



*Gaithersburg*

A CHARACTER COUNTS!

## **New, Innovative & Emerging Needs Fund FY12 Grant Application**

### **I. Instructions:**

Please note that program(s)/service(s) should be *new, innovative, and/or address an emerging need* for City of Gaithersburg residents and requests should demonstrate that it would be detrimental to wait for the next funding cycle of nonprofit grants and contracts.

Program(s)/Service(s) could address one of the following community and human services needs, but are not necessarily limited to these areas: *Physical/Behavioral/Mental Health; Services to Older Adults; Services to Individuals with Disabilities; Services to Children and Families; Basic Needs and Emergency Services; Housing-related Services; Economic Opportunities; and/or Youth Development.*

Pending funding availability, up to \$50,000 will be available in multiple and/or single awards. All funds awarded must be expended by June 30, 2012. Favorable consideration will be given to program(s)/service(s) that demonstrate future sustainability through other funding sources.

### **II. Process:**

Requests for the new, innovative and emerging needs funds will be accepted by the Community Services Division (CS) throughout FY12 (July 1, 2011 to June 30, 2012). All requests must adhere to the specified application instructions. Incomplete submissions will not be reviewed. CS will carry out an internal review for technical compliance and then submit to the Community Advisory Committee (CAC) for evaluation. Favorable applications will be recommended by the CAC to the City's elected officials for approval.

Upon approval/award of funds, CS will establish a nonprofit grant agreement with the nonprofit for the program(s)/service(s). The agreement will contain measurable objectives and outcomes. Failure of the awardee to achieve objectives per the agreement may result in the denial of the organization to apply for future monies through this fund. When funds are depleted, CS will issue a public announcement stating that requests are no longer being accepted.



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*Application: All information must be typed using a minimum of 11pt font. Times New Roman is preferred.*

**1) Organization Information:**

Date Application Submitted:

Organization's Name:

Organization's Address:

City/State/Zip Code:

Organization's Website Address:

Federal Tax Identification Number (EIN): #

**\* Federal 501(c)(3) Verification Attached:**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Program Name:

Contact Person/Title:

Telephone & FAX Numbers:      Tel:      FAX:

Email Address:

Amount of Request: \$

Projected Number of Individuals Served: # \_\_\_\_\_      \*City of Gaithersburg: # \_\_\_\_\_

*\*To verify City residency, individual's street address must be verified using the approved City of Gaithersburg Street Listing.*

\*\*\*\*\*  
*We, the undersigned, authorize the submission of this application to the City of Gaithersburg and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions established by the City of Gaithersburg.*

\_\_\_\_\_  
Signature of Executive Director & Date

\_\_\_\_\_  
Signature of Board President & Date

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Printed Name of Board President

**2. Program/Service Description:** In the narrative please include the following: a) Describe the **new** and/or **innovative** program and its scope of services; b) Identify the immediate community need in the City of Gaithersburg, providing statistical data and documentation to justify, as well as rationale substantiating the urgency of the requests; c) Provide information on what is to be accomplished through this program and how the proposed initiative would meet the immediate community need; d) Include a detailed description of the target-recipient for program/services, specifying the number of Gaithersburg residents projected to be served prior to the end of FY12, and explain the rationale for this estimate; and e) Outline the implementation plan, including responsible staff, hours of operations, and location of services (Please use additional space if needed).

a.

b.

c.

d.

e.

**3. Program Evaluation:** a) Discuss similar program models that this program emulates. b) Explain the anticipated program outcomes and how program success will be identified for individuals served.

a.

b.

**4. Organizational Capacity:** a) Describe your organization's capacity to offer the program, including your organization's prior experience with implementing similar services, b) staffing plan and capacity (e.g. bilingual, LCSW, etc.), c) collaborative partners and volunteers, d) space/locations, and e) the organization's leadership support for the initiative.

a.

b.

c.

d.

e.

**5. Financial Information:** In the narrative, a) describe the total estimated cost of the program and specify the amount requested from the City, the security of this funding, and how, if applicable, the remaining costs will be financed. b) Further, if program expenses are higher than anticipated and/or a revenue source is lost, how would the program and services be modified during implementation? c) Also, please describe the financial plan for sustaining the program in future fiscal years if appropriate to this request.

a.

b.

c.

**6. Budget:** Please complete. Budget should be for the entirety of the program and/or service, not just the portion for which City of Gaithersburg grant funds are requested. City grant fund requested amount should be included in ‘\*City of Gaithersburg Grants revenue line.

<b>Budget Categories</b>	<b>Program Budget</b>
<b>Revenue</b>	
Contributions	
Foundation Grants	
In-Kind Contributions (e.g. Rent, food, etc.)	
Government Grants (Other than City of Gaithersburg)	
<b>*City of Gaithersburg Grant Request</b>	

Program Fees	
United Way & CFC Campaign Donations	
United Way Community Impact Funds	
Others (List)	
<b>Total Revenue</b>	\$
<b>Expense</b>	
Personnel (Salaries, benefits, taxes, etc.)	
Consultants/Contract Services	
Occupancy (Rent, electricity, gas, etc.)	
Consumable Supplies	
Transportation/Travel	
Liability Insurance	
Rental/Lease Equipment	
Other Direct Expense Costs	
<b>Total Expenses</b>	\$
<b>Excess/Deficit (Total Revenue minus Expenses)</b>	\$