

TEL: 410-632-1194
FAX: 410-632-3131
E-MAIL: admin@co.worcester.md.us
WEB: www.co.worcester.md.us



OFFICE OF THE
COUNTY COMMISSIONERS

HAROLD L. HIGGINS, CPA
CHIEF ADMINISTRATIVE OFFICER
MAUREEN F.L. HOWARTH
COUNTY ATTORNEY

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Worcester County

GOVERNMENT CENTER
ONE WEST MARKET STREET • ROOM 1103
SNOW HILL, MARYLAND
21863-1195

January 16, 2019

Dear Director,

The Worcester County Government FY2020 Application for Non-Profit Grants is included in this package and is also available on our website www.co.worcester.md.us/. To download the application as a PDF document, please access the Worcester County website Home Page. The link to the Non-Profit Grant Application will be under "Important Links" on the right hand side of the web page.

Considerations of non-profit grants all require the submission of the same set of documents. All grant applications undergo the same scrutiny. Applying for a non-profit grant does not mean that an organization, even if it has all of its paperwork in order, will receive funding from Worcester County Government.

The deadline for Non-Profit Grant Application submission is Wednesday, February 20, 2019. Any applications received after this date will not be considered. We anticipate the final adoption of the budget in June 2019. You will receive a grant notification letter shortly after the budget is adopted that will let each organization know if they have or have not received funding for FY2020.

Please return all completed applications to: Worcester County Government
One West Market Street, Room 1103
Snow Hill Maryland, 21863
Attention: Kim Reynolds, Senior Budget Accountant

Please contact Kim Reynolds at (410) 632-1194 or kreynolds@co.worcester.md.us if you have any questions or if you need the application to be emailed to you as a word document.

Best Regards,

Harold Higgins
Chief Administrative Officer

Attachment

Primary age group to be served by this grant:

- Up to 5 years of age 65+
 5-18 year olds All ages
 Adults
 Other (please describe): _____

Number of people this grant will serve:

- Less than 10 50-100
 11-25 100+
 26-50

Section II. Grant Request Budget Form (must use this form)

A. Program Funding Sources: (identify ALL sources of funding applied to this program, not entire organization revenue if not applicable to request). Attach additional pages, if needed:

<u>FY2019/2020 Estimate</u>	<u>Cash (A)</u>	<u>In Kind (B)</u>
1. Worcester County Request	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____

Total Cash (A) = \$ _____ Total In Kind (B) = \$ _____

B. Operating / Program Expenses: (Please enter the total projected budget for the program (not entire organization expense if not applicable to request).

<u>Program Expense Estimate</u>	<u>Total Amount</u>	<u>Source of Estimate</u>
1. Salary/Wages/Benefits	\$ _____	_____
2. Professional Fees	\$ _____	_____
4. Operations	\$ _____	_____
5. Supplies	\$ _____	_____
6. Equipment	\$ _____	_____
7. Other _____	\$ _____	_____
8. Other _____	\$ _____	_____
9. Other _____	\$ _____	_____
10. _____	\$ _____	_____

Total project expenses: (C) = \$ _____

The Total Revenue (A+B) \$ _____ must equal the Total Project Expense (C) \$ _____

Section III. Program Details Form (must use this form)

PROGRAM GOAL(S) & STRATEGIES TO ACHIEVE STATED PROGRAM GOALS- Please identify the specific goals and strategies that will enable your organization to achieve the goals. Please list activities, start and end dates and frequency of activities (ex. One time event, weekly activity, etc.) Please limit to 3 goals.

GOAL 1:

GOAL 2:

GOAL 3:

Section IV. GRANT PROPOSAL/NEED (Limit two type-written pages)

1. Briefly describe the specific purpose for which this grant is requested.
2. Briefly state the evidence of the need for this grant.
3. Are there any other agencies/organizations in the area doing this or similar work? If so, please describe.
4. Does the use of this requested funding involve coordination/cooperation/collaboration with other organizations?
5. Provide a timeline of activities that indicate when, where and how often activities will happen. This can be a narrative or chart.

Section V. PROJECT/PROGRAM MANAGEMENT CAPACITY (Limit one page)

1. Describe how this project/program complements or enhances your organization's mission and previous work or successes in this area.
2. Describe the plan for evaluating this project/program; please include details such as methods, dates, data sources and who will be responsible for project/program evaluation.
3. Who will be responsible for carrying out and supervising this project/program?
4. Describe the extent to which volunteers are included in this project/program.

Section VI. Supplemental Attachments – attach copies of the following documents

1. 501c(3) IRS determination letter, if applicable.
2. Listing of current board of directors (or governing body).
3. Copy of most recent available board (or governing body) meeting minutes or meeting minutes at which the project or operational funding request was discussed.
4. Copy of most recent audit or financial statement.

Application must contain:

- Complete all sections (pages 1-5) of the requested attachment for projects and operating request.
- Please provide supplemental attachment documents per Section VI.

I certify that, to the best of my knowledge, information and belief, the information reported is correct and accurate.

Name

Date

Title

Distribution of Funds:

The County Commissioners of Worcester County, Maryland reserves the right to award grants in their sole discretion. Grantees should not assume that approval of a grant implies commitment of ongoing future support.

Completed application can be submitted by mail or delivered on or before February 20, 2019:

Worcester County
Office of the County Commissioners
Government Center
Attention: Kim Reynolds
1 West Market Street, Room 1103
Snow Hill, MD 21863-1195