A drawing of a face

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Application Access Questions:

\*Are you an IRS recognized 501(c)(3) tax-exempt organization operating in Charles County with an IRS determination letter dated no later than January 1, 2021?

\*Will your proposed Transitional Housing Program be carried out in Charles County for the beneﬁt of Charles County residents?

\*Has your organization has been operational since at least January 1, 2021, and is in good standing with the State of Maryland?

If you respond “no” to any of these questions, you are not eligible to apply for a grant. For more information, contact: cburnett@charlesnonprofits.org

# Organization Information

1. Legal Name of Organization
2. Address
3. Email
4. Phone
5. Website
6. EIN #
7. Year Organization Was Established
8. IRS 501(c)(3) Determination Letter (PDF format)
9. Organization Resume

*What are your organization’s mission, goals, history and recent accomplishments? Include information about your organization’s demonstrated capacity to meet institutional and project objectives, including expertise of staff and volunteers (350 word limit)*

1. What is the total amount of this fiscal year’s general operating budget?
2. Number of Individuals to be served through this Program \_\_\_\_\_\_\_\_\_\_\_
3. Amount of Grant Request (Max. $750,000)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Transitional Housing Program Introduction

Introduce your Transitional Housing Program and plans to create new beds as temporary housing with the goal of interim stability. (450 word limit)

1. Program Timeline

Provide a timeline for the program (500 word limit)

1. Projected Program Outcomes

When this program is completed, describe the impact on the quality of life for Charles County residents. (350 word limit)

1. Proposed Program Budget (PDF or Excel format)

*Download the* [*Proposed Program Budget Template by clicking here*](https://www.charlesnonprofits.org/wp-content/uploads/2018/11/Program-Budget-Template.xls)*. Once completed, upload it to the box below.*

1. Program Budget Narrative (500 word limit)

Provide details on costs associated with the program including ex. purchase price, equipment, installation, training and ongoing maintenance.

Upload Supporting Budget Documents Here (up to 4 supporting documents ) including quotes for project location, project labor, materials etc.

1. Source of other Program Funding

*If your program budget is greater than the amount of your grant request, please indicate the source of the other funding, listing name of organization/agency/company, the amount of funding and indicate whether the funding is “secured”, “committed”, or “pending notification.” Provide any additional information that you feel is necessary (300 word limit).*

1. Program Risk Assessment

List potential risks associated with project completion and mitigation strategies (300 word limit)

1. Partnerships

*List partner organizations specific to your grant request and explain the nature of the partnerships. (150 word limit*

1. Key Program Staff (paid and/or volunteer)

*Key Program Staff (paid and/or volunteer) who will implement the proposed program. List each person’s title (if applicable) and provide a brief biography. (350 word limit)*

1. Scalability

*Is the amount requested scalable to a lower amount and if so, what is the minimum amount? \*Checkbox\* Y or N*

*Explanation (50 word limit)*

1. Board of Directors, Titles, and Affiliations or Former Affiliations (PDF format)
2. Outcomes of Proposed Program

*What are the specific objectives of your grant request, including the number of people you expect to serve? What results are you committed to achieving? What evidence will prove your success? What impact will your program have on the individuals you serve? (350 word limit)*

# Financial Information

1. Start Date of Current Fiscal Year
2. Current Fiscal Year Budget vs. Actuals (PDF or Excel format)
3. Prior Fiscal Year Operating Budget vs Actuals (PDF or Excel format)
4. Most Recent 990 or 990-EZ, if you are required to ﬁle one by the Internal Revenue Service (PDF format)
5. Most recent Independent Audit Report or Review conducted in compliance with state and/or federal regulations or by choice. (PDF format)
6. If your organization does not ﬁle a 990 AND is not required to conduct an annual ﬁnancial audit, upload a copy of your most recent ﬁscal year’s Year-End-Budget vs. Actuals, signed by the chief volunteer officer of your board of directors (e.g. Chair or President). (PDF format)

# Contact Information

1. Application Contact

* Name
* Email
* Phone

1. Board Chair or President
   * Name
   * Email
   * Phone
2. Executive Director or Managing Head of Organization

* Name
* Email
* Phone