2021 General Grant

*Ausherman Family Foundation*

# *Welcome*

Thank you for your interest in completing an LOI for the Ausherman Family Foundation.

## Eligibility Requirements\*

* The grant will serve Frederick County residents.
* Your organization qualifies as ***one of*** the following entities:
	+ Nonprofit or community organization holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code or
	+ Is fiscally sponsored by a 501(c)(3) organization or
	+ Is a recognized governmental entity including state, county, or city agencies such as a health department.

I have read and understand the listed eligibility requirements.

##### Choices

No Yes

# *Tips for Saving Time on Your Application*

Submitting a similar request to one you submitted last year?

***You can now copy a previous grant request***, then update any fields necessary. View this video for instructions.

##### GuideStar Information

If your organization has claimed their GuideStar profile, you may use it to help populate your application form. Before doing so, please be sure that your GuideStar profile contains the most up-to-date information.

To auto-populate your form with GuideStar profile answers click the "Copy GuideStar Profile" button in the top right corner. Simply pick and choose which answers you would like to pull into the form by clicking the checkbox next to the applicable answer. When finished selecting, click the "Copy Answers" button in the bottom right of the pop-up and the GuideStar data will be pulled into the applicable fields.

Please note that copying answers will not overwrite any existing answers and any answers pulled from GuideStar which populate into you form can be edited and updated.

##### Saving Your Work

As you work on your LOI or application, you can save a draft and come back to finish your work at any time. To do so, click "Save" at he bottom right hand side of this form.

When you return, you will see your draft LOI or application on your dashboard. Click "Edit LOI" or "Edit Application" to return to your draft.

# *Grant Information*

##### A Note about Character Counts

**This grant portal requires a set character limit on all text questions. We have set almost all questions at the maximum limit to provide you as much flexibility in your answers as possible. Please note, *we are not looking for 10,000 character responses***. **We have provided instructions throughout on the info we need and why. Below is a guide to help you understand character counts.**

10,000 characters = 1,600 words or 3.5 pages single-spaced

7,000 characters = 1,200 words or 2.5 pages single-spaced

5,000 characters = 800 words or 1.5 pages single-spaced

3,500 characters = 575 words or 1 page single-spaced

1,500 characters = 250 words or .5 page single-spaced

500 characters = 80 words

250 characters = 40 words

**Name of Grant Request\***

The name **must** reflect the grant request purpose.

*Character Limit: 250*

## Statement of Grant Intent\*

Please provide a high-level statement of the purpose for this request. Please limit this to 1-2 sentences. For example, "Funding will be used to pay artist fees for a community mural."

You will have an opportunity below to expand upon this.

*Character Limit: 1000*

## Amount Requested\*

*Character Limit: 20*

## Interest Area\*

Please choose the primary interest area this grant will serve.

##### Choices

Arts & Culture

Children, Youth & Families Health & Human Services Public/Society Benefit

## Accounting Codes\*

51003 Health & Human Services 51103 Art & Culture

51203 Children, Youth, & Families 51903 Public/Society Benefit

##### Choices

51003

51103

51203

51903

as;ldkfaslkdjf

## Matching Grant\*

Are you requesting a challenge matching grant? Funds for challenge matches will be disbursed to your organization only after matching funds are raised.

##### Choices

Yes No

Partially Matching

## Percentage of Grant to be Matched

If you chose **Partially Matching** in the previous question, part of the grant, if awarded, will be paid outright and the remaining portion will be disbursed when matching funds are raised.

***Please specify the percentage of the grant you wish to be matched.*** For example, if you are requesting $20,000 and you wish to receive $5,000 upon signing the grant agreement and leverage the remaining $15,000 as the matching portion, you would enter 75 here. *Field will accept numbers only.*

*Character Limit: 3*

## Project Description\*

#### *Please do not use this section to describe organizational history, mission, or goals. Those will be* addressed in other fields.

*Character Limit: 10000*

## How was the organizational issue identified?

Explain how the organizational issue was identified and how addressing it will support your mission. If the board of directors was involved in the process, please elaborate on their involvement. **For grant requests of $5,000 or more, this field is required.**

*Character Limit: 10000*

## Grant Goals\*

What are the primary goals your organization hopes to achieve through this grant? Please list specific outputs and/or outcomes you hope to achieve.

*Character Limit: 10000*

## Demonstration of Success

For project or program-specific requests, explain what information will be collected and measured to demonstrate success.

*Character Limit: 10000*

## Percentage of Program or Project Cost\*

Please estimate the percentage of the ***program*** or ***project*** cost you are requesting from AFF. If you are requesting funding for general operating costs, please enter zero here. *(Field will allow numbers only.)*

*Character Limit: 3*

## Percentage of Operating Budget\*

Please estimate the percentage of your overall budget you are requesting. *(Field will allow whole numbers only.)*

*Character Limit: 3*

## Partners

We believe in collaboration!

What other nonprofits or agencies will you work with to accomplish the goal(s) of this grant? **Note if there is a written agreement with the partner(s).**

*Character Limit: 10000*

# *General Organizational Information*

## New or Returning\*

If your organization has ***applied for*** and ***received*** grant funding from AFF in the past three years, and your mission, geographic region served and leadership have remained the same, please choose **Returning**.

If your organization does not meet the criteria above, please choose **New**.

### *If you have received funding, but it was designated by one of our Trustees and not applied for,*

***please choose New.***

Are you a new applicant?

##### Choices

Yes No

##### Please note that the following questions pertain to your ORGANIZATION, not the specific project or program for which you are seeking funding.

**Bridge ID**

*Character Limit: 250*

## Mission Statement\*

#### *If you have completed your GuideStar profile, you can auto populate this field by clicking the* ***Copy GuideStar Profile*** *button in the upper right corner of this form. If you have questions,* please contact Lori Perkins at lperkins@aushermanfamilyfoundation.org or 301.620.4468.

*Character Limit: 10000*

## Geographic Area\*

AFF funds organizations physically located in or specifically providing programs and services for Frederick County, Md. Funding will be provided for programs and services that serve Frederick County residents only. Grant requests that do not fit the above criteria will be rejected as out of the Foundation's sphere of interest. From the drop down-box indicate whether the organization does (yes) or does not (no) operate in and serve Frederick County residents.

##### Choices

Yes No

Not located in Frederick County, Maryland, yet serves Frederick County residents.

## Income from Private Sources\*

What percent of your budget is from private (non-governmental) sources? *Field will accept digits only.*

*Character Limit: 3*

## Anything more?

Is there anything more you'd like to tell us about that wasn't addressed in earlier questions? *If you'd like to upload a file, please use the next field.*

*Character Limit: 10000*

## File Upload

Have a document, picture, or short video you would like us to see? Please upload it here.

### *By uploading photos or videos, you grant AFF permission to use the images on our website or*

***social media platforms. If you DO NOT want us to share the uploaded images,* please note that in the text area below.**

*Character Limit: 2500 | File Size Limit: 3 MB*

## Organization Website

*Character Limit: 2000*

# *Data*

Questions in the Data section are part of a data project being done by funders in Frederick Co. The goal is to identify gaps in funding in our community. If you have any questions about the project or these questions, please contact Lori Perkins at lperkins@ausherman.org or 301.620.4468.

## Applicant Budget\*

##### Choices

Up to $100,000

$100,001 to $250,000

$250,001 to $500,000

$500,001 to $1,000,000

$1,000,001 to $5,000,000

$5,000,001 or more

## Applicant Staff Size\*

##### Choices

None 1-5

6-15

16-50

51+

Unknown

## Fiscal Sponsor\*

Is your organization fiscally sponsored by another entity? *Fiscal sponsors are typically used by organizations which are not 501(c)(3)s and rely on the support and sponsorship of a 501(c)(3) to obtain grant funds.*

##### Choices

Yes No

## Continuity\*

Indicate whether this grant serves a new or ongoing activity.

##### Choices

New Ongoing

## Topic/Issue\*

Please select only **one** option from the following list. If your work could reasonably fall into more than one category, use your best judgement to decide which category you would prefer to use for this grant request.

#### *For more complete details about what types of work belong in each category, click here.*

**Choices** Animal Welfare Arts and Culture

Civics, Public Affairs and Governance Disaster Response

Education - Early Child Education - K to 12 Education - College Education - Beyond College Environment

Historic Preservation Human Needs - All

Human Needs - Employment/Job Training Human Needs - Family Stability

Human Needs - Financial Services Human Needs - Food

Human Needs - Health - Physical Human Needs - Health - Mental

Human Needs - Health - Substance Use/Addiction Human Needs - Housing

Human Needs - Human Rights

Human Needs - Other Income Supports/Benefits Human Needs - Personal Safety

Human Needs - Personcare Human Needs - Person Hosting

Human Needs - Services Navigation Human Needs - Telecommunications Human Needs - Transportation Personal Development

Public Services - Public Safety

Public Services - Libraries and Information Public Services - Parks and Recreation Religion

Science

Sports and Athletics Other

Unknown

Not Applicable

# *Demographics*

## Age Type\*

Please choose one. If "All" is chosen, it is not necessary to choose Yes for each of the age ranges in the fields below.

#### *Click* ***here*** *for further instructions.*

**Choices** All Specific Unknown

Not Applicable

## Early Childhood

0-4 years

##### Choices

Yes No

## Childhood

5-12 years

##### Choices

Yes No

## Youth

13-18 years

##### Choices

Yes No

## Young Adult

19-29 years

##### Choices

Yes No

## Adult

30-65 years

##### Choices

Yes

No

## Senior

66-80 years

##### Choices

Yes No

## Super Senior

81 and above

##### Choices

Yes No

## Race\*

### *Categories are taken from the broadest race categories used by the standard U.S. Census.*

* All - This grant potentially serves all races.
* For specific categories - Choose if the grant is primarily intended for people who identify as that race.
* Unknown - This value indicates that race might be a factor in the purpose of the grant but the details are not known.
* Not Applicable - The nature of the grant makes race not applicable.

*Click* **here** for further instructions.

##### Choices

All White

Black or African American Asian

Native Hawaiian and Other Pacific Islander American Indian and Alaskan Native Unknown

Not Applicable

Some Other Race or Combination

## Ethnicity\*

### *Categories are taken from the standard U.S. Census categories.*

Indicate whether the Hispanic/Latinx population **is the focus** of the grant.

#### *Click* **here** *for further instructions.*

##### Choices

Hispanic/Latinx

None Unknown

Not Applicable

## Gender\*

Indicate whether a specific gender **is the focus** of the grant.

#### *Click* here *for further instructions.*

**Choices** All Female Male Other Unknown

Not Applicable

## LGBTQ+\*

* Yes - The grant is focused on serving the LGBTQ+ population.
* No - The grant is not focused on serving the LGBTQ+ population.
* Unknown - The grant does serve individuals, but the relevance of sexual minorities in unknown.
* Not Applicable - The nature of the grant makes LGBTQ+ not applicable.

#### *Click* **here** *for further instructions.*

##### Choices

Yes No

Unknown

Not Applicable

## Disability\*

* Yes - The grant is focused on serving the disabled population.
* No - The grant is not focused on serving the disabled population.
* Unknown - The grant does serve individuals but the relevance of disability is unknown.
* Not Applicable - The nature of the grant makes disability not applicable.

#### *Click* **here** *for further instructions.*

##### Choices

Yes No

Unknown

Not Applicable

## ALICE\*

If the grant is focused on serving the **ALICE** (Asset Limited, Income Constrained, Employed) population, please answer yes.

#### *Click* **here** *for further instructions.*

##### Choices

Yes No

Unknown

Not Applicable

## Extreme Poverty\*

If the grant is focused on serving the population in extreme poverty (unemployed and living below two times the Federal poverty level), please answer yes.

If the request is for General Operating Costs, and the organization serves the population in extreme poverty, answer yes.

#### *For more complete details about what types of work belong in each category, click here.*

##### Choices

Yes No

Unknown

Not Applicable

## Veterans\*

If the grant is focused on serving military veterans and their families, please answer yes.

#### *Click* **here** *for further instructions.*

##### Choices

Yes No

Unknown

Not Applicable

## Non-English Speakers\*

If the grant is focused on serving non-English speakers, please answer yes.

#### *Click* **here** *for further instructions.*

##### Choices

Yes No

Unknown

Not Applicable

## Other Diversity\*

If the project or program is focused on some other aspect of diversity not mentioned above, please answer yes.

*Click* **here** for further instructions.

##### Choices

Yes No

Unknown

Not Applicable

# *Questions for Matching Grants*

Note: AFF matches are generally awarded as one-to-one matches. For each qualifying dollar your organization raises, the Ausherman Family Foundation will give one dollar.

### *AFF has simplified the procedures for requesting matching funds.*

Once your organization has raised the matching funds and is ready to request a disbursement, simply provide a statement signed by an **executive on staff** and a **board officer** that the matching donations are accurate and in line with the terms in the Grant Covenant. You may mail the letter or attach it to an email to info@aushermanfamilyfoundation.org.

**Percentage of New Donors**

If requesting a matching grant, and striving to use the challenge to expand your donor base, please note the percentage of the match to be raised from new donors (those who have not given in the last 24 months).

*Character Limit: 3*

## Other Matching Grant Terms

If there are other terms you wish to specify, please note them here. *As an example, you may wish to specify that $3,000 of your matching funds must come from your board members, with no more than $1,000 from each board member being counted toward the match.*

The AFF Trustees reserve the right to modify these terms or include additional terms if this grant is awarded.

*Character Limit: 10000*

# *Organizational Information for New Applicants*

## Organization's Background\*

Succinctly describe the organization’s history.

*Character Limit: 10000*

## Board Roster\*

Upload or enter the ***names***, ***email addresses***, ***city/state, role(s) on the board, and professions/areas of expertise*** of your board of directors.

*Character Limit: 10000 | File Size Limit: 2 MB*

## Unique Services\*

AFF strives to avoid funding duplicate efforts. Please tell us how the services provided by your organization differ from those of other organizations with similar missions.

*Character Limit: 10000*

# *Applicant Information*

## Name of Person Submitting Request\*

*Character Limit: 60*

## Email Address of Person Submitting Grant Request

*Character Limit: 254*

## Authorized\*

I certify that I am authorized to submit grant requests on behalf of this organization.

##### Choices

I am authorized

## Ease of Use

On a scale of 1 - 10, please tell us how user friendly you found the LOI process to be, with 1 being extremely easy and 10 being extremely difficult.

**Scoring Options:** 1 - 10

## Contact List\*

AFF periodically contacts applicants to share information we believe would be of value to nonprofits, including notifications of Nonprofit Summits.

##### Choices

Please DO NOT add my email address to AFF's email contact list.

Please add/keep my email address on AFF's email contact list. I want to be informed!

**NOTE**: As part of the online grant application system you are using, you may receive emails related to your request. These emails will be sent from the following email address: **administrator@grantinterface.com**.

To ensure that you receive these emails, please verify that the email address administrator@grantinterface.com is added to your safe sender list.

For instructions on adding an email address to the safe senders list click here.

***Thank you for taking the time to submit an LOI to Ausherman Family Foundation.***

***Please check your inbox after pressing Submit to find confirmation of your submission.***