

**COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.**  
**1324 Belmont Ave Ste 401**  
**Salisbury, Maryland 21804-4558**

**Community Needs Grant Program Guidelines**

Three times per year, the Community Foundation of the Eastern Shore awards grants from its discretionary fund, known as the *Lower Shore Fund for Community Needs*. Monetary grants are awarded to a wide range of tax exempt organizations in Somerset, Wicomico and Worcester Counties whose programs benefit:

- Health
- Human services
- Arts and culture
- Community affairs
- Environmental conservation
- Historic preservation

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. Often our grants provide start-up or short-term funding for innovative, potentially replicable projects that meet newly identified needs or demonstrate new solutions for previously identified needs.

**Most awards are in the \$500 - \$7,500 range, although consideration may be given to larger requests for collaborative efforts between multiple organizations.** Application deadlines for grants from this program currently are as follows:

- **August 1<sup>st</sup> for October distribution**
- **February 1<sup>st</sup> for April distribution**

**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 the lower three counties of Maryland’s Eastern Shore: Worcester, Wicomico, and Somerset. Programs are not required to serve all three counties, but regional projects are encouraged.

**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 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 potential for the program/project to duplicate or compete with ongoing efforts in the community
- The organization’s past grant history at the Community Foundation
- The commitment and composition of the organization’s Board of Directors (leadership)
- The extent of volunteer involvement for the program/project

**Program Exclusions.** The Community Needs Grant Program does not fund:

Endowment Funds	Playground Equipment	Capital Requests
Ongoing/Operating Expenses	Building Campaigns	Political/Lobbying Programs
Fundraising Campaigns	Operational Deficits	Office Equipment/Staff Training*
Sectarian Religious Programs	Debt Retirement	School-based Programs*

\*The Community Foundation offers separate grant programs for two of the above-cited categories of activities. It awards grants, annually, for school-related educational programs from its *Excellence in Education Grant Program*. It assists non-profit organizations to build capacity by awarding grants twice each year through its *Technical Mini-Grant Program* for such items as office equipment and staff training. Guidelines and application forms for the latter two programs are available on the Foundation's web-site ([www.cfes.org](http://www.cfes.org)), by mail or by calling the Foundation at 410-742-9911.

**PLEASE NOTE:** Only program-related expenses are eligible for consideration under the Community Needs Grants Program.

**Application Frequency.** There is no restriction on the frequency with which an eligible organization may submit grant applications. However, the Foundation will consider only one application for a given program/project in a twelve-month period. **Programs/projects which have received previous funding will only be considered following consultation with CFES Program Staff – you must contact CFES prior to submission if you project/program has received previous Community Needs 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**. Do not staple; use only paper clips. Materials should not be bound, inserted in protective sleeves or prepared in other types of packaging. Please invest your time in content rather than presentation.

Do not provide extraneous materials that have not been requested in the grant application. Booklets, videos, and other such media can be shared with the site visitor, but should not be submitted with the grant application.

**PLEASE NOTE:** Applications **must be received** at the Community Foundation office by 4 p.m. on the application deadline. Applications received after the deadline, regardless of postmark date, will not be considered for that grant period.

Thank you for your interest in our grant program. If you have any questions or comments please contact the Program Officer at the Community Foundation.

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

**Community Needs Grant Application Cover Sheet**

Applications must be type written and submitted in the format outlined below. To assist you, the Community Foundation has reference books on grant writing and access to the *Foundation Directory Online* in its Nonprofit Resource Center located at 1324 Belmont Avenue, Suite 401, Salisbury, MD.

**I. AGENCY INFORMATION:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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

Year Agency Created: \_\_\_\_\_

Executive Director \_\_\_\_\_ Executive Director's Email \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Anticipated Project Start Date \_\_\_\_\_ Anticipated Project Completion Date \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Has your organization previously applied for grants from CFES?

Yes No Dates \_\_\_\_\_

Has your organization participated in any CFES sponsored grant writing workshops or courses?

Yes No Dates \_\_\_\_\_

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

Geographic area served by organization:

- \_\_\_ Somerset
- \_\_\_ Wicomico
- \_\_\_ Worcester
- \_\_\_ Lower Eastern Shore
- \_\_\_ Eastern Shore
- \_\_\_ Maryland

Geographic area to be served by this grant:

- \_\_\_ Somerset
- \_\_\_ Wicomico
- \_\_\_ Worcester
- \_\_\_ Lower Eastern Shore

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 type-written page)**

1. Briefly describe the specific purpose for which this grant is requested.
2. Briefly state the evidence of the need for this project.
3. Is there any other agency/organization in the area doing this or similar work? If so, please describe.
4. Describe how this project involves coordination/cooperation/collaboration with other organizations.

### **IV. PROJECT DETAILS (Limit to one page in the attached format)**

1. Outline the overall project goals and specific objectives and strategies to achieve those goals.
2. Provide a timeline of activities that indicate when, where and how often activities will happen. This can be a narrative or chart.

### **V. PROJECT MANAGEMENT CAPACITY (Limit one page)**

1. Describe how this project complements or enhances your organization's mission and previous work or successes in this area.
2. Describe the plan for evaluating this project; please include details such as methods, dates, data sources and who will be responsible for project evaluation.
3. Who will be responsible for carrying out and supervising this project?
4. 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. 501c(3) IRS determination letter, if applicable.
2. Listing of current board of directors (or governing body) in format provided.
3. Copy of most recent available board (or governing body) meeting minutes.
4. Copy of meeting minutes at which the project was discussed and approved by the organization.
5. Copy of most recent audit or financial statement.

**Program Budget Form (must use this form)**

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Time period this project budget covers: \_\_\_\_\_

**A. Project Expenses:** Itemize all project expenses. **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.** Please note that purchases made prior to the grant award date are not eligible for funding.

<u>Project Expenses</u>	<u>Total Amount</u>	<u>Source of Cost Data</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____

**Total project expenses: (A) = \$ \_\_\_\_\_**

**B. Project Revenue:** List all potential funding sources for this project. Indicate revenue that is committed and pending.

<u>Current Project Revenue Source</u>	<u>Committed (B)</u>	<u>Pending (C)</u>
1. Community Foundation	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____

**Total Committed (B)=\$ \_\_\_\_\_ Total Pending (C) = \$ \_\_\_\_\_**

**The Total Revenue (B+C) \$ \_\_\_\_\_ must equal the Total Project Expense (A) \$ \_\_\_\_\_**

<u>Future Project Funding Sources</u>	<u>Committed (B)</u>	<u>Pending (C)</u>
1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____

**Program Details Form (must use this form)**

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**PROJECT GOAL(S) – Please identify the primary goals of your project in a bulleted list. Number of goals will vary by project.**

**GOAL 1:**

**GOAL 2:**

**GOAL 3:**

**STRATEGIES TO ACHIEVE STATED PROJECT GOALS – Please identify the specific strategies that will enable your organization to achieve the goals stated above. Form can be modified to accommodate the number of goals for your project but must include all requested information.**

Activity	Start Date	Frequency (ex. one time event, weekly activity, etc.)
<b>GOAL 1:</b>		
<b>GOAL 2:</b>		
<b>GOAL 3:</b>		

**Application Checklist for \_\_\_\_\_ (insert name of organization)**

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**Your application should be submitted in the following order:**

- \_\_\_\_\_ This Application Checklist with each item checked off *with required signatures*
- \_\_\_\_\_ Completed Grant Application Cover Sheet
- \_\_\_\_\_ Narrative with all details specified under each heading (*3 page maximum*)
- \_\_\_\_\_ Project Budget Form and Narrative (*2 page maximum*)
- \_\_\_\_\_ A copy of the current IRS determination letter
- \_\_\_\_\_ Listing of current board of directors (or governing body) in format provided
- \_\_\_\_\_ Copy of most recent available board (or governing body) meeting minutes
- \_\_\_\_\_ Copy of meeting minutes at which the project was discussed and approved by the organization.
- \_\_\_\_\_ Copy of most recent audit or financial statement

**APPLICATION MUST BE TYPED, ONE SIDED, PAPER CLIPS ONLY (NO STAPLES OR BINDERS). APPLICATIONS NOT IN THIS FORMAT WILL BE RETURNED.**

**Approval of Board Chair and Executive Officer:**

We approve submission of this grant request.

Date: \_\_\_\_\_  
(Insert date)

Board Chair: \_\_\_\_\_  
(Please Print Name) (Signature)

Executive Officer: \_\_\_\_\_  
(Please Print Name) (Signature)

Project Coordinator: \_\_\_\_\_  
(Please Print Name) (Signature)

**Mail or Hand Deliver Completed Proposals To:  
Community Foundation of the Eastern Shore, Inc.  
1324 Belmont Ave Ste 401  
Salisbury, MD 21804-4558  
(410) 742-9911**

**COMPLETE PROPOSALS MUST BE RECEIVED BY 4 P.M. ON THE APPLICATION DEADLINE. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED, REGARDLESS OF POSTMARK.**

