

# Sample LOI - General Grant

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## *Ausherman Family Foundation*

### *Welcome*

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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*

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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.

AFF has implemented **GuideStar for Grant Applications (G4G)**. If your organization has claimed their profile on GuideStar by Candid and completed fields on their GuideStar profile, you may be able to automatically fill in fields in our forms with just a couple clicks of a button.

After clicking the Apply button, simply click the **Copy GuideStar Profile** button in the upper right corner and a table of available questions will open. Choose any or all those questions by checking the boxes next to them, and those fields will automatically populate. **You will be able to modify these answers if you would like to add or change any of this information.** If you do update your answers in our form, be aware that this **does not** update your GuideStar profile.

## Grant Information

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### 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

### 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: 5000

## 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: 1500

## 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: 3000

## Demonstration of Success

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

Character Limit: 3000

## 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: 1500

## General Organizational Information

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### 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](mailto:lperkins@aushermanfamilyfoundation.org) or 301.620.4468.*

*Character Limit: 500*

### 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.*

## 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

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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

LOI  
Other  
Unknown  
Not Applicable

## Demographics

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### 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 is 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

### **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

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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](mailto: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: 750*

## Organizational Information for New Applicants

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### Organization's Background\*

Succinctly describe the organization's history.

*Character Limit: 4000*

### 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: 2000 | 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: 2500*

## *Applicant Information*

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### **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

### **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.***