

# 2023 General Grant - NEW

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## *Ausherman Family Foundation*

### *Info from the LOI - Pre-Application*

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*The responses in this section of the application are taken from your LOI and cannot be edited.*

#### **Name of Grant Request\***

*Character Limit: 250*

#### **Statement of Grant Intent**

*Character Limit: 500*

#### **Amount Requested**

This is the Amount Requested on the LOI. If you wish to change the amount requested, please contact [info@aushermanfamilyfoundation.org](mailto:info@aushermanfamilyfoundation.org).

*Character Limit: 20*

### *Grant Application*

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#### **Topic/Issue\***

Please select only **one** option from the following list. If your work could reasonably fall into more than one category, use your best judgement to decide which category you would prefer to use for this grant request.

*For more complete details about what types of work belong in each category, click here.*

#### **Choices**

Animal Welfare  
Arts and Culture  
Civics, Public Affairs and Governance  
Disaster Response  
Education - Early Child  
Education - K to 12  
Education - College  
Education - Beyond College  
Environment  
Historic Preservation  
Human Needs - All  
Human Needs - Employment/Job Training  
Human Needs - Family Stability  
Human Needs - Financial Services

Human Needs - Food  
Human Needs - Health - Physical  
Human Needs - Health - Mental  
Human Needs - Health - Substance Use/Addiction  
Human Needs - Housing  
Human Needs - Human Rights  
Human Needs - Other Income Supports/Benefits  
Human Needs - Personal Safety  
Human Needs - Personcare  
Human Needs - Person Hosting  
Human Needs - Services Navigation  
Human Needs - Telecommunications  
Human Needs - Transportation  
Personal Development  
Public Services - Public Safety  
Public Services - Libraries and Information  
Public Services - Parks and Recreation  
Religion  
Science  
Sports and Athletics  
Other  
Unknown  
Not Applicable

### Percentage of Operating Budget\*

Please estimate the percentage of your overall budget you are requesting. *(Field will allow whole numbers only.)*

*Character Limit: 3*

## Organizational Information

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The information in the following fields relates to your ORGANIZATION, not the specific grant request for which your organization is seeking funding.

### Year Founded\*

Please provide the year your organization started, not the year it achieved 501(c)(3) status.

*Character Limit: 250*

### Number of Board Members\*

Please provide the current number of Directors or Trustees.

*Character Limit: 3*

## GuideStar Seal of Transparency\*

Please note your organization's current GuideStar Seal of Transparency. For information on the benefits of updating your profile, visit Candid/GuideStar.

### Choices

Bronze

Silver

Gold

Platinum

We had a Seal, but have let it lapse. We intend to update it soon.

None yet, but we plan to achieve at least Silver in the next 6 months.

None, and we aren't sure how to achieve a Seal.

We are not sure, but will reach out to AFF for assistance in finding out.

## Mission Statement\*

*Character Limit: 10000*

## Board President's Contact Information\*

Provide the name and email address for the Board President.

*Character Limit: 10000*

## Demographics of Population(s) Served

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### Age Type\*

If the grant serves All age types, there is no need to select the specific ranges in the fields below.

If the grant does not serve people (for example, funding for wildlife conservation) answer Not Applicable.

Please choose **one**.

### Choices

All

Specific

Unknown

Not Applicable

## Early Childhood

0-4 years

### Choices

Yes

No

## Childhood

5-12 years

**Choices**

Yes

No

**Youth**

13-18 years

**Choices**

Yes

No

**Young Adult**

19-29 years

**Choices**

Yes

No

**Adult**

30-65 years

**Choices**

Yes

No

**Senior**

66-80 years

**Choices**

Yes

No

**Super Senior**

81 and above

**Choices**

Yes

No

**Race\***

*Categories are taken from the broadest race categories used by the standard U.S. Census.*

While programs and services may be open to all, sometimes a grant is used to support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or are intended to help represent that group to the broader community. **Race indicates whether a specific racial subpopulation in the United States is a focus of the programs, services or projects funded by a grant *without implying exclusivity*.** For grants that do not support programs, services or projects that serve external human clients, please choose “Not Applicable”.

*Does this grant support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or is it intended to help represent that group to a broader community?*

### Choices

No  
White  
Black or African American  
Asian  
Native Hawaiian and Other Pacific Islander  
American Indian and Alaskan Native  
Unknown  
Not Applicable  
Some Other Race or Combination

### Ethnicity\*

While programs and services may be open to all, sometimes a grant is used to support activities that include outreach efforts to a specific group, or predominately serve that group in practice, or are intended to help represent that group to the broader community. *Ethnicity indicates whether a specific ethnic group in the United States is a focus of the programs, services or projects funded by a grant **without implying exclusivity**.* For grants that do not support programs, services or projects that serve external human clients, please choose “Not Applicable”.

*Does this grant support activities that include outreach efforts to the Hispanic/Latinx population, or predominately serve the Hispanic/Latinx in practice, or is it intended to help represent the Hispanic/Latinx population to a broader community?*

### Choices

No  
Hispanic/LatinX  
Unknown  
Not Applicable

### Gender\*

Indicate whether a specific gender **is the focus** of the grant.

*Click here for additional information.*

### Choices

No  
Female  
Male  
Transgender/Nonbinary/Gender Queer/Intersex  
Unknown  
Not Applicable

## Grant Focus

Please indicate if the grant is ***focused on*** one or more of these populations.

***NOTE: A "No" answer does not mean that you do not serve a given population, only that this grant is not focused on that population. Additional information can be found at the links below.***

- Disability
- ALICE
- Extreme Poverty
- Veterans
- Non-English Speakers
- Sexual Orientation

Population or Group Focus	Response
Disability	
ALICE (Asset Limited, Income Constrained, Employed)*	
Extreme Poverty	
Sexual Orientation	
Veterans	
Non-English Speakers	

\*Find out more about the ALICE population in Frederick County.

## Other Diversity

If the project or program is focused on some other aspect of diversity not mentioned above, please answer yes.

***Click here*** for further instructions.

## Choices

Yes

No

Unknown

Not Applicable

## Matching Grants

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### Percentage of New Donors\*

If requesting a matching grant, and striving to use the challenge to expand your donor base, please note the percentage of the match to be raised from new donors (those who have not given in the last 24 months).

*Character Limit: 3*

### Other Matching Grant Terms

If there are other terms you wish to specify, please note them here. *As an example, you may wish to specify that \$3,000 of your matching funds must come from your board members, with no more than \$1,000 from each board member being counted toward the match.*

The AFF Trustees reserve the right to modify these terms or include additional terms if this grant is awarded.

*Character Limit: 10000*

***Once your organization has raised the matching funds and is ready to request a disbursement, provide a statement signed by an executive on staff and a board officer that the matching donations are accurate and in line with the terms in the Grant Covenant. If your organization is an all-volunteer organization, please have the letter signed by two board officers.***

***You may mail the letter or send it as an email attachment to [info@ausherman.org](mailto:info@ausherman.org).***

## Partially Matching Grants

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### Percentage of Grant to be Matched\*

If you chose a **Partially Matching** grant, part of the grant, if awarded, will be paid outright and the remaining portion will be disbursed when matching funds are raised.

***Please specify the percentage of the grant you wish to be matched.*** For example, if you are requesting \$20,000 and you wish to receive \$5,000 upon signing the grant agreement and leverage the remaining \$15,000 as the matching portion, you would enter 75 here. ***Field will accept numbers only.***

*Character Limit: 3*

## *Project or Programming Grants*

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### **Proposal Description**

Copied from the LOI as a reference for the following questions.

*Character Limit: 10000*

### **Grant Goals\***

What impact does your organization expect this project/program to have?

What are the primary goals your organization hopes to achieve through this grant?

Please list specific outputs and/or outcomes your organization hopes to achieve.

Outputs are activities and tasks that the applicant and/or those included in the proposal will be DOING. If, for example, you have decided to offer your clients a workshop on interview skills, output activities could include items such as the workshop event that will be held, surveys, studies, data, or publications that will be created as a result of the workshop, or curriculum and materials that will be developed for the workshop.

Outcomes are the benefits that will be produced because of the outputs. You will want to consider and include both short and long-term outcomes in your narrative.

Short-term outcomes might include the number of participants who became employed because of attending the workshop, or the number of people surveyed who reported learning a new skill because of attending the workshop.

Long-term outcomes have broad impact. Some examples of long-term impacts of the workshop might include keeping participants off public assistance, and sustainable employment.

*Character Limit: 10000*

### **Demonstration of Success\***

Please explain what information will be collected and measured to demonstrate success. For example, if an organization assists people in obtaining jobs, it may track the total number of clients, the number of clients who successfully obtain employment, and the percentage of those for whom the salary provides support above the threshold for ALICE.

*Character Limit: 10000*

### **Project or Program Budget\***

Please enter or upload a project budget here.

*Character Limit: 10000 / File Size Limit: 2 MB*

### **Percentage of Program or Project Cost\***

Please estimate the percentage of the *program* or *project* cost you are requesting from AFF.

*Character Limit: 3*



## Partners

We believe in collaboration!

What other nonprofits or agencies will you work with to accomplish the goal(s) of this grant? **Note if there is a written agreement with the partner(s).**

*Character Limit: 10000*

## Fiscal Sponsor Information

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### Fiscal Sponsor Name\*

*Character Limit: 250*

### Fiscal Sponsor EIN\*

Please enter the fiscal sponsor's Tax ID Number.

*Character Limit: 30*

### Fiscal Sponsor MOU\*

Please upload a copy of the signed agreement or Memorandum of Understanding between your organization and your fiscal sponsor.

*Character Limit: 1000 | File Size Limit: 2 MB*

## Financial Statements

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***Because you requested a grant of \$25K or more, AFF's finance committee may wish to review your financial statements. If you have not already submitted an application for financial review during this calendar year, please email [info@ausherman.org](mailto:info@ausherman.org) and ask that this application be assigned to your organization. Failure to do so may delay a grant decision by AFF's Trustees.***

## Feedback and Signature

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### Anything Else?

Is there anything more you'd like to tell us about that wasn't addressed in earlier questions?

*Character Limit: 10000 | File Size Limit: 2 MB*

### File Upload

Have a document, picture, or short video you would like us to see? Please upload it here.

***By uploading photos or videos, you grant AFF permission to use the images on our website or social media platforms and confirm that you have received permission from the subjects in the photos or from their guardians. If you DO NOT want us to share the uploaded images, please note that in the text area below.***

*Character Limit: 2500 / File Size Limit: 3 MB*

### Online Link

Have an article, video, or website you'd like us to see? Please enter the URL here.

*Character Limit: 2000*

### Ease of Use

On a scale of 1 - 5, please tell us how user-friendly you found the LOI and application forms to be, with **1 being extremely easy and 5 being extremely difficult**.

- 1 - Extremely Easy
- 2 - Fairly Easy
- 3 - Average
- 4 - Fairly Difficult
- 5 - Extremely Difficult

### Choices

- 1
- 2
- 3
- 4
- 5

### AFF Application Process

How could we improve the application process?

If you'd prefer to provide feedback *anonymously*, please do so at [www.GrantAdvisor.org](http://www.GrantAdvisor.org).

*GrantAdvisor is a website that allows grant applicants, grantees, and others to share their first-hand experiences working with funders and for funders to respond on the record.*

*Character Limit: 10000*

### Application Completion

Approximately how many hours of staff time were spent gathering information for the application? Completing this application? Please **do not** include time spent planning the project or program.

Do you have suggestions for streamlining the process?

*Character Limit: 10000*

### Name of Person Submitting Application\*

*Character Limit: 100*

### Email Address of Person Submitting Grant Request\*

*Character Limit: 254*

**\*\* We value your feedback. Please take a few minutes to anonymously review your experience with Ausherman Family Foundation at [www.GrantAdvisor.org](http://www.GrantAdvisor.org).**

### Authorization\*

I certify that I am authorized to submit applications on behalf of this organization.

#### Choices

I am authorized

### Contact List\*

AFF periodically contacts applicants to share information we believe would be of value to nonprofits, including notifications of Nonprofit Summits.

#### Choices

Please DO NOT add my email address to AFF's email contact list.

Please add/keep my email address on AFF's email contact list. I want to be informed!

### General Operating Costs?

*Internal - Carried over from LOI to use for branching logic.*

#### Choices

Yes

No

### Matching Grant

*Internal - Carried over from LOI to use for branching logic.*

#### Choices

Yes

No

Partially Matching

### Fiscal Sponsor

*Internal - Carried over from LOI to use for branching logic.*

#### Choices

Yes

No

### Present at GCM

*Character Limit: 10*

### Present at BOT

*Character Limit: 10*

### Revisit at BOT

*Character Limit: 10*

## Date of Site Visit

*Character Limit: 10*

## Time of Site Visit

*Character Limit: 50*

## Location of Site Visit

*Character Limit: 250*

## Site Visit Notes

*Character Limit: 3000*

## Staff Site Visit Notes

*Character Limit: 5000*

## Staff Recommendations 2023

*Include date of recommendation and, if applicable, date of any updates.*

*Character Limit: 10000*

## GC Comments & Recommendations

*Include date of recommendation and, if applicable, date of any updates.*

*Character Limit: 2500*

## Committee Funding Amount Recommendation

*Character Limit: 20*

## Grant on Hold

*(Internal Question)*

### Choices

Yes

No

## Explanation for Hold

*(Internal Question)*

If grant approval or denial is pending, explain why, and give the date the grant was put on hold.

*Character Limit: 1500*