



## Washington County FY23 Surplus Funding Nonprofit Assistance Application

Name of Organization

Address, City, State, Zip

Authorized Contact Person

Federal ID Number

Title

Phone Number

Email address

Fax Number

Has your organization received a 501c3 designation from the IRS?	Yes	No
Is your organization located in Washington County, Maryland?	Yes	No
Does your funding request benefit Washington County citizens?	Yes	No
Does your organization have any unpaid obligations to any governmental entity?	Yes	No

Amount of funding requested:

Type of funding requested:	Operating	Capital	Combination
----------------------------	-----------	---------	-------------


Provide a summary of your request:

**Statement of Need**

**20 Points Maximum**

1. Briefly identify the conditions, problems, or service needs of your targeted participants. Provide evidence of the problems using local data. Identify what specific neighborhoods or demographic areas and/or specific population groups that will be targeted for services. Estimate the number of county residents to be served by the proposed program or project that you are requesting funding support for in this application.

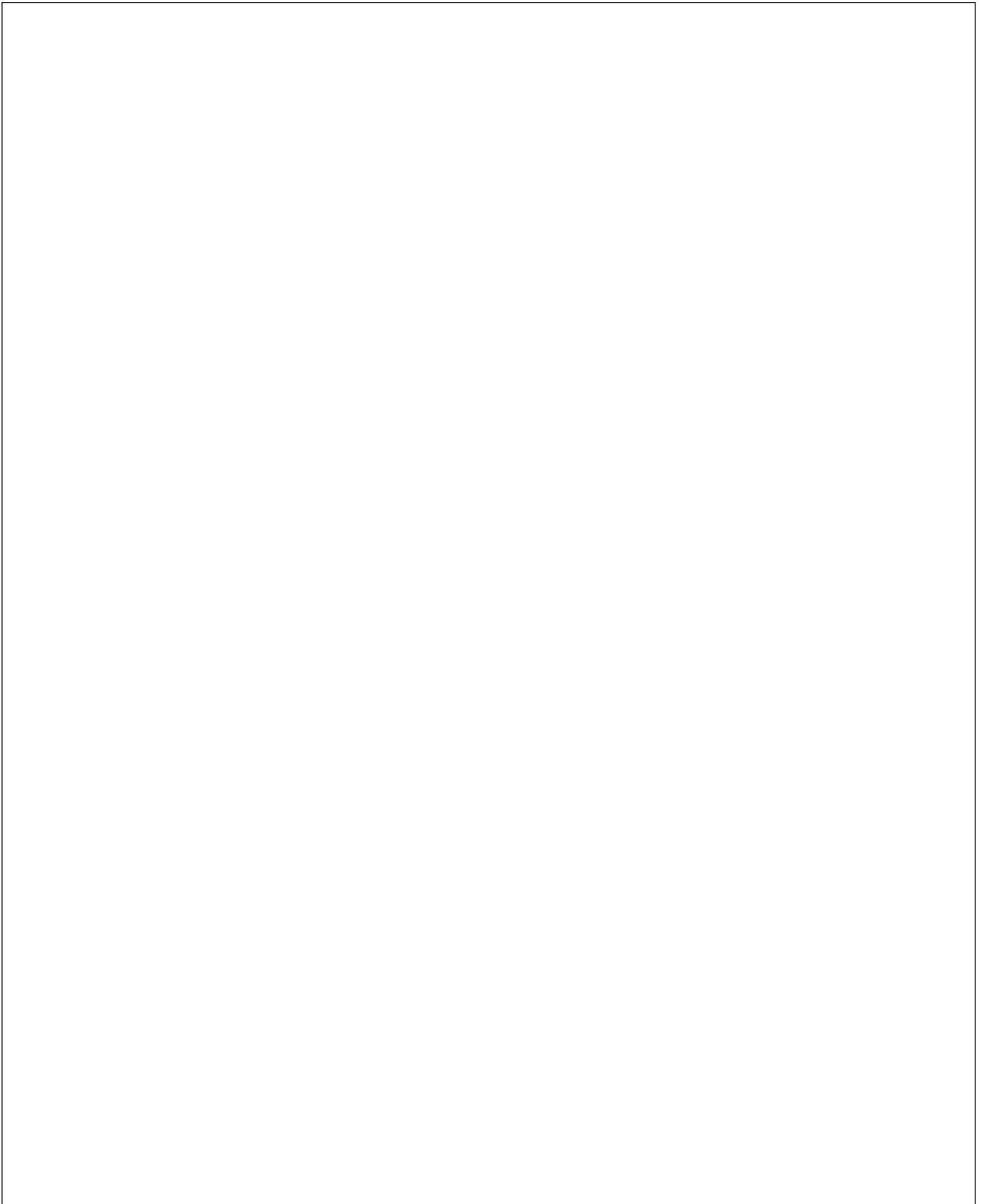
---



- 
1. Describe your organization's current competency and experience delivering the services and/or activities to your proposed targeted group.
  2. Describe your organization's staffing structure. How will supervision be provided for this award and who will be responsible for completion of any program or project and fiscal reports requested by the County?
  3. Describe your organization's system, processes, or database for collecting, maintaining, and reporting information on the services or activities completed. Include specifics such as the names or titles of the person(s) responsible for collecting data and the specific types of data that is or will be collected.
  4. If you are requesting funds for a capital project, please provide the names of individuals responsible for managing the project and details of their experience and expertise in project management.
  5. List your current Board members, including their addresses, indicating which serve as officers.

**Please number your responses for each corresponding question.**

---



1. Describe the program or project you are seeking funding for with this grant.
2. What are the expected outcomes for the proposed project/program? Provide specific and measurable outcomes.
3. Provide a schedule of hours of operation if applicable for each proposed program or activity and a list of sites where services/activities will be available.
4. Describe the process used to monitor and evaluate the quality of the service/program or project provided by your organization.

**Answer the following questions ONLY if you are requesting funds for capital expenses.**

5. Describe the process for determining the budget/cost of your capital project. Provide information such as quotes, bids, cost estimates, etc. as attachments to your application.
6. Provide a timeline for the completion of the project.

**Please number your responses for each corresponding question.**

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for the student to write their Program/Project Plan.

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for the student to write their program or project plan.



**Collaborating, Partnerships, and Coordination of Services**

**15 points maximum**

1. Describe your organization's existing collaborations, partnerships, or coordination of services with other organizations within Washington County. Explain how your agency will coordinate services with other providers in the community who are also providing services to this target group.
2. Describe your organization's history of and ability to leverage and maximize other funding sources.

**Please number your responses for each corresponding question.**

1. This grant program is not an annual program, so projects and programs receiving funds through this grant should consider this a one-time award. Describe how your organization will continue the program and or project funded with this grant without continued support from the County.

I certify that all the information contained in this application is true and accurate. I understand that material omission or false information contained in this application constitutes grounds for disqualification for the applicant(s) and this application. I further understand that by applying, I, as an authorized representative of the organization, am accepting the terms and conditions as approved by the County Commissioners, and the Washington County FY23 Surplus Funding Nonprofit Assistance Funding Committee.

I also represent and warrant that the organization does not discriminate because 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 all applications submitted, as well as supporting documentation, may be considered public documents. As such, all applications and supporting documents may be viewable and obtained by the public under provisions of the Public Information Act, MD Code Ann., State Government Article 10-613.

Authorized Representative Name (Please Print)

Title

Signature

Date