

NOMINEE

Organization Name:

Applicant Name/Title:

Address:

City, State Zip:

Phone:

Email:

Website:

Executive Name/Title (if different than applicant):

Board Chair/President (if different than applicant):

NARRATIVE

DIRECTIONS: Please type your answers in 11-point font and do not exceed a total of four pages.

Question 1: Describe the project or activity your organization has provided within the last year. Include a description of the targeted population (e.g. middle-school aged children, elderly residents, etc.) and how many participated, the project's timetable (e.g. a three-week program two hours twice a week), where the project took place, personnel involved, the activity itself (e.g. wellness classes, free dental exams for the homeless, etc.):

Response 1:

Question 2: Why did your organization choose this project? Did the population request it? Has it proven a successful endeavor in the past, here in Howard County or elsewhere?

Response 2:

Question 3: How does or did this project make a difference in someone's life? You may write about an individual's story, or talk about the general population affected. Describe how the impact was measured and include specific details (e.g. these two children tutored by a retired teacher living at Vantage House improved their reading grades from a C to an A.).

Response 3:

ATTACHMENTS

- A PDF your organization's 501(c)(3) designation.

SIGNATURE

I certify that the information contained in this grant application and its attachments are complete and accurate to the best of my knowledge. Completion of the form below indicates certification.

The application must be signed by the Chief Executive Officer or Board Chair.

| | |
|--------------------|--|
| NAME and TITLE | |
| SIGNATURE and DATE | |

Thank you for your nomination!