

2023 Grant Process

Anne Arundel Women Giving Together (AAWGT)

I. WELCOME TO THE 2023 AAWGT GRANT APPLICATION

Anne Arundel Women Giving Together remains committed to supporting work that **improves the quality of lives of women and families** in Anne Arundel County, and to partnering with non-profits who share this vision.

As a non-profit, you bring a firsthand understanding of the needs of our community and a working knowledge of the most effective solutions. In this grant application, we want to hear from you about how together we might address the issues keeping women and families from thriving. We encourage you to be creative and tell us what you *really* need!

Like you, we care about healthy lives and safe places to live – we worry about food deserts -- we see the growing need for emergency responses for housing and food, for access to equitable health care, and for safe, secure and healthy homes and environments for all women and families.

Like you, we care about education in all its forms, starting with the very youngest -- and the importance of literacy and mentoring for people of all ages.

Like you, we are concerned about violence of any kind -- domestic violence, gun violence, and bullying.

And, like you, we care about breaking the cycle of inequity in society, in organizations, and in practice.

We encourage you to consider applying for general operating expenses as well as for expenses for new and/or existing programs. Through our grants, AAWGT seeks to partner with you in bringing about positive change.

We look forward to hearing your ideas!

II. BEFORE YOU BEGIN

Read and follow the guidance provided at the following links:

- 2023 Grant Overview [HERE](#)
- Application Guidance [HERE](#)
- Using our Our Grant Management Software [HERE](#)

Attend the January 12, 2023 Applicant Workshop (on Zoom) for the best guidance on applying to AAWGT. Registration is required,

Please register [HERE](#) for **MORNING** Workshop

Please register [HERE](#) for **AFTERNOON** Workshop

Know and confirm the following *three numbers* for your non-profit organization – they are **REQUIRED!**

Federal Employee Identification Number (EIN)

This number identifies your organization as a non-profit.

Your EIN will look like this: 00-0000000

Website to verify: <https://apps.irs.gov/app/eos/>

Maryland Charity Registration number (CID)

This number identifies the organization with the Maryland Secretary of State.

Your MD Charity number will look like this: 00000

Website to verify: https://onestop.md.gov/list_views/62f3e1797f7e3200016a3dab

It must state: “This organization is in compliance with the Maryland Solicitations Act”

Business Entity Number with the Maryland Department of Taxation and Assessments.

Your Business Entity number will look like this: InitialLetter00000000

Website to verify: <https://egov.maryland.gov/BusinessExpress/EntitySearch>

Organization must be listed as “Active”

Important to remember:

Applying organizations must be a 501(c)(3) or have a fiscal sponsor who is a 501(c)(3) (see [General Guidance](#)).

Organizations may submit **only one application**.

AAWGT funding is limited to two consecutive grant cycles after which the applicant

organization becomes ineligible for the following two grant cycles.

Grant requests may range from **\$5,000 to \$25,000** (note this is an increase from prior years). Funding period is **July 1, 2023 through June 30, 2024**.

Target population of your application must be **women and families in Anne Arundel County**.

Deadline for submitting application is Friday, February 10, 2023, 11:59pm.

Questions?

- For questions about **grant requirements** or the grants **process**, contact grants@givingtogether.org.
- For technical questions about our **online application software**, contact GrantAppHelp@givingtogether.org.

III. QUALIFYING NUMBERS

If you are unsure about any of the required numbers, refer to the guidance in Section II or contact us at grants@givingtogether.org

Federal Employee Identification Number(EIN):*

Your EIN will look like this: 00-0000000

Character Limit: 20

Maryland Charity Registration Number (CID)*

Your MD Charity Number will look like this: 00000

Character Limit: 20

Business Entity Number with the Maryland Department of Taxation and Assessments*

Your Business Entity Number will look like this: Initial Letter00000000

Character Limit: 20

IV. INFORMATION ABOUT YOUR ORGANIZATION AND PROPOSAL

Grant Year*

Choices

2023

Organization Name*

Character Limit: 100

Your Mission Statement:*

Character Limit: 500

Year your organization was founded:*

Character Limit: 20

Diversity, Equity, Inclusion and Aaccessibility (DEIA) Information*

Every organization is at a different place on their journey to address DEIA (diversity, equity, inclusion, accessibility). Help us understand how your organization is bringing DEIA into the heart of what you do and who your are. Be as specific as possible.

Character Limit: 1000

Proposal Name*

Character Limit: 150

Amount Requested (Round to next higher whole dollar amount)*

Between \$5,000 and \$25,000

Character Limit: 20

Narrative - Tell us about your proposal*

Please be as concise as possible - we accept bulleted information.

What are you proposing to do?

What need(s) are you addressing?

Who and how many will be participating?

What else is important for us to know?

Character Limit: 2000

Over what time period will your proposal take place?*

Character Limit: 1000

What is the most important impact you seek to have?*

Character Limit: 1000

How will you measure your success?*

Character Limit: 1000

Tell us why you are the right organization to do this.*

Character Limit: 1000

Share anything additional you believe is important for us to know.

Character Limit: 1000

Summarize your proposal.*

Your summary should capture the most important aspects of your proposal, i.e., those components which best convey to the reader the heart and soul of what you are proposing. Your summary will be used in presenting the proposals for the final membership vote.

Character Limit: 750

V. FINANCIALS

AAWGT's Budget Proposal Template*

The link to AAWGT's Budget Template will be available when you log in to the application after January 4, 2023.

Character Limit: 10

Upload a copy of your current Operating Budget.*

Include both Revenues and Expenses.

File Size Limit: 2 MB

Upload a copy of the Budget vs. Actual (Activity) statement - most recently completed fiscal year.*

If you do not have that information, explain.

Character Limit: 300 | File Size Limit: 2 MB

VI. DATA QUESTIONS

Primary Group(s) to be Served*

Check all that apply

Choices

Women only

Women and Families

Children

Adolescents

Seniors
Another Group

If "another group", describe:

Character Limit: 1000

Age Group impacted by your proposal:*

Check all that apply.

Choices

- All
- Birth-5 years
- 6-12 years
- 13-19 (Adolescents)
- 20-34 years (Young Adults)
- 35-64 years (Adults)
- 65 years and older (Seniors)

Targeted Population Group:*

Check all that apply.

Choices

- General population
- Single Head of Household
- Low income
- Homeless
- Student
- Military and/or Veterans
- Individuals with Disabilities
- Incarcerated
- LGBTQIA+
- Another population

If "another population", describe:

Character Limit: 250

Primary Geographic Area*

Choose only one.

Choices

- County-Wide
- Annapolis Only
- North County
- South County
- West County

VII. CONTACT INFORMATION

Organization Address*

Character Limit: 100

Organization Phone Number*

Character Limit: 100

Organization Website

Character Limit: 254

Other social media (if available)

Character Limit: 100

Executive Director Name*

Character Limit: 250

Executive Director Email Address*

Character Limit: 254

Executive Director Cell Phone*

Character Limit: 250

Person Preparing Application*

Character Limit: 100

Preparer email*

Character Limit: 254

Preparer Cell Phone*

Character Limit: 100

VIII. ELECTRONIC SIGNATURE

This application is an accurate representation of the proposal for which we are requesting funds from AAWGT.

By entering data into the next three fields calling for insertion of your Name, Title, and Date, you are:

- representing that you are an officer or other agent for the applicant duly authorized to enter into legally binding agreements on behalf of the applicant

- **agreeing to submit this application in an electronic form on behalf of the applicant which shall be bound by its contents as an electronic transaction**
- **agreeing that your insertion of data into these following fields constitutes an electronic signature**
- **affirming that your organization does not discriminate by race, creed, gender, sexual orientation, age, religion, disability or national origin.**

Authorized Signature*

Character Limit: 200

Title*

Character Limit: 100

Date*

Character Limit: 10