2023 Capacity Building Grant Cycle 1

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 AND have at least a Bronze seal. The seal must be up-to-date (updated within the last 12 months). If you have any questions, please contact info@ausherman.org.***

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

Amount Requested*

Enter the request amount in full dollar amounts.

Character Limit: 20

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

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

Total Cost of Project or Program*

Character Limit: 20

Project Budget*

Please enter or upload a project budget.

Character Limit: 10000 | File Size Limit: 2 MB

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.)*

Character Limit: 10000

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

Anticipated Project Completion Date, if applicable

Character Limit: 10

Use the area below to explain three to five specific outcomes to be achieved as a result of the project. ***The outcomes should be concrete enough that you will know whether you have achieved them at the end of the grant period.*** *(Example: "The board will be stronger" is not a meaningful outcome; it cannot be measured and does not have universal meaning. Rather a statement such as "The board will understand its role in fundraising" will be more useful.)* Concrete outcomes will help everyone involved—board, staff and consultant—to have a shared sense of what is to be achieved.The purpose of capacity building is to move the organization from the baseline condition to the desired outcome. At the end of the grant period you will evaluate your success at achieving the desired outcomes.
Output is the quantitative result. **Outcome** is the overall change derived from accomplished objectives and activities.

Outcome 1*

The baseline (current condition you are seeking to change or problems you want to solve), milestones (intermediate steps to monitor progress), and outcome (specific way the organization will change).

Character Limit: 10000

Outcome 2*

The baseline (current condition you are seeking to change or problems you want to solve), milestones (intermediate steps to monitor progress), and outcome (specific way the organization will change).

Character Limit: 10000

Outcome 3*

The baseline (current condition you are seeking to change or problems you want to solve), milestones (intermediate steps to monitor progress), and outcome (specific way the organization will change).

Character Limit: 10000

Outcome 4

The baseline (current condition you are seeking to change or problems you want to solve), milestones (intermediate steps to monitor progress), and outcome (specific way the organization will change).

Character Limit: 10000

Outcome 5

The baseline (current condition you are seeking to change or problems you want to solve), milestones (intermediate steps to monitor progress), and outcome (specific way the organization will change).

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

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, or the population served 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

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

Number of Board Members*

Please provide the current number of Directors or Trustees.

Character Limit: 3

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 and achieved at least a Bronze Seal of Transparency? 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 will have Bronze before the site visit & plan to achieve at least Silver in 6 mos.
None, and we'd like AFF staff's assistance in learning how to achieve a Seal.
We had a Seal, but have let it lapse. We will bring it up to date prior to a site visit.
We are not interested in acheiving a Seal, and will not submit this grant request.

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

Financial Statements

Audited or Reviewed Financials?*

Does your organization have its financial statements reviewed or audited by an outside agency?

Choices

Yes
No

Current Year's Budget*

Upload the current year’s board approved income and expense budget.

Character Limit: 10000 | File Size Limit: 2 MB

Current Year's Actual Income and Expense Statement*

Upload the year-to-date actual income and expense statement.

Character Limit: 10000 | File Size Limit: 2 MB

Current Year's Balance Sheet*
Upload the current year's balance sheet to date.

Character Limit: 10000 | File Size Limit: 2 MB

Future Estimated Budget, if available
Upload the estimated budget for the next fiscal year.

Character Limit: 10000 | File Size Limit: 2 MB

Fiscal Year Start*
Character Limit: 250

Fiscal Year End*
Character Limit: 250

Funding Sources (list)*
Character Limit: 10000

Financial Statements for Organizations without Audited or Reviewed Financials

Past Year's Financials*
Please upload the most recently completed fiscal year's **Balance Sheet** and **Income & Expense Statement**. Please note: the system will allow only one upload. Merge or scan these 2 documents into 1 document before uploading.

Character Limit: 10000 | File Size Limit: 3 MB

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

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.

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.

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.

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

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

Age Groups

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

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!

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