

FY25 *General Operating Support I Grants* (GOS I Grants) Letter of Intent (LOI) Template

This template is for your reference only. All Letters of Intent (LOI) 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 the Letter of Intent (LOI) no later than **Friday, February 2, 2024, at 11:59 p.m.**

READ BEFORE PREPARING THE LETTER OF INTENT:

All GOS I applicants must submit a Letter of Intent (LOI) to be eligible to apply for an FY25 GOS I Grant. **New applicants are highly encouraged to contact AHCMC grants staff.** If your organization's LOI is approved, you will receive an email notification inviting your organization to fill out the full application.

Applicants may submit estimated/projected financial data for the LOI. All applicants will be required to submit financial statements with their grant application. If you have any questions about the LOI, please contact Karen Judson, Grants Manager, at (301) 565-3804 or Karen.Judson@creativemoco.com.

Required Letter of Intent Materials

All documents must be submitted as PDFs. Contact AHCMC grants staff if you need help converting your documents to PDFs.

Applicants will have to confirm and/or upload the following:

- 1. Arts and/or humanities mission statement as approved by the applicant's Board;**
- 2. Montgomery County, MD primary office address;**
- 3. AHCMC Budget Worksheet to confirm at least \$50,000 of allowable annual cash operating revenue and expenses (new applicants will provide financial data for the last three completed consecutive fiscal years);**
 - [Download a template of the Budget Worksheet under the "Application + Templates" tab on the AHCMC website by clicking here.](#)
- 4. IRS Letter of Determination and 501(c)(3) Status Check in SM Apply as confirmation of non-profit status;**
- 5. List of Board of Directors with affiliation confirming that at least 40% of Board members reside and/or work in Montgomery County, MD;**
 - Include residency and work addresses (city and ZIP code accepted) with those who reside and/or work in Montgomery County highlighted;

6. **Confirmation of at least one paid employee (not contracted staff);**
 - Applicants will be asked to provide the title and hours per week for at least one paid employee. Refer to the applicant eligibility requirements on pages 4-5 of the FY25 *General Operating Support I* Guidelines for the minimum number of hours per week required;
7. **Confirmation that at least 51% of programs and services are offered in Montgomery County, MD;**
 - Applicants will complete a chart in SM Apply detailing which percentage of activities occur in Montgomery County, MD;
8. **Confirmation of ability to meet the June 1, 2024, deadline for the FY23 990; and**
9. **Confirmation of ability to meet the June 1, 2024, deadline for the FY23 audit or financial review, if applicable.**

Letter of Intent Form Template

Basic Information

The applicant must notify AHCMC staff in writing if there are any contact and/or address changes after the application deadline.

***Is your organization a current FY24 *General Operating Support I* AHCMC grantee?**

- Yes
- No

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

DBA (doing business as), if different:

***Address:**

***City:**

***State:**

***ZIP Code:**

Website:

All correspondence related to the grant will be sent to the contacts below. Please contact AHCMC staff if additional contacts should be included on correspondence.

***Grant Contact Name:**

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

***Grant Contact Phone Number:**

***Grant Contact Email:**

Alternate Grant Contact Name:

Alternate Grant Contact Title (i.e., Development Director):

Alternate Grant Contact Phone Number:

Alternate Grant 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 AHCMC website.](#))**

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

***AHCMC Grant Request:**

(Must be at least \$10,000 and no more than \$50,000. **Note: requests may not exceed 35% of the applicant's most recently completed fiscal year's allowable cash operating expenses and income, or \$50,000, whichever is lower. Requests for over \$25,000 require an FY23 audit or financial review.**)

Eligibility Questions

The following must apply for the last three completed fiscal years prior to the letter of intent deadline.

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

- Yes
- No

***Provide your organization's Board-approved arts and/or humanities mission statement.**
(1,000 characters maximum with spaces)

***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?**

- Yes, my organization has 501(c)(3) tax-exempt status, as evidenced by the U.S. Internal Revenue Service (IRS) Letter of Determination.
- Yes, my organization/group operates as a specific art and/or humanities entity or division within a 501(c)(3) organization whose primary mission is not arts and/or humanities based.
- No, my organization/group cannot demonstrate 501(c)(3) status.

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

- Yes
- No

***Does at least 40% of your organization’s Board members reside and/or work in Montgomery County, MD?** (New GOS I applicants will be asked to provide this information for the past three consecutive fiscal years.)

- 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. ***Employee Title:**
- II. ***Number of scheduled work hours per week:**

***Does your organization offer at least 51% of its programs and services in Montgomery County, MD?**

Activities may be open to the public, with or without an admission fee, in person or virtually. In-person activities should follow current COVID-19 guidelines as required by the [Montgomery County Health Department](#). New GOS I applicants will be asked to provide this information for the past three consecutive fiscal years.

- Yes
- No

Description of FY23 Activities in Montgomery County, MD	# of occurrences	# of audience members/participants
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
Total	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>

Description of FY23 Activities outside of Montgomery County, MD	# of occurrences	# of audience members/participants
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total	<i>Will auto-calculate</i>	<i>Will auto-calculate</i>

- **Provide an explanation below if your organization’s programming continues to be impacted by the ongoing effects of the pandemic.** (1,500 characters maximum with spaces)

***Can your organization meet the June 1, 2024, deadline to submit the FY23 990?**

- Yes
- No

***Can your organization meet the June 1, 2024, deadline to submit the FY23 audit or financial review, if applicable?**

- Yes
- No
- Not Applicable