

Washington County, Maryland



LMB Enough Capacity Building Funding Application 2026

Name of Organization

Name of Program

Address, City, State, Zip

Authorized Contact Person Federal ID Number

Title Phone Number

E-mail Address Fax Number

Service Priority Area
(Select one) Non Medical Transportation Expansion of Existing Networks Last Mile Solutions

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 summary of your request:

Application Narrative

Statement of Need (one page maximum)

Briefly identify the conditions, problems, and/or service needs of your targeted participants. Which of the three priority areas your program will address. Identify the specific neighborhoods or demographic areas and/or specific population groups that will be targeted for services. Estimate the number of program participants and give an overview of the proposed program/strategy or service approach.

Organizational Capacity

1. Briefly describe your organization's mission.
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 system, processes, or database for collecting, maintaining, and reporting information on the services or activities completed.
4. List your current Board members including their addresses, indicating which serve as officers.

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.

(Please number your responses for each corresponding question)

Program Plan

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

1. Describe your organization's existing collaborations, partnerships, or coordination of services with other organizations in delivery of services outlined . Explain how you will work in the community who are also providing services to this target group.

(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