

**MONTGOMERY ALLIANCE
GRANT APPLICATION FORM**

Program Name:	
Agency Name:	
Address:	
Contact Name:	
Telephone Number:	
Email:	
Fax:	
Website address:	
IRS Tax Exemption Id #:	
Category of Need Addressed:	

Amount of request:

Is the requested program a new program, an expanded program or a continuing program?

New_____ Expanded_____ Continuing_____

Required Attachments to Original of Application:

- List of members of the Board of Directors
- Program budget for year requested
- Most recent independent agency audit (no more than three years old). If unable to provide, please explain.
- Form 990 for 2007
- Memorandum of Understanding for a collaborative program

This grant request has been reviewed and approved by the undersigned and is accurate to the best of our knowledge.

Signature: Agency Executive Director

Signature: President of the Board

Date: _____

Date: _____

Please mail the completed form and supporting documentation to:

Montgomery Alliance
One Church St #204
Rockville, MD 20850

7. Describe the method by which this program will be evaluated. Is the evaluation done in house or by an outside source? Please attach a copy of the most recent evaluation for this program.

8. Complete the attached form that identified inputs, outcome measures and outputs.

9. Identify the number of unduplicated individuals and/or family units to be served in the requested program year.

10. Identify the number of staff – both full time, part time and volunteers – for the requested program

Full time staff _____
Part time staff _____
Number of volunteers _____

PROGRAM MEASURES

AGENCY: PROGRAM:	PROGRAM LOCATION: PROGRAM HOURS/DAYS OF OPERATION:	
PROGRAM MISSION:		
PROGRAM OUTCOMES	2009 Estimated	2009 Actual
Outcomes AND Indicators w/ Indicators in numbers and % (#/%) Long Term: Intermediate: Initial:		
Outputs:		
Activities:		
Completed by (print full name):		Date:
Title:		Email address:
DO NOT EXPAND THIS FORM. USE THIS PAGE ONLY. See Instructions for help in filling out this form.		