# COMMUNITY FOUNDATION OF SOUTHERN MARYLAND

**P.O. Box 716 Charlotte Hall, MD 20622**

**Mini -Grant Guidelines**

This mini-grant opportunity is open to organizations that serve Charles, Calvert and St. Mary’s County residents. The funding applies only to the geographic area of Charles, Calvert and St. Mary’s Counties. Monetary grants are awarded in the following areas:

* Drug Rehabilitation to include opioid addiction issues

Applications to support enhanced service delivery through licensed professionals are encouraged.

Through this grant program, the Foundation identifies high priority needs and seeks opportunities where a relatively modest amount of grant money can make a significant difference in our community.

The maximum grant award is **$2,500. Applications Timeline:**

Applications are Due: April 4, 2022 by 5pm. as an electronic submission to **director@cfsomd.org**

Grant awards announced: April 2022

Grant Period: Funds must be used by September 30, 2022

**Eligibility Criteria**

Grants are made to organizations, not individuals. To be eligible for a grant, an organization must meet two fundamental criteria:

1. it must be a governmental unit, a religious organization engaged in a non-sectarian activity, or a non- profit, tax exempt “public charity,” as defined in Section 501(c)(3) of the Internal Revenue Code (a copy of the IRS letter confirming the organization’s 501(c)(3) status must be provided as part of the grant application), **and**
2. it must provide services to benefit the residents of Charles, Calvert or St. Mary’s Counties. Programs are required to serve Charles, Calvert and St. Mary’s County residents.

**Primary Considerations**

When evaluating applications, careful consideration is given by the Foundation to the following factors:

* The evidence of need for the project proposed
* The potential impact of the proposed solution
* The degree to which the program/project is consistent with or enhances the organization’s mission
* The capacity of the organization to implement and sustain the program/project
* The possible use of the grant as seed money to leverage funding from other sources
* The ability of the organization to obtain additional funding to implement and sustain the program
* The degree to which the project complements other programs or services offered in the community
* The number of people that will benefit from the program/project
* The extent of volunteer involvement for the program/project

**Program Exclusions**

 This Grant does not fund*:*

* Endowment Funds
* Fundraising
* Campaigns
* Sectarian Religious
* Program Building
* Campaigns
* Debt Retirement
* Capital Requests Political/Lobbying Programs

**Application Frequency**

Organizations may submit one application per grant cycle, and the Foundation will only consider one application for a given program/project in a 12-month period. If a request is denied, the organization may submit an application in the next cycle, but it cannot be for the same program.

**Programs/projects which have received previous funding in the preceding 12 months will not be considered.**

**Application Format**

All requests must utilize the attached form, which describes in detail the needed information.

Proposal must be typed. Use 12 font and print on **one side only. Email to:** **director@cfsomd.org** **and add “Organization Name – Grant Application” in the subject line no later than 5pm EST on April 4, 2022.** *PLEASE NOTE:* Applications received after the deadline, regardless of date, will not be considered for the grant period.

Thank you for your interest in our grant program. If you have any questions or comments, please contact The Community Foundation of Southern Maryland at director@cfsomd.org

Community Foundation of Southern Maryland (**CFSOMD)**

**Mini- Grant Application Cover Sheet**

Applications must be type written and submitted in the format outlined below.

# AGENCY INFORMATION DATE:

Agency Name:

Agency Address:

Agency Type (please circle): Faith-based Organization; 501c3 Non-Profit; Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Year Agency Created: Phone Number:

Executive Director Executive Director’s Email

Project Coordinator Project Coordinator Email

Anticipated Project Start Date Anticipated Project Completion Date

Has your organization previously applied for grants from **CFSOMD**? Yes No Dates

# DEMOGRAPHIC INFORMATION: (select one response for each column, if applicable)

Primary age group to be served by this grant: Number of people this grant will serve:

 less and 5 years old

 5-18 years old

 adults

 65+

 all ages

 other (please describe

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 less than 10

 11-25

 26-50

 50-100

 100+

**Proposal submission limited to 2 pages maximum, excluding budget and requested attachments**

1. **PROJECT PROPOSAL/NEED**
2. In 300 words or less, briefly describe the specific purpose and evidence of need for which this grant is requested.
3. Are there other agencies/organizations in the area doing this or similar work? Yes No
4. If yes, describe how this project involves coordination/cooperation/collaboration with those other organizations.

# IV. PROJECT MANAGEMENT CAPACITY

* 1. Who will be responsible for carrying out and supervising this project?
	2. Describe the extent to which volunteers are included in this project.

# V. BUDGET (Please note that expenditures/purchases made prior to the grant award date are not eligible.)

1. Outline the total project budget in the format provided (See Program Budget Form).

# Supplemental Attachments – attach copies of the following documents

1. 501(c)(3) IRS determination letter
2. Listing of current board of directors (or governing body**), using attached form**
3. Copy of Maryland Charitable Registration Letter

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**Program Budget Form *(must use this template)***

Provide a project timeline between award and September 30, 2022 (Start and End dates):

1. **Project Expenses:** Itemize all project expenses, rounding to the nearest dollar. Use an asterisk (\*) to denote which expenses will be **CFSOMD** supported (if this is a matching funds requests).

|  |
| --- |
| **Total Expenses - Examples** |

|  |  |  |
| --- | --- | --- |
| ***Project Expenses*** | ***Amount*** | ***Budget Narrative*** |
| Salary | $11,250 **\*CFSOMD request for $3,000** | Part time program manager salary |
| Equipment  | $2,000 **\*CFSOMD request for $1,000** | Initial vendor estimate for wheelchair |
| Supplies  | $1,000 | Goats @ $100/ea, purchase of a pig and leasing of a Highland calf |
| Professional Fees d | $375 | Developing new webpage – 3 hours @ $125/hour |
| ***Total project expenses*** |  |  |

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**Application Checklist**

**Proposals will be evaluated based upon the identified need and the organizations ability to demonstrate how they will effectively address it.**

**Your application checklist should be submitted with each item checked off in the following order:**

(The sections of the application will have weighted scoring—adding up to **100%**)

|  |  |
| --- | --- |
|  Completed Grant Application Cover Sheet | **5%** |
|  Project Proposal Need and Management Capacity Narrative |  **65%** |
|  Project Budget and Narrative Form |  **20%** |
|  A copy of the current IRS determination letter\_\_\_\_\_\_\_\_\_\_\_ A copy of Maryland Charitable Registration letter |  |

 Listing of current board of directors **5%**

 Original Signatures on application checklist **5%**

# Approval of Board Chair and Executive Officer:

Date:

(Insert date)

Board Chair:

(Please Print Name) (Signature)

Executive Officer:

(Please Print Name) (Signature)

# EMAIL Completed Proposals by 5 p.m. EST, April 4, 2022 to:

**Community Foundation of Southern Maryland at** **director@cfsomd.org**

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# BOARD OF DIRECTORS LIST

|  |  |  |
| --- | --- | --- |
| **NAME** | **COMMUNITY AFFILIATION** | **ADDRESS/PHONE NUMBER** |
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