



Worcester County
Office of the County Commissioners
Government Center
1 West Market Street, Room 1103
Snow Hill, Maryland 21863-1195

To be completed by County:

Funding Type: _____

Funding Request: _____

G/L Acct. No. _____

WORCESTER COUNTY GOVERNMENT GRANT APPLICATION
FISCAL YEAR 2027

Section I. Applicant Information

Name of Applicant Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

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

FY2025 Grant Amount Requested from Worcester County Government: \$ _____

This grant request covers July 1, 2026 – June 30, 2027.

Prior Year Award of County Nonprofit Grant Program Funds:

FY2023-2024	FY2024-2025	FY2025-2026
\$ _____	\$ _____	\$ _____

Are you seeking other sources of funding other than Worcester County Government? ☐ Yes ☐ No

If yes, approximately what percentage of the project's funding does the County grant represent? _____%

Please check your type of Grant Funding Request (choose all that apply)

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

No. of volunteers: _____ No. of paid employees: _____

Please indicate your organization type:

- ☐ Health ☐ Human Services
☐ Culture and the Arts ☐ Community Affairs
☐ Education ☐ Historic Preservation

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>FY2024 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.
6. If your organization has been impacted by COVID-19, briefly state the impact and the organizations additional needs due to the impact of the pandemic.

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. If grant funding is awarded, reporting on use of grant funds will be required.

Completed application can be submitted by mail, email, or delivered on or before Friday, January 23, 2026:

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

lwright@worcestermd.gov