

# Washington County, Maryland



## LMB Enough Capacity Building Funding Application 2026

Name of Organization	<input type="text"/>		
Name of Program	<input type="text"/>		
Address, City, State, Zip	<input type="text"/>		
Authorized Contact Person	<input type="text"/>	Federal ID Number	<input type="text"/>
Title	<input type="text"/>	Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>	Fax Number	<input type="text"/>
Service Priority Area (Select one)	<input type="checkbox"/> Non Medical Transportation	<input type="checkbox"/> Expansion of Existing Networks	<input type="checkbox"/> Last Mile Solutions
Has your organization received a 501(c)(3) designation from the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your organization located in Washington County, Maryland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your funding request benefit Washington County citizens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your organization have any unpaid obligations to any government entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amount of Funding Requested:	<input type="text"/>		
Type of funding requested:	<input type="checkbox"/> Operating	<input type="checkbox"/> Capital	<input type="checkbox"/> 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)***



## 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