A drawing of a face

Description automatically generated

Application Access Questions:

\*Are you an IRS recognized 501(c)(3) tax-exempt organization operating in Charles County?

\*Will your proposed program activities be carried out for the beneﬁt of Charles County residents?

\*Has your organization has been operational for less than three full years AND/OR have an annual operating budget under $100,000, and a board that consists of at least three volunteer board members who are not related?

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

1. Number of Full-Time Staﬀ
2. Number of Part-Time Staﬀ
3. Board of Directors, Titles, and Affiliations or Former Affiliations (PDF format)

# Program Information

*If you serve multiple counties, provide information for Charles County only*

1. Amount of Grant Request (Max. $5,000)
2. Purpose of Proposed Program *Describe your grant request, including your overall goal(s), target population(s), and benefits to the people of Charles County* (350 word limit)
3. Objectives and Outcomes

*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)*

1. Partnerships

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

1. Timeline

*Provide a timeline of major program activities. (150 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. Proposed Program Budget Template

*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. Proposed Program Budget (PDF or Excel format)
2. Program Budget Narrative (500 word limit)
3. 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)
4. Application Contact

* Email
* Phone

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