



COMMUNITY FOUNDATION OF SOUTHERN MARYLAND
P.O. Box 716
Charlotte Hall, MD 20622

The Opportunity Fund Grant Program Guidelines

This grant fund 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
- Emotional Rehabilitation
- Domestic Violence
- Youth-healthy-physically, mentally and emotionally

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 **\$5,000**.

Applications Timeline:

Applications are Due: February 22, 2019 by 5pm. as an electronic submission.
Grant awards announced: March 2019
Final reports are due: June 30, 2019 by 5pm-- Grant periods are from March 2019 to June 2019.

Eligibility Criteria

Grants through this program are made to organizations, not individuals. To be eligible for a grant from this program, 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 and 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 organization's fiscal responsibility, governance, and management qualifications
- 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

The Opportunity Fund Grant Program does not fund:

- Endowment Funds
- Fundraising
- Campaigns
- Sectarian Religious
- Program Building
- Campaigns
- Operational Deficits
- 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 will only be considered following consultation with CFSOMD Program Staff – you must contact CFSOMD prior to submission if your project/program has received previous Opportunity Fund Grants.

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 The Opportunity Fund grant in the subject line February 22, 2019 at 5 p.m.** *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

EVALUATION REQUIREMENTS: Grant evaluation reports are due by June 30, 2019



Community Foundation of Southern Maryland (CFSOMD)
The Opportunity Fund Grant Application Cover Sheet

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

I. AGENCY INFORMATION

DATE: _____

Agency Name: _____

Agency Address: _____

Agency Type (please circle): Government Agency Faith-based Organization 501(c)(3) Nonprofit

Year Agency Created: _____ Phone Number: _____

Executive Director _____ Executive Director's Email _____

Project Coordinator _____ Project Coordinator Email _____

Anticipated Project Start Date _____ Anticipated Project Completion Date _____

Amount Requested \$ _____

Has your organization previously applied for grants from CFSOMD?

Yes No Dates _____

Has your organization participated in any **Nonprofit Institute** sponsored grant writing workshops or courses?

Yes No Dates _____

II. DEMOGRAPHIC INFORMATION: (select one response for each column)

Primary age group to be served by this grant:

___ less and 5 years old

___ 5-18 years old

___ adults

___ 65+

___ all ages

___ other (please describe _____)

Number of people this grant will serve:

___ less than 10

___ 11-25

___ 26-50

___ 50-100

___ 100+



III. PROJECT PROPOSAL/NEED (Limit one page)

1. In 100 words or less, briefly describe the specific purpose and evidence of need for which this grant is requested.
2. Are there other agencies/organizations in the area doing this or similar work? Yes No
3. If yes, describe how this project involves coordination/cooperation/collaboration with those other organizations.

V. PROJECT MANAGEMENT CAPACITY (Limit one page)

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

VI. BUDGET (Limit to two pages, including the budget narrative, in the format provided)

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 including all potential current and future support for the project.

VII. Supplemental Attachments – attach copies of the following documents

1. 501(c)(3) IRS determination letter, **new applicants only**.
2. Local partner letter(s) of support
3. Listing of current board of directors (or governing body), format provided.
4. Copy of most recent fiscal year audited financial statements, if available, or Form 990. If neither document is available, include unaudited financial statement.
5. Copy of current year's operating budget.
6. Copy of current financial balance sheet.
7. Copy of Maryland Charitable Registration Letter.



Program Budget Form (must use this form)

Provide a project timeline between March 1, 2019 and June 30, 2019 (Start and End dates):

(A) Project Expenses: Itemize all project expenses, rounding to the nearest dollar. Use an asterisk (*) to denote which expenses will be **CFSOMD** supported. On a separate sheet, include a budget narrative, which describes each itemized expense, how it relates to the project and how the budgeted amount was calculated, up to \$5,000.

Please note that purchases made prior to the grant deadline are not eligible. The following are standard line items:

- Salaries
- Payroll Taxes and Fringe Benefits
- Consultants and Professional Fees
- Travel
- Equipment
- Supplies
- Printing and Copying
- Telephone and Fax
- Postage and Delivery
- Rent and Utilities
- Maintenance
- Technology
- Evaluation
- In-kind Expenses
- Other

Total Expenses

<i>Project Expenses</i>	<i>Amount</i>	<i>Source of Estimate</i>
<i>(A) Total project expenses</i>		



Amount requested from the Community Foundation \$ _____, which is _____% of the project budget.

(B) Project Revenue: List all potential funding sources for this project including those that may be pending approval through a donor or grant maker.

<i>Project Revenues</i>	<i>Amount</i>
Government Grants	
Foundation and Corporate Grants	
United Way	
Individual Contributions	
Earned and/or Interest Income	
In-Kind Support	
Other Income (specify)	
Other Income (specify)	
(B) Total project revenue	

Total project expenses (A) = \$ _____ must match total project revenue (B) = \$ _____

Future Project Funding Sources Please list any future project funding sources for this project. If no sources have been identified, please outline plans to sustain the project on the budget narrative.

- 1.
- 2.
- 3.
- 4.
- 5.



PROJECT OUTCOMES(S) – Outline the overall project outcomes (milestones, activities, or data)

OUTCOME 1:

OUTCOME 2:

OUTCOME 3:

PLEASE IDENTIFY THE STRATEGIES TO ACHIEVE THE OUTCOMES:

Activity	Start Date	Frequency (ex. One-time event, weekly activity, etc.)
OUTCOME 1:		
OUTCOME 2:		
OUTCOME 3:		



Application Checklist for _____ (insert name of organization)

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 **30%**
- _____ Project Budget and Narrative Form **15%**
- _____ Project Outcomes Form **25%**
- _____ A copy of the current IRS determination letter, **new applicants only**
- _____ Local partner letter(s) of support **5%**
- _____ Listing of current board of directors (or governing body) in format provided **5%**
- _____ Copy of most recent fiscal year audited financial statements, if available, or Form 990. If neither document is available, include unaudited financial statement.
- _____ Copy of current year’s operational budget **5%**
- _____ Copy of current financial balance sheet **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)

Project Coordinator: _____
(Please Print Name) (Signature)

EMAIL Completed Proposals by 5 p.m., February 22, 2019 to:
Community Foundation of Southern Maryland at director@cfsomd.org



COMMUNITY
FOUNDATION
of Southern Maryland
BOARD OF DIRECTORS LIST

NAME	COMMUNITY AFFILIATION	ADDRESS/PHONE NUMBER