

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?)



**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.