

FY22 *Advancement Grants* Narrative Template

This template is for your reference only. All applications work samples, and supplement materials must be submitted online through SurveyMonkey Apply (SM Apply). AHCMC cannot accept anything by mail or email.

***Please note that there may be formatting differences on the SM Apply grants portal, however the content of the questions will remain as seen on this template. ***

All required questions are marked with an asterisk (*). All text responses have a character count that includes spaces.

Submit this application no later than **Friday, February 26, 2021 at 11:59 p.m.**

Basic Information

***Did your organization submit a Letter of Intent for an FY22 *General Operating Support I Grant*?**

- Yes
- No

***Organization Legal Name (name provided to the IRS):**

DBA (doing business as), if different:

***Organization Address:**

***Organization City:**

***Organization State:**

***Organization ZIP Code:**

***Organization EIN:**

Website:

***Contact Name:**

***Contact Title (i.e., Development Director):**

***Contact Phone Number:**

***Contact Email:**

***Name of paid Executive Director, CEO, Managing Director, or comparable position:**

***Title:**

***Phone Number:**

***Email:**

***What months does your organization's fiscal year begin and end?**

***What fiscal year is your organization currently in?**

***Select your organization's primary discipline. ([Click here to access descriptions of the disciplines on the AHC MC website.](#))**

- | | | |
|--|---|---|
| <input type="radio"/> Dance | <input type="radio"/> Music | <input type="radio"/> Visual Arts |
| <input type="radio"/> Folk & Traditional Arts | <input type="radio"/> Philosophy, Ethics, and/or Comparative Religion | <input type="radio"/> Design |
| <input type="radio"/> History or Social Sciences | <input type="radio"/> Storytelling | <input type="radio"/> Presenting and/or Multidisciplinary |
| <input type="radio"/> Languages, Linguistics, and/or Literary Arts | <input type="radio"/> Theatre | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Media | <input type="radio"/> Writing | |

Eligibility Questions

The following must apply for the last three completed fiscal years prior to the application deadline.

***Does your organization have an arts and/or humanities-based mission?**

- Yes
- No

***Does your organization have its primary office in Montgomery County, MD?**

- Yes
- No

***Has your organization had allowable annual cash operating revenue and expenses of at least \$50,000?**

- Yes
- No

*** Can your organization demonstrate 501(c)(3) status by one of the options below?**

- My organization has 501(c)(3) tax-exempt status from the IRS, as evidenced by the IRS Letter of Determination.
- My organization operates as a specific, arts and/or humanities entity or division within a 501(c)(3) organization whose primary mission is not arts and/or humanities-based.
- My organization cannot demonstrate 501(c)(3) status.

***Is your organization governed by an independent, legally liable Board of Directors?**

- Yes
- No

***Do at least 40% of your organization's Board members reside and/or work in Montgomery County, MD?**

- Yes
- No

i. ***Total Number of Board members:**

ii. ***Number of Board members who work and/or reside in Montgomery County, MD:**

***Does your organization have at least one paid employee (not contracted staff) working a minimum of 5 hours a week (or 20 hours a week for grant requests over \$25,000) to support the organization's Board, comply with the grant requirements, and maintain ongoing programming?**

- Yes
- No

i. ***Name of Employee:**

ii. ***Title of Employee:**

iii. ***Date of Hire:**

iv. ***Number of scheduled work hours per week:**

***Does your organization offer at least 51% of its programs and services in Montgomery County, MD as demonstrated by previous, current, and projected activities and programming?** Activities may be open to the public, with or without an admission fee, in person or virtually. If in person, activities should follow current COVID-19 guidelines for in-person events as required by the Montgomery County Health Department. ([Click here for additional information.](#))

- Yes
- No

***Can your organization meet the June 1, 2021 deadline to submit the FY20 990?**

- Yes
- No

***Can your organization meet the June 1, 2021 deadline to submit the FY20 audit or financial review, if applicable?**

- Yes
- No
- Not applicable

Project Overview

***Give a short summary of your project.** (750 characters maximum with spaces)

***AHCMC Grant Request:**

(Must be at least \$10,000 and no more than \$100,000. **Note: requests over \$25,000 require an FY20 audit or financial review, and requests over \$50,000 require an FY20 audit.**)

***Total Project Cost:**

(may exceed \$100,000)

***Project Date start and end dates:**

(must be between 7/1/2021 and 6/30/2022)

Organization Overview

***What is your organization's mission statement as approved by the Board?** (1,000 characters maximum with spaces)

***Describe the vision, goals, and/or values of your organization.** If this application is on behalf of an arts or humanities division within a larger organization, describe the larger organization's mission and explain the relationship to the larger organization. (2,500 characters maximum with spaces)

***Provide an overview of significant organizational activities, achievements, and/or challenges over the last 12 months.** Include significant staff transitions, board transitions, internal operations adjustments, and programmatic changes. If your organization's activities were adversely impacted

and/or significantly reduced due to the pandemic, provide an explanation below. (2,500 characters maximum with spaces)

***What is the Board's role in guiding the organization's direction and fundraising?** (2,500 characters maximum with spaces)

***What is your organization's approach to long-term planning?** If the organization has a Strategic Plan or Business Plan, explain how the organization uses the plan to set goals and measure progress against benchmarks, and how often the plan is re-evaluated. Identify specific, long-term organizational goals, provide a clear timeframe for implementation, and describe the role of Board, staff, and other stakeholders in this process. (2,500 characters maximum with spaces)

Effectiveness of Project (50 points)

- Project is essential to the mission and core work of the organization
- Objectives are clearly stated and achievable
- Project is an effective way to reach these objectives
- Achieving these objectives will significantly enhance the organization's long-term viability, fiscal stability, and capacity to engage with the community
- Applicant clearly articulates how the completion of the project will benefit Montgomery County constituents

***Provide a detailed description of the project.** Specify whether the project represents a new project or a phase of a larger project. Be specific about how grant funds will be used. (2,500 characters maximum without spaces)

***What are the project objectives and anticipated outcomes?** (2,500 characters maximum with spaces)

***How will the project contribute to the organization's mission and core work?** (2,500 characters maximum with spaces)

***Explain how completion of the project will contribute to the organization's long-term viability, financial stability, and capacity to engage with the community.** Clearly describe how the project will benefit Montgomery County constituents. (2,500 characters maximum with spaces)

Quality of Management (25 points)

- Implementation plan, including timeline, is clearly described and achievable
- Individuals who have participated in the planning and who will direct, manage and/or participate in the project are well qualified

***Describe the steps taken to plan, design, and develop the project.** (2,500 characters maximum with spaces)

***Describe the project implementation plan.** Address who will be managing the project's implementation and the qualifications of those individuals. (2,500 characters maximum with spaces)

***Provide a timeline for the project.** Include approximate dates/months/timeframes for specific administrative, marketing, publicity, fundraising and programmatic activities, project milestones, and/or other significant events scheduled to occur to bring the project to fruition. The full project timeline should be outlined; however, grant funds can only be allocated for activities occurring between **July 1, 2021 and June 30, 2022.** (2,500 characters maximum with spaces)

Appropriateness of Budget & Amount of Grant Request (25 points)

- Sources and amounts of anticipated matching funds are reasonable and attainable
- Budget is reasonable, realistic, clear, and complete
- Budget is appropriate for the scale of the project
- Budget is adequate to achieve the project objectives

***How will your organization meet the match requirement?** Clearly identify new sources for the match. (2,500 characters maximum with spaces)

***Explain any significant changes to this year's operating budget as compared to last year's operating budget, including any significant increases or decreases anticipated in income and/or expenses.** (2,500 characters maximum with spaces)

***Describe efforts in seeking other sources of support such as in-kind contributions, other grants, sponsors, cash donations, fundraising, etc.** (2,500 characters maximum with spaces)

***Will the organization undertake the project if the AHCMC grant award is not awarded, or if the award is lower than the original request?** Explain any potential scope reductions that may occur if the grant award is lower than anticipated. (2,500 characters maximum with spaces)

Project Budget

SurveyMonkey Apply will have a fillable chart for this section.

- **Your budget must be balanced: total expenses MUST equal total income.**
- Do not use the dollar sign or symbols such as a comma in the amount column.
 - Ex: If you'd like to enter one thousand dollars, type 1000 rather than \$1000 or \$1,000.
- If you need more space, you may combine items budgeted under \$1,000 into one line item and explain in the budget notes.

*Cash Expenses

- List all project expenses, including expenses that may be paid for from sources other than the AHCMC grant award. (Review pages 6-7 of the FY22 AG guidelines for a detailed description of allowable project expenses that can be paid for by AHCMC.)
- **Do not** include "miscellaneous" or "contingency" expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Expenses		\$ (SM Apply will automatically calculate)

*In-Kind Expenses

- If items are donated, i.e., supplies or services, please list those items below. In-kind expenses are non-cash expenses.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Expenses		\$ (SM Apply will automatically calculate)

***Cash Income**

- The first line item must be "AHCMC Grant" with the requested grant amount of: (will autofill)
- Please include any other sources of income for this project.

Line Item	Description	Amount
1. AHCMC Grant		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
Total Cash Income		\$ (SM Apply will automatically calculate)

***In-Kind Income**

- If you entered in-kind items in the "In-Kind Expenses" section above, please re-enter those same items in the chart below.

Line Item	Description	Amount
1.		\$
2.		\$
3.		\$
4.		\$
Total In-Kind Income		\$ (SM Apply will automatically calculate)

Total expenses MUST EQUAL total income, as well as the total project cost entered at the beginning of the application.

- Total Project Expenses: SM Apply will calculate this total
- Total Project Income: SM Apply will calculate this total
- Total Project Cost: will autofill

Project Budget Notes

***Provide additional information about how the project expenses were calculated.** For example, if "Consultant fees \$2,500" is listed in the budget, provide an explanation for how this fee has been determined (i.e., the scope of services, the daily/hourly rate, etc.) (2,000 characters maximum with spaces)

***Please provide additional information about how the project income was calculated and information on income sources beyond the AHCMC grant request, if applicable.** For example, if ticket revenue is listed as income, explain how the total for ticket revenue was calculated (i.e., the number of performances, the price of tickets, the estimated number of tickets that will be sold). If "Other Grants \$1,500" is listed, provide information about that source of income. (2,000 characters maximum with spaces)

***Describe the in-kind contributions (donated goods, services, or discounts) allocated for the project.** If not applicable, indicate N/A. (1,500 characters maximum with spaces)

Work Sample(s) Description

This is a separate task from the application narrative.

***Explain what the work sample(s) is (i.e., a performance from 2020) and why the work sample(s) was selected.** Address how the sample(s) relates fulfilling your mission as an organization. (1,500 character maximum with spaces)

Uploads

All documents except for work samples must be submitted as PDFs. Contact AHCMC grants staff for assistance in converting documents to PDFs.

***Organizational Support Materials**

- IRS Letter of Determination;
- List of Board of Directors and affiliation;
 - Include work and residency addresses (city and ZIP Code accepted)
 - Members who reside and/or work in Montgomery County should be highlighted
- Bios of key staff indicating paid full-time staff, paid part-time staff, and unpaid volunteers;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

***Project Support Materials**

- Materials should assist the reviewers in determining the planning and design process of the proposed activity:
 - Including not limited to, reports from earlier phases of the project, consultant proposals, consultant CVs, information about how other organizations have approached similar activities, articles about best practices in the field for this type of activity, and/or relevant training bulletins.
- If the grant request includes funds for equipment and/or technology, project support materials must include a list of the items that will be purchased, a list of possible manufacturers/vendors, and the estimated cost of each item.
- **One PDF no more than 10 pages.**

***Financial Support Materials**

- FY20 990, or if the FY20 990 is not yet available, the letter of extension;
 - **If the FY20 990 is not received by June 1, 2021, the organization will be disqualified.**
- FY20 audit and/or financial review, or if not yet available, the letter of extension, if applicable;
 - **If the FY20 audit and/or financial review is not submitted by June 1, 2021, the organization will be disqualified.** Refer to page 5 of the FY22 AG guidelines for more information about the audit/financial review requirements.
- Profit & Loss for the most recently completed fiscal year;
- Balance Sheet for the most recently completed fiscal year;
- Current fiscal year operating budget with actuals year-to-date;
- AHCMC Budget Worksheet;
 - Will be a fillable chart in SM Apply. [Download a template of the Budget Worksheet under the "Application" tab on the AHCMC website by clicking here;](#)
- Documentation of pledges of financial support for the required match;
- Projected upcoming fiscal year operating budget, if available.

***Programming Support Materials**

- Include materials that will assist the panel in evaluating the applicant's programming, presenting, and/or producing activities (i.e., newspaper clippings, program booklet, photos, brochures, or flyers).
- **One PDF no more than 10 pages.**

***Work Sample(s)**

- Upload work sample(s) that demonstrate the applicant's abilities and achievements.
 - Applicants should submit their strongest work samples – quality work samples are critical to the evaluation of an application.
- Submit work sample(s) in the format specified below:
 - Images: Maximum 10 images, up to 4 MB per file, which can be uploaded individually or formatted as one PDF.
 - Video: Maximum 2 videos, up to 100 MB per file, no more than five minutes combined.
 - Audio: Maximum 2 files, up to 10 MB per file, no more than five minutes combined.
 - Live video or audio hyperlinks can also be placed within PDF (i.e., a live hyperlink to YouTube within a PDF).
 - If the submitted video and/or audio is more than five minutes combined, include instructions for which segments the panel should pay attention to. (Ex: Please click on the YouTube hyperlink to watch the video from 0:47 to 4:10.)
 - Written Work:
 - Maximum 10 pages, double-spaced with at least 11-point font and 1-inch margins.
 - If the work submitted is a portion of a larger work, include a synopsis of the chapters and an outline of the complete work. Clearly explain how and where the piece submitted fits into the whole.
- Applicants are encouraged to submit samples reflecting recently completed work. Samples must adhere to the following guidelines for the discipline of the work in which the applicant is engaged:
 - For Presenting and/or Multidisciplinary: Work sample(s) must convey more than one arts and/or humanities discipline.
 - For Performing Arts: **Applicants are highly encouraged to submit video or audio work samples, instead of stills or photos.** If the applicant's work includes audience interaction, a live performance recording is helpful.
 - For History or Social Sciences, Historical, Critical, or Theoretical Approaches to the Arts, Linguistics, Literary Analysis, Philosophy, Writing, Ethics or Comparative Religion: Follow the format for written work.
 - For Media, Design, and Visual Arts: Follow the format for video and image files.

AHCMC Reporting Data

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.

Use the links below to answer the following questions about your organization's/group's districts:

- <https://maryland.maps.arcgis.com/apps/webappviewer/index.html?id=177afa87a67746a4ac5496b2d0897fb7>
- <https://www2.montgomerycountymd.gov/mccouncildistrict/>

***Federal House District:**

***State Senate District:**

***State Delegate District:**

***County Council District:**

The numbers below should reflect your organization's allowable revenue and expenses for Montgomery County, MD.

Non-allowable cash operating revenue includes, but is not limited to:

- Unrealized gains or losses
- Investment revenues (interest and dividends)
- In-kind donations
- Revenue raised for capital
- Funds intended for re-granting

Non-allowable cash operating expenses include, but are not limited to:

- Investment Fees
- Interest Expenses
- Re-granting¹
- Capital improvements expenses/other related costs²
- Depreciation
- Loan principal payments
- In-kind donations
- Bad debt

¹ Scholarships, awards, and tuition assistance are considered forms of re-granting.

² Costs related to improving or expanding the organization's physical structure must be counted as capital improvement expenses, not as operating expenses.

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			
In-Kind Revenue			
Earned Revenue			
Investment Revenue			
Total Revenue	Auto-Calculated	Auto-Calculated	Auto-Calculated

Expenses	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
In-Kind Expenses			
Depreciation			
Expenses (all other expenses)			
Total Expenses	Auto-Calculated	Auto-Calculated	Auto-Calculated

*FTE is based on hours worked rather than number of employees. To calculate FTE, divide the number of total hours worked by the total hours for a full-time work week. For example, if an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs. An employer with a 35-hour workweek would divide the employee's scheduled hours by 35 to determine the FTE.

Staff and Volunteers	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
Employee Salaries and Fringe Benefits (Full-time staff)			
Employee Salaries and Fringe Benefits (Part-time staff)			
Employee Salaries and Fringe Benefits (Contracted staff)			
Number of Full-Time Equivalent (FTE) Employees (Includes full-time, part-time, and contracted staff) *			
Volunteer Hours (Youth under 18)			
Volunteer Hours (Over 18)			

Activity Attendance	Most Recently Completed Fiscal Year	Previous Fiscal Year	Three Fiscal Years Prior
Event & Program Attendance (Youth under 18)			
Event & Program Attendance (Over 18)			
Paid Event & Program Attendance			
Free Event & Program Attendance			

Please explain if any of the line items above do not apply. (1,500 characters maximum with spaces)

Demographic Information

This information is being collected for reporting purposes only, will only be shared in the aggregate, and is for our own reporting purposes. **This information will not be factored into the application evaluation or be seen by panelists.**

The Organization's/Group's Executive Director, CEO, Managing Director, or comparable position

***Please indicate what race/ethnicity the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies as.**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African American/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state

Please indicate which gender the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies with. *Two drop-down lists.

- Female
- Male
- Non-binary
- Two-Spirit
- Decline to state
- Transgender
- Non-transgender (cisgender)
- Decline to state

***Please indicate what sexual orientation the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies with.**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state

***Please indicate whether the Executive Director, CEO, Managing Director, or comparable position publicly self-identifies as a person with a disability.**

- Yes
- No
- Decline to state

The Organization's Board

*Unknown indicates the number of people for whom you have no demographic information.

***Enter the total number of Board members:**

***How many Board members publicly self-identify as:**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*

*** How many Board members publicly self-identify as (two separate responses):**

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Unknown* |
| <input type="checkbox"/> Unknown* | |

***How many Board members publicly self-identify as:**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*

***How many Board members publicly self-identify as a:**

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*

The Organization's/Group's Paid Staff

*Unknown indicates the number of people for whom you have no demographic information.

***Enter the total number of paid staff:**

***How many paid staff publicly self-identify as:**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*

*** How many paid staff publicly self-identify as (two separate responses):**

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Unknown* | <input type="checkbox"/> Unknown* |

***How many paid staff publicly self-identify as:**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*

***How many paid staff publicly self-identify as:**

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*

The Organization's/Group's Volunteers

*Unknown indicates the number of people for whom you have no demographic information.

*If the applicant has no volunteers please select "Not applicable" for all the following questions.

***Enter the total number of volunteers:**

***How many volunteers publicly self-identify as:**

- Asian/Asian American/Pacific Islander
- Arab/Middle Eastern
- Black/African America/African
- Hispanic/Latino/Latina/Latinx
- Native American/American Indian/Indigenous
- White/Caucasian/European
- Multi-Racial or Multi-Ethnic (2 or more races or ethnicities)
- Decline to state
- Unknown*
- Not applicable*

*** How many volunteers publicly self-identify as (two separate responses):**

- | | |
|---|--|
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Non-transgender (cisgender) |
| <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Unknown* |
| <input type="checkbox"/> Unknown* | <input type="checkbox"/> Not applicable* |
| <input type="checkbox"/> Not applicable* | |

***How many volunteers publicly self-identify as:**

- Gay, Lesbian, Bisexual
- Heterosexual or Straight
- Asexual
- Decline to state
- Unknown*
- Not applicable*

***How many volunteers publicly self-identify as:**

- Person with a disability
- Person without a disability
- Decline to state
- Unknown*
- Not applicable*