



EXAMPLE

Montgomery County Community Grant Application

Created: 11/21/2016

Last updated: 11/30/2016

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Organization's Legal Name

East County Strong

Briefly identify the specific program or purpose for this funding request.

in 20 words or less. This will be the published purpose for any grant awards and should be brief and very specific. For example, "Provide improved education and leadership skills for African youth," or "Provide emergency assistance for rent and utilities."

Funding for "Jobs for persons with disabilities" program, located in Burtonsville

This application is for:

County Council Community Grant

Will you be submitting a separate application for the identical amount and identical services to both the County Council and County Executive?

By selecting "yes", you acknowledge that the amount requested in this proposal is the total funding you are requesting from the County for this program, this year. There is no penalty for requesting funds from both entities.

Yes

Please indicate if a proposal for the same amount and same services has been submitted for CDBG (Community Development Block Grant) funding.

By selecting "yes", you acknowledge that the amount requested in this proposal is the total funding you are requesting from the County for this program, this year.

No

Is this application being submitted on behalf of a team of multiple applicants?

The assumption is that the organization submitting a team application will be the lead agency for these services and will coordinate with other service providers.

Yes

If yes, please list all organizations participating in this team application.

East County Strong and Inclusive Village

Amount of this funding request (in whole dollars)

This is the amount of funding you are requesting with this application. Please do not enter commas or dollar signs in the numeric field.

40000

Total Program Cost (in whole dollars)

This is the organization's total cost for the program. Please do not enter commas or dollar signs in the numeric field.

136455

Organization's Address

Street Address	100 Maryland Ave
Address Line 2	5th floor
City	Rockville
State	Maryland
Zip Code	20852
Primary Phone Number	244 777-7935

Secondary Phone Number

Fax Number

(No response)

Organization Website Address

Eastcountystrong.org

Executive Director/CEO Information

Salutation

Ms.

First Name

Joan

Last Name

Schaffer

Email Address

joan.schaffer@eastcountystrong.org

Phone Number

240 777-7935

Will the Executive Director/CEO be the primary contact for this grant application?

Yes

Non-Profit Organization:

Incorporated prior to year 2009

IRS Form 990:

Have you submitted, or are you planning to submit an IRS Form 990 for your organization's most recently completed Fiscal Year?

Yes

Type of funding requested:

Operating Funds

Type of activity to be funded:

Check all that apply for this project.

Responses Selected:

Economic Development (includes workforce development programs)

Services to Older Adults/People with Disabilities

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1. Briefly describe your project, why it is needed, and how it helps advance County priorities (listed in the FAQ's accessed by clicking the "Resources" tab above).

in 300 words or less.

In FY18, we will work with 30 County residents with mild to moderate developmental disabilities, helping them secure and maintain employment. We anticipate a minimum of 15 clients will maintain employment for at least six months. Our program responds directly to the goal of providing "vital living for all residents". We are proud that nearly 75% of the people we have placed are still employed 3 years later. Because of our track record of success, our program is in high demand. We have maintained a waiting list of at least 20 people for the past three years. Our program is comprehensive, as the result of the unique partnership between East County Strong, Inclusive Village, and other providers, many who make referrals to our programs. After completing an intake, each client receives a comprehensive skills evaluation. As a result of the evaluation and our close work with employers, we can carefully match clients with potential jobs that maximize their abilities. We provide an average of 8 hours of pre-employment coaching that individually tailors our core curriculum to address basic job skills, job etiquette, transportation, dress, problem solving strategies, etc. Each client meets with a wardrobe coach at Inclusive Village's Successful You clothing closet, where they spend up to four hours discussing appropriate interview/work attire, and select at least 5 outfits for work.

Post-employment, we work with our clients in two ways. Career coaches meet jointly with both the client and the employer 5 times over the course of the first six months of employment. Experience indicates those meetings are successful in clearing potential challenges. Additionally, we assign a trained mentor to each of our employed clients. At the beginning they meet at least 2/month. Many of those relationships have continued for years after being forged.

1a. Specifically describe who will be served by your program and what geographic areas of the County will be served.

in 200 words or less.

Our Burtonsville-based program focuses on helping East County residents who have mild to moderate developmental disabilities gain and maintain employment that maximizes their skills. We are the only nonprofit providing this type of service that is focused on East County residents. Other similar programs are based Upcounty, in Rockville and to a limited extent in Silver Spring. However, we believe our program is more comprehensive than many, as attested to by the wonderful Washington Post article published on August 3, 2016.

Our typical client has not worked in the past, or been out of work for at least three years. Clients live with their families or in group housing, or in some cases independently. Virtually all of them are living at or near poverty level and more than two thirds represent the diverse populations of our County.

Roughly 50% are on the autism spectrum, 50% have other developmental disabilities.

2. Briefly describe the mission of your organization and explain how this request supports this mission. Include a description of how your organization's efforts have made a difference in the community.

in 250 words or less.

Our mission is "To enable developmentally disabled County residents of to be fully immersed in, and contributing members of the life of our community". We accomplish this in two primary ways. First, we help our clients gain and maintain productive employment, and second we work to get these residents involved in a variety of diverse community programs.

While our organization has been in existence since 2008, the employment program only begun in 2010. Since then, we have helped 104 residents gain employment. Nearly 75% of them are still gainfully employed today.

Our other successful program works to involve our clients in the civic life of our community, volunteering to help others, and even serving on County Boards and Commissions. 50% of those we have worked with in our jobs program, and 150 other individuals with developmental disabilities are are involved in the community as the result of our programs.

3. How will the program/activity described in Question 1 collaborate or coordinate with other non-profit organizations and County agencies? Be sure to identify organizations that provide similar services. Specifically identify your key partner organizations and describe the nature of the collaboration/coordination.

In 250 words or less.

First this program is a joint effort of East County Strong and Inclusive Village, utilizing the skills of both organizations. Additionally, we work closely with many organizations that either provide employment assistance or provide other assistance to our disabled residents. For example, we work with the Foundation for Group Homes, Periwinkle Services, the County's Disability Services and several other organizations to identify potential clients for our services. We then meet semi-annually with case managers to discuss progress of each client.

We also work with both Social Services, Inc., the Career Enablers and Inclusive Village to share best practices in identifying employment opportunities, gaining and maintaining employment. Finally, our partner in this proposal, Inclusive Village, works with our clients to provide 'dress for success' clothing, transportation training, and up to 15 hours of one-on-one career coaching services.

4. What is the total program/activity cost for the project for which you are requesting funding?

136455

5. Amount of this funding request:

40000

6. What portion of the total program cost do you expect to be funded or raised from sources other than County funding (You may include up to ten sources of funds)

(e.g., Federal, State, private, foundation, participant fees, other)

If you are not seeking other sources of funding, enter None for the Source, 0 for the amount and "n/a" as a comment in line 1.

Enter amounts without dollar signs or commas.

Optional comments are limited to 50 words.

	Source	Amount	Comments (optional)
1	The Cutler Foundation	25000	We have received funding from Cutler for the past ten years and anticipate it continuing
2	Our Board Members	25000	For the past 8 years, our Board has collectively donated more than \$60,000 each year to our organization. Assuming they provide the anticipated funding, we could dedicate up to \$25,000 of it to this program
3	Md. State	32000	through the DORS program
4	Individual directed donations	17000	Last year, we received \$15,000 in individual donations specifically for this program. We anticipate it will continue and hope to increase it.
5			
6			
7			
8			
9			
10			
Total		99000.0	

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7. How does your organization plan to financially sustain this project in the future?

Provide a response in 250 words or less. Please note that Community Grant awards are provided for a single fiscal year. Funding in future fiscal years is not assured and is subject to the annual application process.

We are asking the County for just under 30% of the total program cost. We continue to look for

other sources of funding to reduce our dependency on the County. In fact, in prior years, we have asked for as much as 50% of the total program cost. We have been fortunate to grow our base of individual donors over the past year, and will continue to focus on this effort. If we did not get additional funding in the future, we could as a last resort cut the size of the program, but because we have multiple funding sources, we would not need to eliminate it.

8. Describe efforts made to recruit volunteers and/or leverage community resources.

in 200 or less.

We have an active base of volunteers in the community that help us identify job opportunities in their places of work. We have been successful in forging relationships with key employers and in three cases have had corporations allow staff members to serve on our Board. We have a team of 36 volunteers who work with our clients to provide additional mentoring in addition to the formal coaching provided by Inclusive Village. Finally, as noted earlier, we work closely with other nonprofits and the county organizations that provide similar services or work with a similar population.

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Outputs and Outcomes Section

This section requests information about both outputs and outcomes of your program.

An **output** details what your organization does (e.g. provide tutoring in reading for 20 children).

An **outcome** is a result of the activities in which your organization engages. Outcomes should address what difference your program has made in the lives of the residents you serve (e.g. increase reading levels by two grades for 90% of children served).

In general, your outcomes should be reflective of program outputs.

9a. Describe up to three specific outputs that will result from the expenditure of these grant funds.

- **Outputs should help to quantify the amount of service you provide.**
For example,
 - **number of people to be served**
 - **number of hours of service to be provided**
 - **number of workshops to be held**

Please note that it is not necessary to provide more than one output.
Descriptions are limited to 50 words and measurements are limited to 60 words. As you type an outcome description, space for a second output will appear. You may enter up to three outputs for this project. Prior year actuals may be "N/A" for new programs.

For example

Output Description: Children receiving tutoring in reading
How will you measure: *attendance records of children attending tutoring sessions*
Number to be served: 50
Prior year actual: 48

	Output Description	How will you measure?	Number to be served	Prior Year Actual
1	Evaluate client job skills	number of evaluations completed	30	32
2	Ensure clients have the right wardrobe to interview for jobs and wear to work	number of clients who meet with wardrobe coach at "Successful You" clothing closet	25	27
3	Clients receive individualized job coaching	number of clients number of clients who have at least 3 coaching sessions	25	24

9b. Describe up to three specific outcomes that will result from the expenditure of these grant funds.

- **Outcomes should describe the impact of your outputs.**

Please note that it is not necessary to provide more than one outcome.
Descriptions are limited to 50 words and measurements are limited to 60 words. As you type an outcome description, space for a second outcome

will appear. You may enter up to three outcomes for this project. Prior year actuals may be "N/A" for new programs.

For example

Outcome Description: Children increasing reading level by two grades

How will you measure: Standardized test results

Number expected to achieve outcome: 38

Prior Year Actual: 35

	Outcome Description	How will you measure?	Number expected to achieve outcome	Prior Year Actual
1	Clients procure employment	Number of clients who gain employment during the FY	18	18
2	Clients maintain employment for at least six months	feed back from employers	15	14
3				

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10. Are you requesting funds for a new or existing program/activity?

Existing

If existing, indicate how long the program has been in operation and describe the outcomes/results achieved to date. Please provide data and be specific as this is an important area of evaluation. Has the program achieved the goals established for it? Note: If you received funding from the County in FY16, please describe how you have or have not met the targets you included in your prior application.

in 200 words or less.

The program began in 2010. Since that time we have worked with over 150 individuals of which 90 have gained and maintained employment for at least six months. As a result 80% of those clients have significantly reduced their reliance on County/State support services. In FY16, we received a total of \$40,000 in community grants. We met all our targets but one. We had

anticipated that 15 clients would maintain employment for 6 month. We were on track to exceed our target by 1. However, after 5 months, one of our clients was involved in a serious car accident and is currently in rehab. We hope he will be able to return to work for the same employer in the future. A second client was working for a small employer CUPEX, in Gaithersburg. The organization declared bankruptcy in October and layed off most of its staff. We are currently working with this client to find another opportunity for her.

11. Has the program/activity received County funding within the past three fiscal years?

Yes

Please list the source of funding and the amount.

Sources may include HHS Community Services Grants, Community Development Block Grants (CDBG), County Council Grants, County Executive Community Collaboration Grants, funds in the Cost Sharing CIP project, and/or in a County department's base budget. **Please list the most recent sources of funding first. No dollar signs or commas are allowed in the "Amount" column.**

	Fiscal Year	Source	Amount
1	FY17	Council Grant	17000
2	FY17	Executive Grant	25000
3	FY16	Council Grant	25000
4	FY16	Executive Grant	25000
5	FY15	Executive Grant	20000
6	FY15	CDBG grant	35000
7			
8			
9			
10			
Total			147000.0

7

If this is a team proposal, please tell us the specific role of each participating organization. For all other applicants, please leave this question blank.

in 250 words or less

East County Strong : Outreach to partner organizations; job development; job matching; follow-up with employers; management and oversight of community volunteers that mentor our clients; overall program management.

Inclusive Village: Approximately 15 hours of tailored Job skill, transportation and wardrobe coaching for each client. Wardrobe selection assistance from the "Successful You" clothing closet.

Is there anything else you would like to say about your program or organization that has not been fully addressed by this application form? This question is optional.

in 200 words or less

Our program is the only one of its kind that focuses on East County residents. We have been recognized by the Catalog for Philanthropy as one of the best small nonprofits in our region. Our leaders are actively engaged with both Nonprofit Montgomery, and Maryland Association of Nonprofits.

Assurances

If the grant is awarded, the applicant assures that:

1. The applicant will administer funds.
2. Funds received will be used solely for the documented activities.
3. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
4. The applicant organization intends to comply with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
5. Please note that applications are subject to the Maryland Public Information Act (MPIA) (found at Md. Code Ann., State Gov't., §10-611 through -628 (MPIA) and the County must comply with the disclosure requirements of the MPIA when a request for documents is received.

I hereby certify that information submitted in the grant application is a true and correct statement of facts. I, as a designated legal representative of the Organization, further certify that this Organization shall abide by and be subject to all applicable Federal, State and Local laws and regulations pertaining to any subsequent grant that may be issued.

6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

If there are any changes that need to be made to the grant application after submittal or if the organization ceases operations or becomes a subsidiary of another organization, you have the responsibility of notifying the appropriate grants administrator.

Name of Person Completing Application:

This serves as your electronic signature.

Joan Schaffer

Date:

MM/DD/YYYY

12/12/2016

**Montgomery County Community Collaboration Grants and County Council Grants
Program Budget Template**

				\$0
				\$0
				\$0
				\$0
				\$0
	Program Totals:	\$40,000	\$96,455	\$136,455