**Regular Grant Application Template**

### ***Application Guidance:***

### *For requests greater than $10,000. There are no word or character limits.*

### *Instead of completing the individual questions below, you may submit as an attachment a Word or PDF document that addresses all of the required questions or an application for the same project that you have prepared for another funder. If you choose to do so, please populate all required fields with “see attachment.”*

### *If you would like to present graphs, charts, infographics, etc., please upload these as attachments.*

***\* Required for consideration.***

# **Organization Information \***

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **City, State** |  |
| **Zip Code** |  |
| **Phone Number** |  |
| **Federal Tax ID (EIN)** |  |
| **Web Address** |  |
| **Mission Statement** |  |

# **Contact Information – Organization President/Executive Director \***

|  |  |
| --- | --- |
| **Prefix** |  |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Email** |  |
| **Office Phone and Extension** |  |
| **Race/Ethnicity***Options: American Indian or Alaska Native; Asian or Pacific Islander; Black or African American; Hispanic or Latino; White; Multi-racial or bi-racial; Prefer not to respond* |  |
| **Gender***Options: Female, Male, Non-binary; Prefer not to respond* |  |

# **Contact Information – Project Contact \***

|  |  |
| --- | --- |
| **Prefix** |  |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Email** |  |
| **Office Phone and Extension** |  |
| **Race/Ethnicity***Options: American Indian or Alaska Native; Asian or Pacific Islander; Black or African American; Hispanic or Latino; White; Multi-racial or bi-racial; Prefer not to respond* |  |
| **Gender***Options: Female, Male, Non-binary; Prefer not to respond* |  |

## **Project Title** **\****25 words or less*

## **Requested Amount \***

## **Project Budget \***

## **Annual Organizational Budget \***

## **Project Start Date \***

## **Project End Date \***

## **Program/Project Description \***

## *Describe the program/project, including key activities and timeline for implementation. Where applicable, describe the frequency and duration of program activities (for example, the number of program sessions and hours per week or month).*

## *If this is a request for general operating support, provide a description of the programs and services provided by your organization.*

## *Describe the population and, if applicable, the number of people to be served. For example, please specify if the program will focus on certain ages, populations, or neighborhoods.*

## *Cite any relevant research or evidence that supports the program model.*

## *Do you plan to partner with other stakeholders and groups doing this work? How does your work fit into the broader ecosystem of what is being done to address this issue in Baltimore?*

## **Statement of Need \***

## *Please provide a brief description of the need for the program or project in Baltimore City, citing available data.*

## **Program/Project Objectives and Outcomes \***

## *Please describe how you will know if your program/project is accomplishing what you set out to do.*

## *Describe how you will evaluate the effectiveness of the program/project, including what outcomes you will measure and how you will collect and analyze data. For example, please describe anticipated enrollment (including proportion of Baltimore City residents), attendance, retention, or completion numbers.*

## *Please provide past results for these outcomes where available.*

## **Organizational Background and Capacity \***

## *Briefly describe your organization’s past performance or accomplishments, if applicable.*

## *Describe the organization's capacity to carry out the program/project, including experience implementing similar programs/projects and partnerships with other organizations.*

## *Identify key staff members involved in the program/project and describe their relevant experience.*

**Authorized Signer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\***

*By typing your name and title above, you are signifying that you are authorized to submit this grant application on behalf of your organization.*

**Attachments**

1. **Board of Directors List \***
2. **Project/Local Advisory Board List** *(if applicable)*
3. **Most Recent 990 \***

*If your organization is not required to file a 990, please upload a short statement explaining why.*

1. **Most Recent Audited Financial Statements**

*If you do not have an audited financial statements, please provide your most recent 990 if your organization is required to file one.*

1. **IRS Determination Letter or Proof of Fiscal Sponsorship \***
2. **Detailed Organization Budget \***

*Upload your organization’s annual budget (in any format)*

1. **Detailed Project Budget (for Programming Only) \***
* *If requesting general operating support, you may upload your organization’s annual budget (please include sources of revenue).*
* *For project-specific requests, please use the* [*Abell budget template*](https://abell.org/publication/application-and-report-templates/) *or your own budget format (which should include the same line items included in the Abell template).*
1. **Capital Projects Budget (for Capital Projects Only)**
	* *Upload a sources and uses budget for the project’s development and construction.*
	* *Describe the basis for the development and construction budget; is it based on construction estimates or final bids?*
	* *Describe ownership and site control for the proposed project.*

**Optional Attachments**

*You may attach up to 10 additional files (cover letter, letters of support, news clippings, etc.)*