

Montgomery County Executive's Community Collaboration Grant Application

General Information and Instructions

The Montgomery County Executive's Community Collaboration Grants may be included in the County Executive's annual recommended budget to support non profit organizations delivering services consistent with the County Executive's Mission Statement. The Montgomery County Executive's Community Collaboration Grants **do not include** the following:

- Health and Human Services Community Service Grants
- Housing and Community Affairs - Community Development Block Grant
- County Council Grants

Please note that applications for the Executive's Community Collaboration Grants are subject to the Maryland Public Information Act (MPIA) (found at Md. Code Ann., State Gov't., §10-611 through - 628 (MPIA)) and the County must comply with the disclosure requirements of the MPIA when a request for documents is received.

Prior to starting the on-line application, it is recommended that you first download and review a blank Montgomery County Executive's Community Collaboration Grant Application Form ( | ). You are encouraged to write your responses into the form fields provided in the PDF or Word file, then copy and paste your prepared responses to the relevant on-line application form fields. The on-line grant application form does not accept or save partially completed forms. In addition, each page must also be completed before you can move to the next page. And, it is also recommended that you print each page as completed. A [Frequently Asked Questions](#) document is provided for your reference. In addition, a completed sample file is also provided to assist you (please see link below).

[Completed Sample Grant Application Form](#)

Please select the "**Next Page**" button to complete the on-line Montgomery County Executive's Community Collaboration Grant application to request a grant.

[Print This Page](#)

Applicant / Organization Contact Information

A red asterisk (*) indicates a required form field. [Print this Page](#)

*** 1. Organization's Legal Name:**

*** 2. Federal Tax ID:**

*** 3. Street Address (i.e. 123 Anywhere Rd):**

4. Additional Address Information (i.e. Suite #, Floor, etc...):

*** 5. City:**

*** 6. State Abbreviation (i.e. MD, VA, DC, ...):**

*** 7. Zip Code (xxxxxx or xxxxx-xxxx):**

*** 8. Phone Number 1 (xxx-xxx-xxxx):**

9. Phone Number 2 (xxx-xxx-xxxx):

10. Fax Number (xxx-xxx-xxxx):

*** 11. Executive Director's or CEO's Salutation :**

- Mr. Ms. Mrs. Dr.
- Other (please specify)

*** 12. Executive Director / CEO First Name:**

*** 13. Executive Director / CEO Last Name:**

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*** 14. Will the Executive Director / CEO be the primary contact for this grant application?**

Yes

No

Applicant / Organization Contact Information - Continued

A red asterisk (*) indicates a required form field. [Print this Page](#)

*** 1. Contact's First Name:**

*** 2. Contact's Last Name:**

*** 3. Contact Person's Salutation, if the contact person is not the Organization's Executive Director or CEO:**

- Mr. Ms. Mrs. Dr.
- Other (please specify)

*** 4. Select the Contact Person's Preferred Title:**

- Chairman of the Board Founder
- Chief Executive Officer (CEO) President
- Director President and CEO
- Executive Director Vice President
- Other (please specify)

*** 5. Contact's Email Address:**

*** 6. Organization's Web Site Address:**

Select Funding Type(s), Activity Type(s), County Priority(s)

A red asterisk (*) indicates a required form field. [Print this Page](#)

***1. Type of Funding Request:**

- Operating Funds
- Capital Funds (i.e. bricks/mortar, facility grants, renovation, etc...)

***2. Type of Activity to be funded (check all that apply for this project):**

- New Americans (Immigrant Services)
- Economic Development
- State Bond Bill Match
- Arts and Humanities
- Health Care
- Behavioral Health
- Services to Seniors
- People with Disabilities
- Services to Children, Families (includes early childhood programs)
- Safety-Net Services (food, shelter, and emergency housing)
- Positive Youth Development Services (includes out-of-school time programs; such as tutoring, mentoring, academic enrichment, recreation, and gang prevention programs)
- Support to Volunteerism/Community Services
- Other (please specify)

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***3. Provide and help advance the County Executive's Priority Areas (check all that apply for this project):**

- A Responsive and Accountable Government
- Affordable Housing in an Inclusive Community
- An Effective and Efficient Transportation Network
- Children Prepared to Live and Learn
- Healthy and Sustainable Communities
- Safe Streets and Neighborhoods
- A Strong and Vibrant Economy
- Vital Living for All Our Residents

Additional Questions

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- * 1. Briefly describe the mission of your agency and the programs and services of your agency which support this mission. How have your organization's efforts made a difference in the community? (< 200 words)**

- * 2. Briefly state the purpose of the specific request. (< 125 characters)**

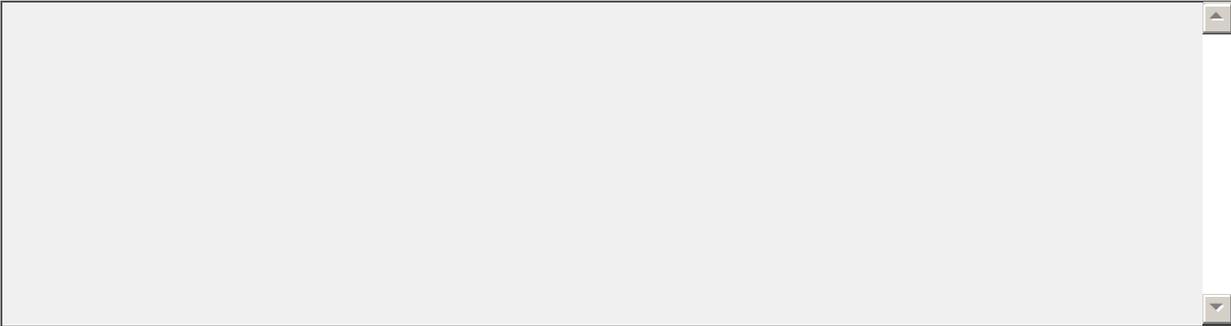
- * 3. Briefly describe your project and how it specifically helps advance the County Executive's Priority Areas. (< 250 words)**

- * 4. How will the program / activity described collaborate or coordinate with other non-profit organizations in the community? (< 250 words)**

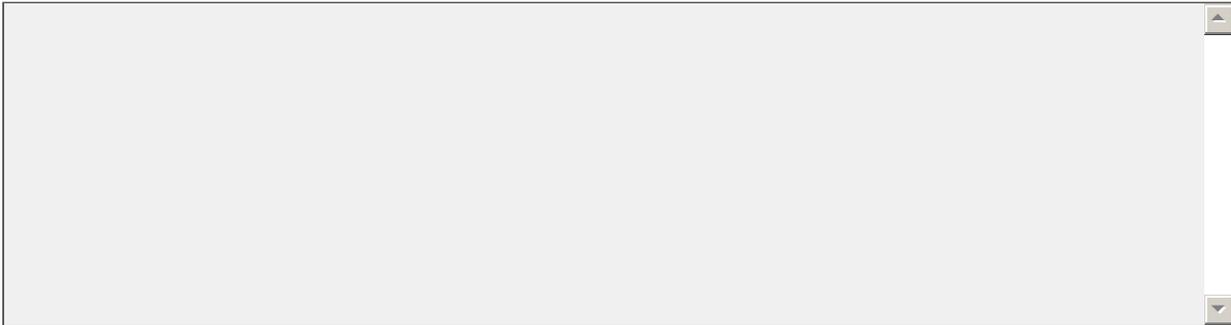
- * 5. What is the total program/activity cost? Please enter numeric values only (i.e. 10000) and round to the nearest ten in the form field provided below. No dollar signs are allowed in the numeric field.**

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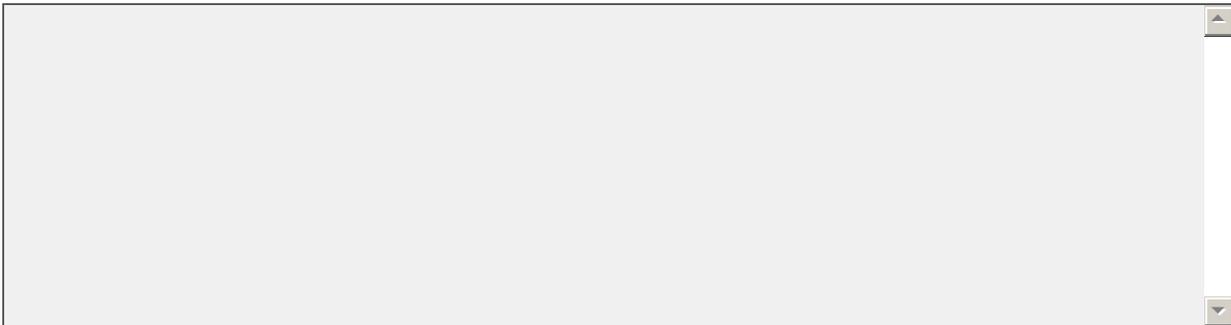
***6. What portion of the total program cost will be funded or raised from Federal, State, and or private sources? (< 250 words)**

A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide an answer to question 6.

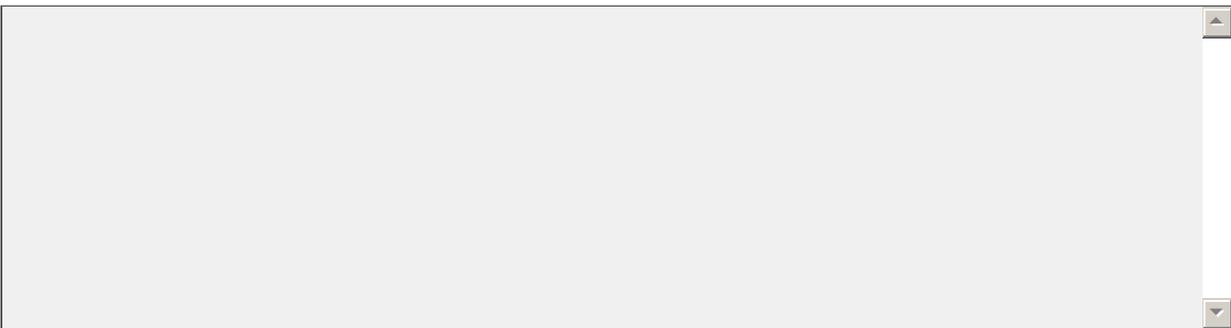
***7. How does the non-profit agency plan on sustaining the activity in the future? (< 250 words)**

A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide an answer to question 7.

***8. State the efforts made to recruit volunteers and/or to leverage the community resources? (< 250 words)**

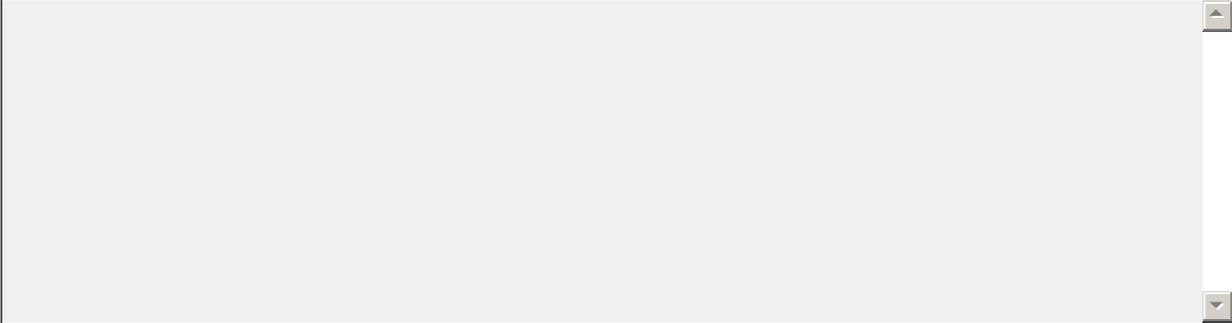
A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide an answer to question 8.

***9. Please provide outcome measures or results to date for this project, if applicable, and the outcomes you expect to accomplish should this grant be awarded. (< 250 words)**

A large, empty rectangular text box with a vertical scrollbar on the right side, intended for the user to provide an answer to question 9.

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*** 10. Has the program/activity received County funding within the past three years? If so, please list the source of the funding. Sources may include Health and Human Services Community Service Grants, Housing and Community Affairs - Community Development Block Grant, County Council Grants, County Executive Community Collaboration Grants, funds in the Cost Sharing CIP Project, or added to the base of a County Department's Budget. (< 250 words)**



Funding Sources

A red asterisk (*) indicates a required form field. [Print this Page](#)

For fields requiring budget funding numbers (i.e. Donations, Federal Grant Grants, State Grant Funds, etc...))...

- please enter numeric values only
- decimals are permitted
- no dollar signs (\$) or commas are allowed in the numeric fields
- **IF NOT APPLICABLE, ENTER THE NUMBER 0**

Please enter the total dollar amount of the Organization's Matching Funds for this Project by applicable source:

*** 1. Donations (\$):**

*** 2. Federal Grant Funds (\$):**

*** 3. In-Kind Funds (\$):**

*** 4. State Grant Funds (\$):**

*** 5. Volunteers (\$):**

*** 6. Other (\$):**

Project Budget

All items should total the amount requested in this grant application.

The following budget information pertains only to the project for which you are requesting funds. This should not be your organization's total operating budget. Please separately identify each staff position for which you are requesting funding along with a per hour cost for each. Also, please identify major categories of any operating expenses for which you are requesting funding (i.e. rent, utilities, insurance, printing, supplies, etc...). Operating and Capital items should be listed by number, type, and unit cost. If applicable, renovation plans should be submitted via email attachment to exec.grants@montgomerycountymd.gov. Also, please identify any non-County funding sources specifically received for the project.

A red asterisk (*) indicates a required form field. [Print this Page](#)

For Requested Grant Fund form fields (\$)...

- please enter numeric values only
- decimals are permitted
- no dollar signs (\$) or commas are allowed in the numeric fields
- if requested funds are 0, then enter 0.

*** 1. Budget Item 1 Brief Description:**

*** 2. Budget Item 1 Requested Grant Funds (\$):**

*** 3. Budget Item 2 Brief Description (If not applicable, enter "N/A"):**

*** 4. Budget Item 2 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 5. Budget Item 3 Brief Description (If not applicable, enter "N/A"):**

*** 6. Budget Item 3 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 7. Budget Item 4 Brief Description (If not applicable, enter "N/A"):**

*** 8. Budget Item 4 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 9. Budget Item 5 Brief Description (If not applicable, enter "N/A"):**

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*** 10. Budget Item 5 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 11. Would you like to add more budget items or categories?**

Yes

No

Additional Project Budget Items

A red asterisk (*) indicates a required form field. [Print this Page](#)

For Requested Grant Fund form fields (\$)...

- please enter numeric values only
- decimals are permitted
- no dollar signs (\$) or commas are allowed in the numeric fields
- if requested funds are 0, then enter 0.

*** 1. Budget Item 6 Brief Description:**

*** 2. Budget Item 6 Requested Grant Funds (\$):**

*** 3. Budget Item 7 Brief Description (If not applicable, enter "N/A"):**

*** 4. Budget Item 7 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 5. Budget Item 8 Brief Description (If not applicable, enter "N/A"):**

*** 6. Budget Item 8 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 7. Budget Item 9 Brief Description (If not applicable, enter "N/A"):**

*** 8. Budget Item 9 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 9. Budget Item 10 Brief Description (If not applicable, enter "N/A"):**

*** 10. Budget Item 10 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 11. Would you like to add more budget items or categories?**

- Yes
- No

Additional Project Budget Items

A red asterisk (*) indicates a required form field. [Print this Page](#)

For Requested Grant Fund form fields (\$)...

- please enter numeric values only
- decimals are permitted
- no dollar signs (\$) or commas are allowed in the numeric fields
- if requested funds are 0, then enter 0.

*** 1. Budget Item 11 Brief Description:**

*** 2. Budget Item 11 Requested Grant Funds (\$):**

*** 3. Budget Item 12 Brief Description (If not applicable, enter "N/A"):**

*** 4. Budget Item 12 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 5. Budget Item 13 Brief Description (If not applicable, enter "N/A"):**

*** 6. Budget Item 13 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 7. Budget Item 14 Brief Description (If not applicable, enter 0):**

*** 8. Budget Item 14 Requested Grant Funds (\$) (If not applicable, enter 0):**

*** 9. Budget Item 15 Brief Description (If not applicable, enter "N/A"):**

*** 10. Budget Item 15 Requested Grant Funds (\$) (If not applicable, enter 0):**

Total Dollar Amount Requested

Please sum up all of your Budget Items to determine the Total Dollar Amount Requested. Remember the total dollar amount requested will be applied to the application submitted for a project (one request per application / project).

A red asterisk (*) indicates a required form field. [Print this Page](#)

For the Total Dollar Amount Requested field:

- please enter numeric values only
- decimals are permitted
- no dollar signs (\$) or commas are allowed in the numeric fields

*** 1. Total Dollar Amount Requested (one request per application / project):**

Agreement

A red asterisk (*) indicates a required form field. [Print this Page](#)

***1. As the contact person for this application, I am aware that I have the responsibility of notifying the Montgomery County Office of Management and Budget immediately, via email at exec.grants@montgomerycountymd.gov or in writing to Montgomery County Office of Management and Budget, 14th Floor, 101 Monroe Street, Rockville, MD 20850, if there are any changes that need to be made to the grant application or if the Organization ceases operations or becomes a subsidiary of another organization.**

Yes, I understand.

***2. I hereby certify that information submitted in the grant application is a true and correct statement of facts. I, as a designated legal representative or contact of the Organization, further certify that this Organization shall abide by and be subject to all applicable Federal, State and Local laws and regulations pertaining to any subsequent grant that may be issued.**

Yes

Review and Submit Application

To review your application, please select the **Previous Page** button and go back to review and/or print each individual page. When you are ready to submit the application, please select the **Submit Application** button.

If you have any questions regarding the application itself or your application's status, please do not hesitate to email your question to exec.grants@montgomerycountymd.gov.

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