2022 Capacity Building Grant Cycle 2

Ausherman Family Foundation

Tips and Instructions

WELCOME! Please take a moment to read the following:

- AFF provides grants only to organizations serving Frederick County, MD. If your organization does not serve Frederick County, your request will be denied.
- If you'd like info on how to save time completing AFF's LOIs and applications, please see the GuideStar by Candid section of this webpage.
- This LOI will require a letter signed by your Board Chair, expressing your Board's commitment of time and resources to this project or program.
- There is a field at the end of this form for you to enter any additional information that isn't requested on the LOI.
- **NEW! In order to receive Capacity Building funding from AFF, your organization must have claimed its profile on GuideStar by Candid.**

Please click here or on the video to see more information about our Capacity Building Grants.

Project/Program 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

Project Name*
Please provide a brief name that reflects the purpose of the grant request.
Character Limit: 100

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 consultant fees for Executive Coaching."

Note: You will have an opportunity to expand upon this in an upcoming field.
Character Limit: 500

Area of Interest*
Please choose the primary area of interest this grant will serve. See the What We Fund section of our website for help in choosing the appropriate area.

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

Accounting Codes*
Internal Question - Choose the appropriate code for grant category and focus.

51001 Health & Human Services
51101 Arts & Culture
51201 Children, Youth, & Families
51901 Public/Society Benefit

Choices
51001
51101
51201
51301
51401
51501
51601
Continuity*
Indicate whether this grant serves a new or ongoing activity.

Internal field

Choices
New
Ongoing

Frederick Specific*
Does this grant serve only Frederick County?

If the grant will serve Frederick County as well as other counties, please answer No.

Choices
Yes
No
Unknown

Amount Requested*
Enter the request amount in full dollar amounts.

Character Limit: 20

Total Cost of Project or Program*

Character Limit: 20

Additional Funding Sources
If your organization expects to receive funding from other sources (foundations, government, private donations, etc.) for this program or project, please list the other sources.

Character Limit: 10000

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

Character Limit: 3

Percentage of Program or Project Cost*
What is the percentage of the program or project cost you are requesting from AFF? (Field will allow whole numbers only.)

Character Limit: 3
**Project Description***
Please provide a summary of the intended use of the grant funds. *(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?***
Please briefly explain how the organizational issue was identified, including how the board of directors was involved in the process.
*Character Limit: 10000*

**Topic/Issue***
What topic or issue will be address by this grant? 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**
- Arts and Culture
- Civic, Public Affairs and Governance
- Community/Economic Development
- Disaster Response
- Education-Early Child
- Education-College
- Education-Beyond College
- Education-Multiple
- Human Needs-Employment/Job Training
- Human Needs-Family Stability
- Human Needs-Financial Services
- Human Needs-Food
- Human Needs-Health-Mental
- Human Needs-Health-Physical
- Human Needs-Health-Substance Use/Addiction
- Human Needs-Housing
- Human Needs-Human Rights
- Human Needs-Multiple
- Human Needs-Other Income Supports/Benefits
- Human Needs-Person Hosting
- Human Needs-Personal Safety
- Human Needs-Personcare
- Human Needs-Services Navigation
- Human Needs-Telecommunications
- Human Needs-Transportation
- Personal Development
- Public Services-Libraries and Information
- Public Services-Other Public Facilities and Amenities
Public Services-Parks & Recreation
Public Services-Public Safety
Science
Not Applicable
Other
Unknown

**Long-Term Organizational Effectiveness**
Explain how addressing the issue(s) outlined above will improve the organization's ability to achieve its mission. Discuss how this would make the organization stronger and more sustainable.

*Character Limit: 10000*

**Any portion matching?**
Would your organization like for this grant to have a matching component? See our Capacity Building Grants FAQs for additional information.

*By choosing an option with a Matching Component, you acknowledge that matching grant funds will not be released to your organization until matching contributions are received.*

**Choices**
Yes, entirely matching.
Yes, a portion is matching.
No

**New or Returning Applicant**
AFF would like to know if your organization is a New or Returning organization, based on the definitions below.

- Returning - If your organization has **applied for** and **received** grant funding from AFF, and your mission and geographic region served have remained the same, please choose **No** below.
- New - If your organization 1) has not applied previously, even if it has received funding designated by one of our Trustees, or 2) has changed its mission or geographic region served, please choose **Yes** below.

**Are you a new applicant?**

**Choices**
No
Yes

**Use of Consultant(s)**
Will one or more consultants be hired to assist with this project?

**Choices**
Yes
No
**Matching Grant Questions**

**Note:** AFF matches are generally awarded as one-to-one matches. For each qualifying dollar your organization raises, AFF will pay one dollar.

**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). *Field will accept numbers only.*

*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 the grant is awarded.

*Character Limit: 1000*

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**New Applicant Questions**

**Organizational Background**
Please provide a summary that concisely describes your organization’s history, goals, and key accomplishments.

*Character Limit: 10000*

**Geographic Areas Served (list)**
*Please note that Capacity Building Grants are only awarded to organizations located in Frederick County.*

*Character Limit: 10000*

**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*

**DBA**
Enter the name your organization is Doing Business As, if applicable.

*Character Limit: 250*
How did you hear about us?*
Please let us know what led your organization to apply for AFF grant funding (check all that apply).

**Choices**
- AFF Website
- Another Grantee
- Another Funder
- The Community Foundation of Frederick Co.
- Email Blast
- Event
- Facebook or Other Social Media
- Grant Resource Center at C. Burr Artz
- Press Release/News
- Word of Mouth

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**Organizational Information**

PLEASE NOTE THAT THIS SECTION DEALS WITH YOUR OVERALL ORGANIZATION. THE ANSWERS TO THESE QUESTIONS SHOULD NOT BE GRANT SPECIFIC.

**Mission Statement***

*Character Limit: 500*

**Impact Statement***

Describe the impact your organization strives to have on the community.

*Character Limit: 10000*

**Board of Directors or Trustees***

Upload or type a list of your current board of directors including their position on the board (officer, executive committee, committee chairperson, committee member), their professional affiliation, and their email address.

*Character Limit: 10000 | File Size Limit: 1 MB*

**GuideStar Profile***

Has your organization claimed its profile on GuideStar by Candid? For more information, visit GuideStar.

*Please note that organizations which have not done so prior to the AFF board's decision date will not be eligible for Capacity Building funding.*

**Choices**
- Yes
- No
GuideStar Seal of Transparency*
Please note your organization's current GuideStar Seal of Transparency. For information on the benefits of updating your profile, visit GuideStar.

**Choices**
- Bronze
- Silver
- Gold
- Platinum

None yet, but we plan to achieve at least Silver in the next 6 months.
None, and we aren't sure how to achieve a Seal.
We had a Seal, but have let it lapse.

**Bridge ID**
*Optional
*Character Limit: 250

**Organization Website**
*Character Limit: 2000

**Applicant Staff Size**
*Choices
- None
- 1 to 5
- 6 to 15
- 16 to 50
- 51 or more
- Unknown

**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

**Total Revenue**
*Character Limit: 20

**Total Liabilities**
*Character Limit: 20

**Income from Private Sources**
What percentage of your budget is from private (non-governmental) sources?
Character Limit: 3

Fiscal Sponsor*
If your organization is fiscally sponsored by another entity, and you are applying under the sponsor's tax ID number, please respond Yes. 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

Data and Demographics
Questions in the Data and Demographics sections 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 info@ausherman.org or 301.620.4468.

Age Type*
If the grant serves ALL age types, there is no need to select each specific range in the fields below.
If the grant does not serve people (for example, funding for wildlife conservation) answer Not Applicable.
Please choose one.

Choices
All
Specific
Unknown
Not Applicable

Early Childhood
0-4 years

Choices
Yes
No

Child
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.*

While programs and services may be open to all, sometimes a grant is used to support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or are intended to help represent that group to the broader community. Race indicates whether a specific racial subpopulation in the United States is a focus of the programs, services or projects funded by a grant *without implying exclusivity*. For grants that do not support programs, services or projects that serve external human clients, please choose “Not Applicable”.

*Does this grant support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or is it intended to help represent that group to a*
broader community?

Choices
No
White
Black or African American
Asian
Native Hawaiian and Other Pacific Islander
American Indian and Alaskan Native
Some Other Race or Combination
Unknown
Not Applicable

Ethnicity*

While programs and services may be open to all, sometimes a grant is used to support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or are intended to help represent that group to the broader community. Ethnicity indicates whether a specific ethnic group in the United States is a focus of the programs, services or projects funded by a grant without implying exclusivity. For grants that do not support programs, services or projects that serve external human clients, please choose “Not Applicable”.

Does this grant support activities that include outreach efforts to the Hispanic/Latinx population, or predominately serve the Hispanic/Latinx in practice, or is it intended to help represent the Hispanic/Latinx population to a broader community?

Choices
No
Hispanic/LatinX
Unknown
Not Applicable

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

Choices
No
Female
Male
Transgender/Nonbinary/Gender Queer/Intersex
Unknown
Not Applicable
**Sexual Orientation***
- 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 orientation is unknown.
- Not Applicable - The nature of the grant makes sexual orientation 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.

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

**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.

*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

**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.

**Choices**
Yes
No
Unknown
Not Applicable

**Other Categories of Need**
Please indicate if the programs or services supported under a grant have a connection to, or focus on, specific categories of need in the community.
This coding makes it possible to identify a grant that provides transportation or other services to persons within a specific category of need. In the case of a grant that is related to multiple categories of need, select the option that best represents the primary focus.

**Choices**
Chronic Illness
Homelessness
Substance Use Disorder
Other
Unknown
None
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

**Intervention Scale***

**Choices**
Individual
Family
Group
Community
Organization
All
Unknown
Not Applicable

**Grant Purpose***

**Choices**
Research
Planning
Capacity Building
General Operations
Programs/Services
Advocacy/Policy
Evaluation
All
Unknown
Not Applicable

**Intervention Type***

Preventative - intended to prevent a subsequent problem.
Palliative - intended to mitigate the symptoms of a problem.
Restorative/Curative - intended to repair, restore, or heal a problem to return to a healthier or improved condition.

**Choices**
Preventative
Palliative
Restorative/Curative
All
Unknown
Not Applicable
**Fiscal Sponsor Info**

**Fiscal Sponsor Name**
*Character Limit: 250*

**Fiscal Sponsor EIN***
Enter Fiscal Sponsor's tax ID number.
*Character Limit: 250*

**Fiscal Sponsor MOU**
Attach Fiscal Sponsor agreement or MOU.
*Character Limit: 10000 | File Size Limit: 2 MB*

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**Commitment Letter, Feedback, and Signature**

**Commitment to Fulfill Capacity Building Grant***
If you are awarded a Capacity Building Grant, your organization's leadership will be expected to commit time and resources to build organizational capacity. You will be expected to provide financial statements and submit evaluation reports in which you will document your progress toward stated outcomes. Please upload a letter signed by the Board President certifying that your Board Members have approved the submission of this LOI and the proposed project, and that they will commit the time and resources to carry out the plan.
*File Size Limit: 1 MB*

**Anything else to share?**
If you have information that isn't addressed by questions in this form, please enter or upload it here.
*Character Limit: 10000 | File Size Limit: 9 MB*

**File Upload**
Please upload a document, photo, or very short video you'd like to share here.
*File Size Limit: 2 MB*

**IMPORTANT** - As part of this online grant system, you will receive emails related to your request. These emails will be sent from the 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.

**Name of Person Submitting LOI***
*Character Limit: 150*
Title of Person Submitting LOI*
*Character Limit: 200

Email Address of Person Submitting LOI*
*Character Limit: 254

Contact List*
AFF periodically contacts applicants to share information we believe would be of value to nonprofits, including notifications of upcoming events and Nonprofit Summits.

Choices
Please DO NOT add my email address to AFF's contact list.
Please DO add/keep my email address on AFF's contact list. I want to be informed!

Follow us on social media!

Staff and Trustee Review Fields

Staff Recommendations
*Character Limit: 2500

Present at GCM
*Character Limit: 10

Revisit at GCM
*Character Limit: 10

Grants Committee Comments & Recommendations
*Character Limit: 2500

Grants Committee Funding Amount Recommendation
*Character Limit: 20

Date Financial Review Received from Controller
*Character Limit: 10

Charitable Finance Committee Review
*Character Limit: 3000

Site Visit Trustee(s)
*Character Limit: 200

Date of Site Visit
*Character Limit: 10
Time of Site Visit  
*Character Limit: 50*

Location of Site Visit  
*Character Limit: 250*

Site Visit Notes  
*Character Limit: 3000*

Staff Site Visit Notes  
*Character Limit: 5000*

Present at BOT  
*Character Limit: 10*

Revisit at BOT  
*Character Limit: 10*