

**MONTGOMERY ALLIANCE
FY 2011 GRANT APPLICATION**

Please organize your information to conform with the following order:

Page 1	Cover Sheet
Pages 2-4	Responses to Questions**
Page 5	FY 2011 Line Item Budget
Page 6	Program Measures Form

****Questions:**

Please print each question in the order it appears below and answer it fully. You can decide how much space to allot for each question but you are limited to a total of three pages to answer all nine questions.

1. Identification of Need. Describe the human service need for which Montgomery Alliance funds are requested. Provide statistical data if available.
2. (a) Describe the program services and operation that Montgomery Alliance funds will support.
(b) Identify the days, times and hours of program operation.
(c) Identify the address from which the services will be provided.
(d) Describe the number of staff and volunteers involved in this program.
3. Describe your agency's mission. How does this request help to fulfill this mission?
4. Describe your agency's capability to provide the program outlined in your response to Question 2, including your agency's expertise and past experience in providing this or related services.
5. If this program is provided through a collaboration with other organizations, describe the contributions of each organization. A copy of the Memorandum of Agreement between all of the participants should be included with the original copy of your application.
6. Identify the number of unduplicated individuals and/or family units to be served in FY 2011 with the funds you receive from Montgomery Alliance.
7. Identify any additional funds to be used in this program, including the source of the funds. How do you plan to continue the program once Montgomery Alliance grant funding has ended?
8. Montgomery Alliance relies on publicity about the benefits its grant awards bring to County residents and nonprofits to generate additional donations. How would you plan to publicize your grant award from Montgomery Alliance?
9. Describe the method by which this program will be evaluated. Is the evaluation done in house or by an outside source? Please attach a copy of the most recent evaluation for this program to each copy of the application.

Your completed grant application must not exceed six pages. However, a copy of your most recent program evaluation will not be included in the page count.

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Cover Sheet

Program Name:	
Agency Name:	
Address:	
Contact Name:	
Telephone Number:	
Email:	
Fax:	
Website address:	
IRS Tax Exemption Id #:	
Category of Need Addressed:	

Amount of request:

Is the requested program a new program, an expanded program or a continuing program?

New _____ Expanded _____ Continuing _____

Required Attachments (include one copy only with original of application):

- List of members of the Board of Directors
- Most recent independent agency audit (no more than three years old). If unable to provide, please explain.
- Most recent Form 990
- Memorandum of Agreement for a collaborative program

This grant request has been reviewed and approved by the undersigned and is accurate to the best of our knowledge.

Signature: Agency Executive Director

Signature: President of the Board

Name: _____

Name: _____

Date: _____

Date: _____

Please mail the original application with required attachments and seven copies of the application to:

Montgomery Alliance
c/o Mary Lou Jacobs
30 Courthouse Square, Suite 100
Rockville, MD 20850

FY 2011 Line Item Budget

Budget Categories	Budget for this Program		Organizational Budget	
	FY 2010	FY 2011	FY 2010	FY 2011
Revenue				
1. Community Donations				
2. Grants from Foundations (list)				
3. Grants from Government Sources (list)				
4. Program Fees				
5. Designations from United Way, CFC & Montgomery Alliance				
6. Other (list)				
Total Revenue				
Expenses				
Salaried Personnel				
Consultants				
Occupancy (rent, utilities)				
Consumable Supplies				
Client Activities/Refreshments				
Transportation				
Staff Development				
Insurance				
Postage				
Printing				
Other:				
Total Direct Costs				
Indirect/Overhead Costs @__ %				
Total Costs				

Describe specifically how the Montgomery Alliance funds you are requesting (in the shaded column) will be expended.

PROGRAM MEASURES

AGENCY: PROGRAM:		
PROGRAM OUTCOMES	2011 Estimated	2011 Actual
Outcomes AND Indicators w/ Indicators in numbers and % (#/%) EXAMPLE: Outcome: Participants in after-school mentoring program are successful in school Indicator: 10 of 12 (83%) Mentoring program participants earn better grades within three months of completing Mentoring program.		
Outputs: EXAMPLE: Number of Mentoring program sessions		
Completed by (print full name):	Date:	
Title:	Email address:	
DO NOT EXPAND THIS FORM. USE THIS PAGE ONLY. See Instructions for help in filling out this form.		