FY21 *Advancement Grants* Application Narrative Template

You can find a PDF of the FY21 *AG* Guidelines [here](http://creativemoco.com/grant/advancement-grants/).

**This template is for your reference only. All applications must be submitted online through FluidReview. AHCMC cannot accepted applications submitted by mail or email.**

**Basic Information**

**Organization Name:**

**Address:**

**State: MD**

**City:**

**Zip:**

**Website:**

**Contact First Name:**

**Contact Last Name:**

**Title:**

**Phone:**

**Email:**

Give a short summary of your organization’s project. (500 characters maximum)

Total Project Cost:

AHCMC Grant Request:

Project Start Date:

Project End Date:

**Organization Overview**

What is your organization’s mission statement as approved by the Board? (500 characters maximum)

Describe the vision, goals, and/or values of your organization. (1,000 characters maximum)

Provide a brief history of the organization's most significant accomplishments/challenges over the past 12 months. (Be sure to include significant staff transitions, Board transitions, internal operations adjustments, and programmatic changes.) (2,000 characters maximum)

What is the Board's role in guiding the organization’s direction? Please include the Board's role in fundraising. (2,000 characters maximum)

Provide an update about the organization's long-term (strategic) planning. Be sure to describe the role of Board, staff, and other stakeholders in this process. If the organization has a Strategic or Business Plan, explain how the organization utilizes it, and how often the plan is evaluated. (2,000 characters maximum)

**Effectiveness of Proposed Project (50 pts)**

Provide a detailed description of the project. Be specific about how grant funds will be used. (2,000 characters maximum)

Explain the project objective(s). What are the anticipated outcomes? (2,000 characters maximum)

How does this project contribute to the organization’s mission and core work? (2,000 characters maximum)

Explain how completion of the project will contribute to the organization's long-term viability, financial stability, and ability to significantly impact the Montgomery County community. (2,000 characters maximum)

**Quality of Proposed Management (25 pts)**

Describe the steps the organization has taken to plan, design and develop the project. (2,000 characters maximum)

Describe the project implementation plan. Who will be managing the project’s implementation? What are the qualifications of those individuals? (2,000 characters maximum)

What is the timeline for the project? Be as specific as possible. (2,000 characters maximum)

**Appropriateness of Budget and Amount of Grant Request (25 pts)**

Will the organization undertake the project or any part of the project if the grant award is smaller than requested? If only a part of the project will be completed, please explain. (2,000 characters maximum)

How will your organization meet the match requirement? Be sure to clearly identify new sources for the match. (2,000 characters maximum)

Explain any significant changes to this year’s operating budget as compared to last year’s operating budget, any significant increases or decreases anticipated in income or expenses. (2,000 characters maximum)

**Project Expenses**

* **Use an asterisk (\*) to mark expenses that will paid for by the grant**
* Only include expenses that are specific to the project
* Please refer to page 5-6 of the Grant Guidelines for Budget Eligibility Requirements
* **Submit a balanced budget**: expenses and income must be equal. In-kind expenses are non-cash expenses, and must be paid for with in-kind income

**Cash Expenses**

Subtotal cash expenses:

In-Kind Expenses

Subtotal in-kind expenses:

Expense Total:

**Cash Income**

Subtotal cash income:

In-Kind Income

Subtotal in-kind income:

Income Total:

**Budget Notes:**

Provide additional information about how project expenses were calculated. For example, a consultant budgeted at $2,500 requires an explanation for how this fee has been determined (i.e., the scope of services, the daily rate / hourly rate.) (2,000 characters maximum)

Provide additional information about how project income was calculated. For example, if ticket revenue is listed as income, explain how the applicant calculated the total for ticket revenue (i.e., the number of performances, the price of tickets, the estimated number of tickets that will be sold.) (2,000 characters maximum)

Describe the In-kind contributions (donated goods, services or discounts) allocated for the project. If not applicable, indicate N/A. (Maximum 1,000 characters)

**Work Sample**
For additional information, please refer to page 10 of the FY21 Guidelines.

Explain why the work sample(s) was selected and how the sample(s) relates to your project, as well as your organization/group’s overall programming. (1,000 characters maximum)

**\*Revenue and Contributions**

Please fill out the charts below. **These charts are for our own reporting purposes. This information will not be factored into the application evaluation or be seen by panelists.** If any of the line items are not applicable, write “0” and please explain why in the comment box below. (1,000 characters maximum)

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue & Contributions | **Most Recently Completed Fiscal Year** | **Previous Fiscal Year** | **Three Fiscal Years Prior** |
| **City Revenue/Contributions** |  |  |  |
| **County Revenue/Contributions** |  |  |  |
| **State Revenue/Contributions** |  |  |  |
| **Federal Revenue/Contributions** |  |  |  |
| **Foundation Revenue/Contributions** |  |  |  |
| **Corporate Revenue/Contributions** |  |  |  |
| **Individual (non-Board) Giving Revenue/Contributions** |  |  |  |
| **Board Giving Revenue/Contributions** |  |  |  |
| **Other Contributed Revenue** |  |  |  |
| **Total Contributed Revenue**  | Auto-Calculated | Auto-Calculated | Auto-Calculated |
| **Earned Revenue** |  |  |  |
| **Investment Revenue**  |  |  |  |
| **Total Revenue** | Auto-Calculated | Auto-Calculated | Auto-Calculated |
| **Total Expenses** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Staff and Volunteers | **Most Recently Completed Fiscal Year** | **Previous Fiscal Year** | **Three Fiscal Years Prior** |
| **Total Employee Salaries and Fringe Benefits** |  |  |  |
| **Full Time Equivalent Employees (Includes part time, full time, and contracted staff)** |  |  |  |
| **Volunteer Hours (Youth under 18)** |  |  |  |
| **Total Volunteer Hours (All Ages)** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Attendance | **Most Recently Completed Fiscal Year** | **Previous Fiscal Year** | **Three Fiscal Years Prior** |
| **Event & Program Attendance: Youth under 18** |  |  |  |
| **Total Event & Program Attendance: All ages** |  |  |  |
| **Paid Event & Program Attendance:** |  |  |  |
| **Free Event & Program Attendance:** |  |  |  |