



MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMMUNITY SERVICES GRANT PROGRAM  
GRANT APPLICATION FORM  
FISCAL YEAR 2023

SUPPORTING CAPITAL PURCHASES FOR HEALTH AND HUMAN SERVICE PROGRAMS

COMMUNITY SERVICES GRANT PROGRAM APPLICATION COVER SHEET

Organization Name	
Mailing address	
Executive Director/CEO:	
Telephone Number	
Email address	
Application contact (if not the Executive Director)	
Email address	
Telephone number	
Organization website (URL)	
Amount of Funding Requested (no more than \$10,000)	
Number of people to be served with this funding	
Has this organization received a grant under this program in the past three years?	

SUMMARY OF THE REQUEST:

APPLICATION CHECKLIST			
APPLICATION CRITERIA	Included in the Packet?		Page #
	Yes	No	
<b>Cover Page</b>			
Complete address			
Executive Director			
Other Contacts			
Summary			
Signature of authorized official			
<b>Application Narrative</b>			
Application addresses all 6 narrative prompts			
<b>Budget Information</b>			



## COMMUNITY SERVICES GRANT PROGRAM PROJECT NARRATIVE

Please limit your narrative responses to 10 pages (not counting the required attachments).

1. Describe how the project address the priority area(s) identified in the application instructions.
2. Describe your organization's mission and goals related to the priority area(s). Include details regarding the programs, services, locations, and populations served by your organization.
3. Describe how your organization's services fit into the health and human services delivery system in Montgomery County.
4. Describe the project for which these funds will be used. Clearly describe the target population, locations to be served, goals, strategies and how the proposed project will address the priority area. The proposed project must serve only Montgomery County residents.
5. List the outcomes anticipated from expenditure of these funds and describe how your organization will measure and monitor these outcomes.
6. Describe how the project will expand access to and/or availability of services to the target population.
7. How would you implement the project with a 50% reduction in the requested amount of funding?
8. Has your organization requested funding for this project from other sources? If yes, please list other solicitations under consideration including where and for how much in funding.

**COMMUNITY SERVICES GRANT PROGRAM PROJECT BUDGET**

The following budget information pertains to only the project for which you are requesting funds - not your organization's total operational budget. Attach cost estimates for proposed equipment. Your request may not exceed \$10,000.

**Organization Name:**

Item (Description & Quantity)	FY23 Community Services Grant Request	Organization and Other Contributions	Total Project Cost
<b>Total Community Grants Request</b>			

## COMMUNITY SERVICES GRANT ATTACHMENTS

The items listed below must be included with your application.

1. Proof of applicant's incorporation status issued by the State Department of Assessment and Taxation.  
(Application submitted to the State is not sufficient)
2. Proof of applicant's not-for-profit status issued by the Internal Revenue Service, Department of the Treasury.  
(Application submitted to the IRS is not sufficient)
3. Copy of the lease or letter from the owner of the facility approving any renovation related project (if applicable).
4. Cost estimates for proposed equipment purchases.
5. Complete total organization budget for applicant's current fiscal year.
6. Current list of applicant's Officers and Board. (If your organization acts as a subsidiary without a separate Board, include Board list of parent organization/fiscal agent).

## COMMUNITY SERVICES GRANT ASSURANCES

If the grant is awarded, the applicant assures that:

1. The applicant will administer all grant funds.
2. Funds received under this grant will not be used to supplant any budgeted funds.
3. Funds received will be used solely for the documented activities.
4. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
5. The applicant organization is in compliance with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

By my signature, I certify that I am officially and fully authorized by the Board of Directors to submit this request for funding and to represent the organization in this process.

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**Signature**

**Printed Name and Title**

**Date**