Washington County, Maryland

Request: ☐

For Multiple Applications

Community Organization Funding
Request Fiscal Year 2028
Overview

Name of Organization

Name of Program

Street Address

City, State, Zip

Authorized Contact Person | Title

Email | Phone Number

Federal ID # | SDAT #

Service Priority Area (Select one) ☐ Families/Children ☐ Domestic Violence ☐ Cultural ☐ Seniors ☐ Recreation ☐ Other

Has your organization received a 501(c)(3) 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 government entity? ☐ Yes ☐ No

Amount of Funding Requested:

Type of funding requested: ☐ Operating ☐ Capital ☐ Combination

Provide a BRIEF 1-2 sentence summary of your request:

Statement of Need (one page maximum)

1.Briefly identify the conditions, problems, and/or service needs of your targeted participants. 2. Provide evidence of the problems using local data. 3.Identify the specific neighborhoods or demographic areas and/or specific population groups that will be targeted. 4.Provide an overview of the proposed funding request. 5. Provide an outline of how you will proceed if you are awarded only partial funding.
(*Please number your responses for each corresponding question)*

Past Performance (one page maximum)

Within the last three years, please state if your organization has:

1. Satisfactorily met all its outcome and performance measures between your organization and your funding providers. Provide specific examples.
2. Been required to submit a corrective action plan to a funding provider. If so, identify the program and funding provider. Did your organization submit a corrective action plan in a timely fashion to your funding provider? Was the corrective action plan(s) implemented successfully?
3. Had a program prematurely terminated by a funding provider. If so, identify the program(s) and the funding source(s). What were the reasons for termination? What steps has your organization taken to correct any problems?
4. Been required to return any grant funds. If so, please explain.

(Please number your responses for each corresponding question)

Organizational Capacity and Staffing Plan (two page maximum)

1. **Briefly describe your organization's mission and long term goals.**
2. **Describe your organization's current competency and experience in providing or delivering the services or activities to the proposed target group.**
3. **Describe your organization's staffing structure. How will supervision be provided for this award of funds and who will be responsible for completion of any program and fiscal reports required by Washington County?**
4. **Describe your organization's system, processes, or database for collecting, maintaining, and reporting information on the services or activities completed. Include in your description the name(s) of the person(s) responsible for collecting the data and the specific types of data that is or will be collected.**

***Provide with your submission an excel spreadsheet of your current Board members including their addresses, indicating which serve as officers.**

(Please number your responses for each corresponding question)

Organizational Capacity and Staffing Plan (two page maximum)

Program Plan (two page maximum)

1. **Describe your organization's proposed program/service/ or project.**
2. **Describe the specific major activities and tasks associated with delivering or performing your proposed project or services (i.e. number of clients, types of classes offered, meals delivered, after school activities, project details, completion dates, etc.)**
3. **What are the expected outcomes for this proposal (i.e. changes in behavior, skills or knowledge gained, attitudes changed, improved conditions, opportunities, etc.)? Your outcomes should be specific and measurable.**
4. **Provide a schedule of hours of operation (if applicable) for each proposed service or activity and a list of sites where services/activities will be available.**
5. **Describe the process used to monitor and evaluate the quality of the service/program/ or project provided by your organization.**

Answer the following question ONLY if requesting funding for capital expenses.

6. Community Organization Funding grant awards are disbursed in 4 quarterly installments and all funds must be expended within one year. Describe how your organization will be able to complete your capital project given this funding schedule.

(Please number your responses for each corresponding question)

Program Plan (two page maximum)

Collaborating, Partnerships, and Coordination of Services (one page maximum)

1. Describe your organization's existing collaborations, partnerships, or coordination of services with other organizations within Washington County, if any. Explain how your agency will coordinate services with other providers in the community who are also providing services to this target group.
2. Describe in detail your organization's history of and ability to leverage and maximize other funding streams.
(Please number your responses for each corresponding question)

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 submitting an application, I, as an authorized representative of the organization, am accepting the terms and conditions as approved by the County Commissioners and the Community Organization Funding Committee.
I also represent and warrant that the 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 obtained by the public under provisions of the Public Information Act, MD Code Ann., State Government Article 10-613.

Authorized Representative Name (Please Print) _____ Date _____

Title _____

Signature _____