

**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
- Most recent independent agency audit (no more than three years old). If unable to provide, please explain.
- Most recent Form 990
- 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  
 c/o Mary Lou Jacobs  
 30 Courthouse Square, Suite 100  
 Rockville, MD 20850







Attachment A

FY 2010 Line Item Budget

Budget Categories	Budget for this Program		Organizational Budget	
	FY 2009	FY 2010	FY 2009	FY 2010
<b>Revenue</b>				
1. Community Donations				
2. Grants from Foundations (list)				
3. Grants from Government Sources (list)				
4. Program Fees				
5. Designations from United Way, CFC & Montgomery Alliance				
6. Other (list)				
Total Revenue				
<b>Expenses</b>				
Salaried Personnel				
Consultants				
Occupancy (rent, utilities)				
Consumable Supplies				
Client Activities/Refreshments				
Transportation				
Staff Development				
Insurance				
Postage				
Printing				
Other:				
Total Direct Costs				
Indirect/Overhead Costs @__%				
Total Costs				

