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OFFICE OF THE  
COUNTY COMMISSIONERS

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COUNTY ATTORNEY

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## Worcester County

GOVERNMENT CENTER  
ONE WEST MARKET STREET • ROOM 1103

SNOW HILL, MARYLAND

21863-1195

January 9, 2017

Dear Director,

The Worcester County Government FY2018 Application for Non-Profit Grants is included in this package and is also available on our website [www.co.worcester.md.us/](http://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 Friday, February 17, 2017. Any applications received after this date will not be considered. We anticipate the final adoption of the budget in June 2017. 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 FY2018.

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

Please contact Kim Reynolds at (410) 632-1194 or [kreynolds@co.worcester.md.us](mailto: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

<b>To be completed by County</b>
Account #
Funding Type:
Funding Request: \$

Worcester County Commissioners  
Government Center  
1 West Market Street, Room 1103  
Snow Hill, Maryland 21863

<b>WORCESTER COUNTY GOVERNMENT GRANT APPLICATION  COVER SHEET FISCAL YEAR 2017/2018</b>
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**I. APPLICANT INFORMATION**

Name of Applicant Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Executive Director's Email : \_\_\_\_\_

Project/Service Contact Person: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Federal Identification Number: \_\_\_\_\_

Please check one:       Profit       Individual       Non-profit

Non-profit status:       501c3       Other

No. of volunteers: \_\_\_\_\_      No. of paid employees: \_\_\_\_\_

Please check your type of Grant Funding Request:

- Project Funding
- Operational/Service Funding
- Personnel Funding
- Purchase of property
- Matching grant \* (grantee's required cash or in-kind contribution to a project)
- Purchase of technology and/or information systems
- Other

Please indicate your organization type:

- Health
- Human Services
- Arts and Culture
- Community Affairs
- Environmental Affairs
- Historic Preservation

Primary age group to be served by this grant:

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

Number of people this grant will serve:

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

**NON-PROFIT GRANT BUDGET REQUEST**

Applicant: \_\_\_\_\_

Timeline this Budget Covers: \_\_\_\_\_

Grant Amount Requested from Worcester County Government: \_\_\_\_\_

**II. GRANT REQUEST BUDGET FORM** *(must use this form if requesting funds for a specific project. If your organization is requesting operating funds please only provide a narrative and attach your operating budget.)*

Time period this project budget covers: \_\_\_\_\_

**A. Project Expenses:** Itemize all project expenses. **On a separate sheet, include a budget narrative, which describes each itemized expense, how it relates to the project and how the budgeted amount was calculated.** Please note that purchases made prior to the grant deadline are not eligible.

<u>Project Expenses</u>	<u>Total Amount</u>	<u>Source of Estimate</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____

**Total project expenses: (A) = \$ \_\_\_\_\_**

**B. Project Revenue:** List all potential funding sources for this project including those that may be pending approval through a donor or grant maker. Indicate revenue that is cash and in-kind.

<u>Current Project Revenue Source</u>	<u>Cash (B)</u>	<u>In Kind (C)</u>
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

**Total Cash (B) = \$ \_\_\_\_\_ Total In Kind (C) = \$ \_\_\_\_\_**

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

**Future Project Funding Sources** Please list any future project funding sources for this project. **If no sources have been identified, please outline plans to sustain the project on the budget narrative.**

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

**Program Details Form** *(must use this form)*

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**PROJECT GOAL(S)** – Please identify the primary goals of your project in a bulleted list. Number of goals will vary by project.

**GOAL 1:**

**GOAL 2:**

**GOAL 3:**

**STRATEGIES TO ACHIEVE STATED PROJECT GOALS** – Please identify the specific strategies that will enable your organization to achieve the goals stated above. Form can be modified to accommodate the number of goals for your project but must include all requested information.

Activity	Start Date	Frequency (ex. one time event, weekly activity, etc.)
<b>GOAL 1:</b>		
<b>GOAL 2:</b>		

**GOAL 3:**


**III. PROJECT PROPOSAL/NEED (Limit one type-written page)**

- 1. Briefly describe the specific purpose for which this grant is requested.
  
- 2. Briefly state the evidence of the need for this project.
  
- 3. Are there any other agencies/organizations in the area doing this or similar work? If so, please describe.
  
- 4. Describe how this project involves coordination/cooperation/collaboration with other organizations.

**IV. PROJECT DETAILS (Limit to one page in the attached format)**

- 1. Outline the overall project goals and specific objectives and strategies to achieve those goals.
  
  
  
  
  
  
  
  
  
  
- 2. Provide a timeline of activities that indicate when, where and how often activities will happen. This can be a narrative or chart.

## **V. PROJECT MANAGEMENT CAPACITY (Limit one page)**

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

## **VI. BUDGET (Limit to two pages, including the budget narrative)**

***Please note that expenditures/purchases made prior to the grant award date are not eligible.***

1. Outline the total project budget including all potential current and future support for the project.  
**PLEASE NOTE**, the budget must include matching funds (in-kind and/or cash)

## **VII. 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.
4. Copy of meeting minutes at which the project was discussed and approved by the organization if applicable.
5. Copy of most recent audit or financial statement.



**Application must contain:**

- Completed Grant Application Cover Sheet
- Narrative with all details specified under each heading
- Grant Request Budget Form and Narrative
- Copy of most recent audit or financial statement
- Program Details form

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

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\\S:\Commissioners\Budget\FY18 Budget\non profits\Grant application.doc