



**P.O. Box 10368**  
**Rockville, MD 20849-0368**  
[www.mcdaf.org](http://www.mcdaf.org)  
**301-251-2338**

## **Community-Based Grant Program 2018–2019**

The Montgomery County (MD) Delta Alumnae Foundation, Inc. (herein referred to as “MCDAF”) provides grants for community-based programs/projects offered by non-profit 501 (c)(3) organizations in Montgomery County, Maryland. MCDAF will provide support of **up to \$3,000.00** for service programs that directly benefit youth, low- and moderate-income families, or the elderly of Montgomery County, Maryland (the “Fund”).

The Fund does not currently provide grant support for the following:

- Individuals, for-profit organizations, or religious congregations;
- Organizations operating solely outside of the state of Maryland;
- Capital campaigns, loans, endowments, or debt reduction;
- Clinical or academic research, direct patient services, or disease-specific charities;
- Advertising materials or publications, unless such materials are an integral component of a specific community-based project or program;
- Equipment purchase, unless such purchases are an integral component of a specific community-based project or program;
- Athletic, recreational or alumni activities; or
- Construction projects.

**The application period for MCDAF’s Community-Based Grant Program will open March 1, 2018 at 12:00 a.m. and will close March 30, 2018 at 11:59 p.m.**



MONTGOMERY COUNTY, MARYLAND

*Delta  
Alumnae*

FOUNDATION, INC.

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**COMMUNITY-BASED GRANT PROGRAM APPLICATION  
2018 – 2019**

**Organization Name:** \_\_\_\_\_

**Program/Project:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Program/Project Description:** Attach a description of your organization and the program/project for which you are seeking support. Your program/project description should include the following information: (1) the specific activities that will take place, along with a corresponding timeline; (2) the population and the total number of individuals to be served; and (3) your anticipated/past results. *(Limit your response to two (2) typewritten, double-spaced pages, 12-point font only. You may supplement your narrative with appropriate visual materials.)*

**Total Funds Requested:** \$ \_\_\_\_\_

**Program/Project Budget:** Attach a one-page budget justification in which you outline how the funds will be allocated (*e.g.*, supplies, salaries, *etc.*).



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**Organization Official (signature)\*:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* The signature of your organization's chief operating officer is required.

**(FOR OFFICIAL USE ONLY)**

**MCDAF Official (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount funded: \$** \_\_\_\_\_



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**COMMUNITY-BASED GRANT PROGRAM APPLICATION**  
**2018 – 2019**

**SUBMISSION INSTRUCTIONS**

**Hardcopy Submissions:** Mail an original and three (3) copies of your completed application, including all attachments, to MCDAF, P.O. Box 10368, Rockville, MD 20849-0368. All hardcopy submissions must be postmarked **no later than March 30, 2018**.

**Electronic Submissions:** Email a scanned copy of your completed application, including all attachments, to [evaluation@mcdaf.org](mailto:evaluation@mcdaf.org). All electronic submissions must be received **no later than 11:59 p.m. on March 30, 2018**.

**Post-award Submissions:** All grant recipients will be required to submit an activities report each quarter until funds are expended or until the grant period ends. See the form below.



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**COMMUNITY-BASED GRANT PROGRAM  
QUARTERLY REPORT**

**Organization Name:** \_\_\_\_\_

**Organization Official:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Include the following items in your report and remit to MCDAF after completion of the activity (ies) for which funds were granted. Describe activity (ies) during last reporting period (*i.e.*, quarter).

**Accomplishments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Numbers Served:** \_\_\_\_\_

**Barriers and Challenges:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Community Partners:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Upcoming Activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How Funds Granted Were Used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Matching Funds (as appropriate):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach extra sheets, if necessary.**

MCDAF secures funds from various sources to provide scholarships to Montgomery County students and to support specific programs of Montgomery County non-profit or not-for-profit organizations/agencies. Supported programs will include public service programs that benefit youth, families, and the elderly. MCDAF accepts donations from individuals and organizations to support our scholarship fund and other program areas. Donations are tax deductible to the extent allowable by law.