Request ☐
For multiple requests

2026 Request for Funding Application
Washington County Gaming Commission

Date:

Name of organization applying:

Address:

City: State: Zipcode:

If address listed is outside of Washington County, MD, list the address of the organization's place of business in Washington County.

Address:

City: State: Zipcode:

Organization Phone Number:

Contact Person: Title:

Contact Person Phone Number:

Contact Person's e-mail address:

Organization's Federal Identification Number (EIN):

1. Amount of Funding Requested (do not combine multiple requests):

2. Funds Requested will be used for: ☐ Operating expenses ☐ Equipment or Capital Projects

3. **Give a very BRIEF (1-2 sentence description only) summary of your request:**

4. **Please provide the following items about your request and number accordingly: 1. Statement of Need (20 pts) 2. Program Plan (20 pts)**

5. **Advance Project Preparation (5 pts)** Provide details advanced preparations for the project

6. **Past Performance (5 pts)**

7. **Collaborations, Partnerships, & Coordination of Services with other organizations (10pts)**

8. P**roject Funding (5 Pts)** Provide details regarding if the project is one-time ask or requires ongoing funding streams

9. **Organizational Capacity and Staffing (10pts)** Please provide a complete list of key employees, officers, and board members. For board members only, indicate their city of residence.

10. **Organizational Funding Need (5 pts)** Please provide a complete list of all funding the organization has received in the fiscal year and how lack of funding would be detrimental to the project.

11. If your organization has any endowments, please list amount(s) and if funds have any restrictions. If your organization does not have any endowment funds, mark n/a.

12. Is your organization recognized by the Internal Revenue Service as a valid charitable 501(c)3 entity?
☐ Yes ☐ No

13. Is this organization incorporated with the State Dept. of Assessments and Taxation? ☐ Yes ☐ No

If YES, indicate SDAT identification number: _____

If YES, is this organization's Articles of Incorporation: ☐ Active ☐ Forfeited ☐ Other

14. Is this organization an "Unincorporated Association"? ☐ Yes ☐ No

15. Has this organization previously applied for gaming funds? ☐ Yes ☐ No

16. Did this organization receive gaming funds in FY25 ☐ Yes ☐ No

17. If you answered YES to question 16, have you turned in your required grant report? _____

18. Has this organization submitted more than one application for consideration this year? ☐ Yes ☐ No

19. If you answered YES to question number 18, please indicate which request should be given priority.
Indicate priority request letter designation (A,B,C, etc.) _____

Application Submission Statement:

I hereby declare and affirm, under of penalties of perjury, that the matters and facts set forth herein are true and correct and that any documents attached are unmodified and true and genuine copies of financial documents and tax returns as filed with the IRS. I also declare and affirm that I am a person duly authorized to enter into legally binding agreements on behalf of the herein applicant organization.

I hereby agree to provide proof that any funds received from the Gaming Commission were expended for the purpose requested herein within one (1) year from the receipt of the said funds. I understand that any modifications to the proposed use of allocated funds must be requested in writing and approved by the Gaming Commission in writing prior to any expenditure of allocated funds. I understand any unspent funds remaining after one (1) year must be returned to the fund.

I hereby represent and warrant that the applicant organization does not discriminate on the basis of race, creed, sex, age, color, national origin, physical or mental disabilities for employment or the achievement of the mission or goal of the organization.

I understand that any and all applications submitted, as well as supporting documentation may be considered public documents. As such, all applications and supporting documents may be viewable and obtainable by the public under the provisions of the Public Information Act, MD Code Ann., State Government Article 10-613.

Signature of Authorized Person: _____

Printed Name of Authorized Person: _____

Title: _____ Date: _____