

2024 Grant Process

Anne Arundel Women Giving Together (AAWGT)

I. BEFORE YOU BEGIN

OUR MISSION

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 nonprofits who share our vision.

Read and follow the guidance provided at the following links:

- **2024 Grants Guidance** [HERE](#)
- **Using our Our Grant Management Software** [HERE](#)

Important to remember:

New for 2024: For the 2024 grant cycle, only non-profits with gross annual revenue less than \$1,000,000 (excluding in kind revenue) are eligible to apply.

Please use the revenue number from your most recent 990 if possible.

Organizations operating under the non-profit umbrella of a larger state or national organization will be required to submit their local affiliate revenue (required to be under \$1,000,000) as well as the revenues reported by their parent organization.

Applying organizations must be a 501(c)(3) or have a fiscal sponsor who is a 501(c)(3) (see [GRANTS 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.

Funding period is July 1, 2024 through June 30, 2025.

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

Deadline for submitting application is **February 1, 2024 at 11:59p.m.**

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.**

II. ORGANIZATION INFORMATION

Gross Annual Revenue*

List your gross annual revenue from the previous fiscal year, excluding in-kind revenue. Only nonprofits with revenues less than \$1,000,000 can apply for a grant for 2024. *Character Limit: 20*

Grant Year*

Choices

2024

Organization Name*

Character Limit: 100

Year your organization was founded:*

Character Limit: 20

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

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

Character Limit: 20

Mission Statement:*

Character Limit: 500

III. REQUIRED NUMBERS

If you are unsure about any of the required numbers, refer to the guidance in [GRANTS OVERVIEW](#) 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 or 0000

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. PROPOSAL INFORMATION

Proposal Name*

Character Limit: 150

Diversity, Equity, Inclusion and Accessibility (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 you are. Be as specific as possible.

Character Limit: 1000

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 the proposal.*

The exact words you provide below will be the standalone synopsis used in presenting your proposal to our membership for the final vote. You should restate for the reader what you propose to do and why it is important. Please highlight the key points that best convey the heart and soul of your proposal

Character Limit: 750

V. FINANCIAL INFORMATION

AAWGT's Budget Proposal Template*

Upload the AAWGT Budget Proposal Template [HERE](#). Complete it with your proposal budget, rename it and upload it. Please include any other sources of proposed funding.

Character Limit: 1000 | File Size Limit: 2 MB

Upload a copy of your current Operating Budget.*

Include both Revenues and Expenses.

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

Primary Focus of Proposal

Choose only one:

Choices

- Education (Training/Skills)
- Education (After-School Enrichment)
- Education (Arts)
- Education (Other)
- Health (Physical)
- Health (Mental)
- Welfare (Mentoring)
- Welfare (Other)
- Prevention of/Treatment of Violence or Abuse
- Other