

FY2016 Council Grant Application

Created Thursday, November 13, 2014

Updated Sunday, November 16, 2014

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Organization's Legal Name

Test Organization

Federal Tax ID

52-543278

Address

Street Address	100 Maryland Avenue
Address Line 2	
City	Rockville
State	Maryland
Zip Code	20850
Primary Phone Number	240-777-1010
Secondary Phone Number	
Fax Number	
Organization Website Address	

Executive Director/CEO Information

Executive Director/CEO Information Salutation	Ms.
Executive Director/CEO Information First Name	Test
Executive Director/CEO Information Last Name	Applicant
Executive Director/CEO Information Email Address	tapplicant@gmail.com
Executive Director/CEO Information Phone Number	240 777-1111

Will the Executive Director/CEO be the primary contact for this grant application?

No

Primary Contact Information

Primary Contact Information Salutation	Mr.
Primary Contact Information First Name	Test
Primary Contact Information Last Name	Applicant2
Primary Contact Information Preferred title	Director of Development
Primary Contact Information Email address	100 Maryland Ave

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Please indicate if a proposal for the same amount and same services has been submitted to the County Executive for funding.

By selecting "yes", you acknowledge that the amount requested in this proposal is the total funding you are requesting from the County for this project, this year. There is no penalty for requesting funds from both entities.

Yes

Please indicate if a proposal for the same amount and same services has been submitted for CDBG (Community Development Block Grant) funding.

By selecting "yes", you acknowledge that the amount requested in this proposal is the total funding you are requesting from the County for this project, this year.

No

Non-Profit Organizaiton:

Incorporated year 2007 or later

IRS Form 1099:

Have you submitted an IRS Form 1099 for your organization's most recently completed Fiscal Year?

Yes

Type of funding requested:

Operating Funds

Type of activity to be funded:

Check all that apply for this project.

- Health, Behavioral Health
- Services to Young Children, Families (includes early childhood programs)

1. Briefly describe the mission of your organization and the programs and services which support this mission. How have your organization's efforts made a difference in the community?

in 300 words or less.

The mission of this application is to demonstrate this document.

2. Briefly identify the specific program or purpose for this funding request.

in 20 words or less.

This will be the published purpose for any grant awards and should be brief and very specific. For example, "Provide improved education and leadership skills for African youth," or "Provide emergency assistance for rent and utilities."

Test application using the new One Stop Grant Portal

3. Briefly describe your project, why it is needed and how it helps advance County priorities.

in 300 words or less.

This project provides valuable information about this new website.

4. How will the program/activity described collaborate or coordinate with other non-profit organizations in the community, including organizations that provide similar services?

In 250 words or less.

The program will work closely with the County Executive's staff to make applications more similar.

5. What is the total program/activity cost for the project for which you are requesting funding?

(this includes all sources of funding (e.g. County, State, private, foundation, etc.) Please enter numeric values only (I.e. 10000) and round to the nearest ten in the field provided below. No dollar signs or commas are allowed in the numeric field.

\$15000

6. Amount of this funding request:

This is the portion of the total program/activity cost for which you are seeking funding with this application. Please enter numeric values only (i.e. 10000) and round to the nearest ten in the field provided below. No dollar signs or commas are allowed in the numeric field.

\$5000

7. What portion of the total program cost do you expect to be funded or raised from sources other than County funding (You may include up to ten sources of funds)

(i.e., Federal, State, private, foundation, etc.)

If you are not seeking other sources of funding, enter None for the Source, 0 for the amount and n/a as a comment in line 1.

Enter amounts without dollar signs or commas.

Optional comments are limited to 50 words.

	Source	Amount	Comments (optional)
1	Montgomery County Foundation	\$3000	These grants will be awarded in March.
2	Martha E. Thompson Foundation	\$4000	Decision expected in February
3	Individual Donors	\$3000	Donations have already been pledged.
4	0	\$	0
5	0	\$	0
6	0	\$	0
7	0	\$	0
8	0	\$	0
9	0	\$	0
10	0	\$	0
Total		10000	

8. How does the non-profit organization plan on sustaining the activity in the future?

Provide a response in 250 words or less. Please note that Community Grant awards are provided for a single fiscal year. Funding in future fiscal years is not assured and subject to the annual application process.

We hope that this will be a one year project, and that additional funds will not be required next year.

9. State the efforts made to recruit volunteers and/or leverage community resources.

in 250 or less.

Every nonprofit applicant is a volunteer working with us to improve this system.

Outcomes Section

For this section, an outcome is a result of the activities that your organization engages in. Outcomes should address what difference your program has made in the lives of the residents you serve. Outcomes should not be confused with outputs. An output details what your organization does, whereas an outcome defines changes that have taken place because of your organization's work.

10. Describe up to three specific outcomes that will result from the expenditure of these grant funds.

What specifically do you want to achieve? What difference is your organization or program making in the lives of the residents you serve?

For each outcome, describe how you will measure your success. How often will this be done? What is the anticipated level of success for each outcome?

Please note that it is not necessary to provide more than one outcome. Descriptions are limited to 50 words, measurements are limited to 60 words and targets are limited to 25 words. As you type an outcome description, space for a second outcome will appear. You may enter up to three outcomes for this project.

For example

Outcome Description: Clients living in stable housing

How will you measure: Obtain number of clients who acquire and retain housing for 6 months or longer through semiannual review of case notes and files

Target: 70% of population served; or 7 out of 10 clients

	Outcome Description	How will you measure?	Anticipated Level of Success (target)
1	Improved applications	number of applications submitted through the new system	200
2	Better outcomes	Review of semi-annual reports from nonprofits awarded grants	80% meet or exceed outcome targets reported in applications.

11. Are you requesting funds for a new or existing program/activity?

New

If new, provide information on the success of the program in other jurisdictions, evidence of best practices, etc.

in 150 words or less.

Other jurisdictions have used Fluid Review systems successfully.

12. Has the program/activity received County funding within the past three fiscal years?

Yes

Please list the source of funding and the amount.

Sources may include HHS Community Services Grants, Community Development Block Grants (CDBG), County Council Grants, County Executive Community Collaboration Grants, funds in the Cost Sharing CIP project, and/or in a County department's base budget. Please list the most recent sources of funding first. No dollar signs or commas are allowed in the "Amount" column.

	Fiscal Year	Source	Amount
1	FY15	start up seed money	500
Total			500

13. Project Budget

The following budget information pertains only to the project for which you are requesting funds. This should not be your organization's total operating budget.

Identify major categories of any operating expenses for which you are requesting funding, for example, rent, utilities, insurance, printing, supplies, etc.

For each, identify the amount of you are requesting from the County, and the amount of funding you have/expect to receive from other sources.

Please separately identify each staff position for which you are requesting funding along with a per hour cost for each. This detail should be included in the Description field.

Operating and capital items should be listed by the number, type, and unit cost.

Please make sure that in the last "Total" line, the Total of Requested Funds (A) plus the total Organization Funds (B) equals the Total listed at the bottom of the Total Cost column.

Note: The total requested funds should equal the value provided in the answer to Question 6, and the total at the bottom of the righthand column should equal your response to Question 5.

Renovation plans for capital expenses should be separately attached.

Project Budget

No dollar signs or commas may be placed in the numeric fields.

When you select an item from the dropdown menu, another budget line will appear (up to 25 lines).

Items	Description	Requested Grant Funds for this Item (Enter "0" if not applicable) (A)	Organization's Funds for this Item (Enter "0" if not applicable) (B)	Total Cost for Budget Item (A + B)	
1	Supplies	software and other items	3000	2000	5000
2	Consultants (list each separately, plus hourly rate)	3 people to help implement software	1000	1000	2000
3	Rent	test location	1000	2000	3000
Total			5000	5000	10000

Assurances

If the grant is awarded, the applicant assures that:

1. The applicant will administer funds.
2. Funds received will be used solely for the documented activities.
3. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
4. 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.
5. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

Name of Person Completing Application:

Test Applicant

Date:

MM/DD/YYYY

11/13/2014