



Montgomery County (MD) Delta Alumnae Foundation, Inc.

**2019/2020
Community-Based Grant Proposal**

Instructions: Please complete or provide all information requested in **Part I – General Information, Part II - Funding; Part III – Budget; and Part IV - Narrative.** All proposals must be signed by an authorized officer of the organization where indicated to be considered complete. Refer to the directions for submitting the completed proposal and all supporting documentation.

Part I – General Information (Please Type)

A. Organization Information

Organization Name:

Program/Project Name:

Organization Street Address:

City: State: Zip Code:

Organization Website (if applicable):

Organization Email Address:

Organization Phone Number:

B. Contact Person

First Name:

Last Name:

Email Address:

Phone Number: Home Business Cell

Alt. Phone Number: Home Business Cell

Part II – Funding

1. Total grant funds requested: \$
2. List other funding received and sources:
3. Describe the impact on the program/project if adequate funding is not raised.
4. Describe actions the organization will take to address a funding shortfall.

Part III – Budget

Use the attached budget table to show how funds will be allocated (e.g. salaries, supplies, training, etc.) You may also use your own template as long as it shows the following:

- Program/Project Expense Item
- Description of each Program/Project Expense Item
- Amount of Funding for each Program/Project Expense Item
- Other Funding Received for each Program/Project Expense Item
- Total Cost for each Program/Project Expense Item

Part IV – Narrative

On a separate piece of paper, please provide a narrative that describes the program/project. The narrative should address all of the elements listed below. *(Limit your response to two (2) typewritten, double-spaced pages, 12-point font only. You may supplement your narrative with appropriate visual materials.)*

- Overview of the program/project including number of years in existence
- Description of the need being served and how this program/project addresses that need
- Specific activities that will take place along with a corresponding timeline
- Target geographic area and population that the program/project will serve
- Historical data (if applicable) and expected results, including number of individuals served
- How program/project aligns with MCDAF mission
- Other community partners

Signature (Required)

Signature

Date

Printed Name of Officer

Title

REFER TO INSTRUCTIONS FOR SUBMITTING THE COMPLETED APPLICATION AND ATTACHMENTS.

Applications for the MCDAF Community-Based Grant Program will be accepted beginning March 1, 2019 at 12:01 am and no later than 11:59 pm on March 30, 2019. Please retain a copy of the completed application and attachments for your records.

Organization Name:

Program/Project Name:

Part III – Budget Information Table (Optional) *(Attach to Community-based Grant Proposal if template if this table is completed. You may use your own budget information table provided it includes all information requested in Part III of the Community-based Grant Proposal)*

Expense Item	Description	Total Cost	Funds Requested for this Item	Other Funds Available for this Item
TOTAL PROGRAM/PROJECT COST			\$	