FY26-27 *General Operating Support I Grants* (GOS I Grants) Narrative Template

This template is for your reference only. All applications, work samples, and supplement materials must be submitted online through SurveyMonkey Apply (SM Apply). AHCMC cannot accept anything by mail or email.

*Please note that there may be formatting differences on the SM Apply grants portal, however the content of the questions will remain as seen on this template. *

All required questions are marked with an asterisk (*). All text responses have a character count that includes spaces.

Submit this application no later than Friday, March 21, 2025 at 11:59 p.m.

Required Application Materials

All documents except for work samples must be submitted as PDFs. (See the work sample directions below for information about acceptable file formats.) Contact AHCMC grants staff if you need help converting your documents to PDFs.

IMPORTANT! Staff will remove support materials and work samples that exceed the limits stated below.

A completed, online SM Apply application includes:

1. A Completed Narrative

Download a template of the application under the "Application + Templates" tab on the
 AHCMC website. Please note that templates are for the applicant's reference only; all
 letters of intent, applications, and relevant materials must be submitted through SM
 Apply.

2. Organizational Support Materials

- Bios of Key Staff and/or Volunteers;
- Current Strategic Plan, if available; and
- Organizational Chart, if available.

3. Financial Support Materials

- FY24 990, or if not yet available, the letter of extension indicating that the FY24 990 will be submitted by June 1, 2025;
- FY24 audit or financial review if applicable, or if not yet available, the letter of extension indicating that the FY24 audit or financial review will be submitted by June 1, 2025;
 - Refer to page 6 of the FY26-27 GOS I Grant guidelines for more information about the audit/financial review requirements.
- Profit & Loss Statement for the most recently completed fiscal year;
- Current Fiscal Year Operating Budget with Actuals Year-to-Date;
- Current Balance Sheet or Balance Sheet for the most recently completed fiscal year; and
- Projected FY26 operating budget, if available.

4. Programming Support Materials

- One PDF no more than 5 pages including a cover page, if applicable.
- No more than 5 hyperlinks embedded in Programming Support Materials.
- Include materials that will assist the panel in evaluating the applicant's programming, presenting, and/or producing activities. (i.e., evaluation results of previous programming, testimonials, newspaper clippings, program booklets, photos, brochures, flyers, etc.)

5. Work Sample(s)

- Upload a maximum of 10 work samples that demonstrate the applicant's programming.
 Work samples must be no more than 10 files, or 10 pages combined (including both images and written work).
- Applicants are encouraged to submit recently completed and high-quality work samples.
- There will be a fillable form in SM Apply for applicants to provide a brief description of the work sample(s).
- Work samples should reflect the primary discipline of the applicant.
 - For Presenting and/or Multidisciplinary: work sample(s) should convey more than one arts and/or humanities discipline.
 - For Performing and Media Arts: applicants are highly encouraged to submit video or audio work samples, instead of stills or photos.
- Work samples may be submitted in any one or combination of the file formats below.
 - Images: Up to 4 MB per file, which can be uploaded individually or formatted as one PDF.
 - <u>Audio/Video</u>: Maximum 4, up to 100MB per file, no more than ten minutes combined. Please note that any submitted audio/video counts towards the limit of 10 work samples.
 - The SM Apply link feature only supports links to YouTube and Vimeo.
 - If using the SM Apply link feature for YouTube or Vimeo, use the full hyperlink at the top of your browser instead of shorthand links (i.e., use the full https://www.youtube.com link, not https://youtu.be).
 - Applicants may choose to use the SM Apply link feature or embed the links in a document and upload it as a PDF.
 - If providing links to websites other than YouTube or Vimeo, links must be embedded in a document and uploaded as a PDF. For each link, the entire link should be visible.
 - Check that links are not broken.
 - Check that the content from hyperlinks is viewable and does not require a password.
 - If the submitted video and/or audio is more than ten minutes combined, applicants must include instructions for which segments are relevant. (Ex: Please click on the YouTube hyperlink to watch the video from 0:47 to 4:10.)

Written Work:

- Double-spaced with at least 11-point font and 1-inch margins.
- If the work submitted is a portion of a larger work, include a synopsis of the chapters and an outline of the complete work. Clearly explain how and where the piece submitted fits into the whole.
- Please note that each page of written work submitted counts towards the limit of 10 work samples.

6. A Completed AHCMC Reporting Data Form

• This form corresponds with AHCMC's reporting obligations. Responses will not be factored into eligibility or the panel review for the FY26-27 GOS I Grants. All responses will be kept confidential. Responses will only be shared publicly in the aggregate.

Application Form Template

This information is auto-filled from the applicant's FY26-27 GOS I Letter of Intent.

Organization Legal Name: will not be able to edit

DBA, if different: will not be able to edit

Website: will not be able to edit

Primary Discipline: will not be able to edit **AHCMC Grant Request:** will not be able to edit

Board-approved mission statement: will not be able to edit

Organizational Capacity (25 points)

- ✓ Sustains an organizational structure appropriate for the size and scope of the organization;
- ✓ Retains qualified, experienced artistic/scholarly staff and managerial staff;
- ✓ Has achieved or is making demonstrated, intentional progress towards recruiting staff that is diverse and reflective of the community;
- ✓ Has an effective governing Board that provides active and appropriate leadership, operates in accordance with acknowledged best practices in the non-profit sector
- ✓ Has achieved or is making demonstrated, intentional progress towards Board diversity reflective of the community;
- ✓ Encourages the involvement of volunteers (non-Board) who can help the organization achieve its mission; and
- ✓ Demonstrates evidence of both short- and long-term planning with Board and staff, setting strategic goals for the organization and measuring progress against clearly established benchmarks.

*Describe the organization's structure and the responsibilities of the Board, staff, and volunteers. Address any significant changes in staffing or management that recently occurred or are planned over the next 12 months. (2,500 characters maximum with spaces)

*Describe diversity within the organization, including Board, staff, and volunteers. Be as specific as possible by including characteristics such as, but not limited to, age, race/ethnicity, gender, sexual orientation, geographic location, economic status, and/or disability. If diversity is lacking, describe specific goals to increase internal diversity. (2,500 characters maximum with spaces)

*What is your organization's short-term planning process? Identify specific, short-term organizational goals and provide a clear timeframe for implementation, including how progress will be measured.

Address any short-term objectives that are in response to financial, personnel, Diversity, Equity, Inclusion and Access (DEIA), and/or programming challenges the organization has faced over the last 12 months. (2,500 characters maximum with spaces)

*What is your organization's approach to long-term planning? If the organization has a Strategic Plan or Business Plan, explain how the organization uses the plan to set goals, measure progress against benchmarks, and how often the plan is re-evaluated. Identify specific, long-term organizational goals, provide a clear timeframe for implementation, and describe the role of Board, staff, and other stakeholders in this process. (2,500 characters maximum with spaces)

Programming (15 points)

- ✓ Develops programs that are aligned with the organization's mission;
- ✓ Demonstrates a commitment to creativity, including a willingness to experiment and innovate within the stated mission, and the intent to expand and diversify programming to build participation/audiences;
- ✓ Conducts program evaluation involving all stakeholders to measure impact and demonstrates that feedback is utilized in planning; and
- ✓ Demonstrates success of prior programming (i.e., internal evaluation data and external community recognition).

*Provide an overview of your organization's/group's most significant programmatic activities over the last 12 months. Describe how these activities are mission aligned, demonstrate creativity, resonate with your intended audience. (A full programmatic list may be uploaded as Programming Support Materials in SM Apply.). (2,500 characters maximum with spaces)

*Describe the organization's internal and external program evaluation process, including types of data collected, who participates in the evaluation process, and how feedback is utilized. Describe results, including testimonials and any media or peer reviews, along with quantitative data (i.e., survey results, box office data, etc.) collected within the last 12 months. Additional information, testimonials, media, and/or peer reviews may be uploaded as Programming Support Materials in SM Apply. (2,500 characters maximum with spaces)

*Provide a brief overview of anticipated FY26 programming. Describe efforts to expand or diversify programming to build audience participation and deepen their experience. Where possible, provide an estimated timeline, likely location(s), estimated audience/participants, and key change(s) from previous year(s), if any. Your response should focus on Montgomery County, even if your organization serves other jurisdictions. (2,500 characters maximum with spaces)

Community Impact (35 points)

- ✓ Uses data and demographics to clearly define audience and demonstrates an understanding of the community to be served;
- ✓ Conducts outreach to engage diverse communities, including underserved and marginalized populations;
- ✓ Includes the community in program planning and evaluation and is responsive to community feedback;
- ✓ Collaborates and forms meaningful partnerships with other stakeholders to achieve the organization's mission;
- ✓ Ensures that programs, services, facilities, and online media are accessible to the public by identifying and removing barriers to participation; and
- ✓ Achieves results indicating that programs are relevant and inspiring to the people, organizations, and communities for whom they are intended.

*Identify and describe the organization's intended audience. Your response should focus on Montgomery County. Be as specific as possible by including characteristics such as, but not limited to, age, race/ethnicity, gender, sexual orientation, geographic location, economic status, disability, and whether a community is underserved and/or a special interest group. Are there differences between your organization's current audience and your organization's intended audience? (4,000 characters maximum with spaces)

*Describe specific outreach efforts to engage diverse individuals and/or communities who may be underrepresented within the organization's audience. How are these initiatives evaluated? What has been the outcome? (2,500 characters maximum with spaces)

*How does your organization include, or plan to include, the intended audience in the creative process, program planning, and evaluation of activities to ensure that programming is relevant to and resonates with that audience? (2,500 characters maximum with spaces)

*Describe the nature of collaborations with community groups and/or other stakeholders and how they advance your organization's mission. Collaborations may include ongoing partnerships or partnerships for specific activities. (2,500 characters maximum with spaces)

*How does your organization ensure that programs, services, facilities, and online media are accessible to the public and are ADA compliant? Include any barriers to participation your organization has identified and has addressed or plans to address. (2,500 characters maximum with spaces)

Financial Stability (25 points)

- ✓ Utilizes sound financial controls and reporting procedures;
- ✓ Has a clear plan for addressing any deficits or other financial challenges and operates with transparency;
- ✓ Maintains diversity of funding sources, including earned and contributed income;
- ✓ Employs fundraising strategies appropriate for the size of the organization and the community served to ensure sustainability; and
- ✓ Operates with ratio of current assets to current liabilities and liquid net assets appropriate for achieving organizational goals.
- *Describe your organization's financial management structure and how oversight is provided. Include any recent changes to your financial controls/policies and the impact of those changes. (2,500 characters maximum with spaces)
- *Describe your organization's overall financial health and any activities undertaken to fund an endowment, build a cash reserve, overcome a deficit, and/or repay debt. If your organization experienced any financial challenges in the most recently completed fiscal year, how were those challenges addressed and how will your organization address those challenges in the future? (2,500 characters maximum with spaces)
- *Explain any significant changes to this year's operating budget as compared to last year's operating budget, including any significant increases or decreases anticipated in revenue and/or expenses. (2,500 characters maximum with spaces)
- *Describe your organization's fundraising goals, including whether your organization was able to meet fundraising goals for the most recently completed fiscal year and whether your organization is on track to accomplish the current fiscal year's fundraising goals. List specific benchmarks against which progress is being measured and describe any fundraising plans in place for FY26. (2,500 characters maximum with spaces)

Work Sample Description

This is a separate task from the application narrative.

*Give a brief description of the work sample(s) (i.e., a performance from 2024) and why the work sample(s) was selected. (1,500 character maximum with spaces)

AHCMC Reporting Data

Please fill out the charts below. The questions below correspond with AHCMC's reporting obligations. Responses will not be seen by panelists or factored into the application eligibility, evaluation, or scoring.

Use the link below to answer the questions about your organization's U.S. Representative, State Senate, and State Delegate districts:

https://maryland.maps.arcgis.com/apps/webappviewer/index.html?id=177afa87a67746a4ac54
 96b2d0897fb7

Use the link below to answer the question about your organization's County Council district:

- https://mcgovgis.maps.arcgis.com/apps/instant/lookup/index.html?appid=b57d3f11b2b847c5a7342e73f5079 e98
- *U.S. Representative District:
- *State Senate District:
- *State Delegate District:
- *County Council District:

The numbers below should reflect your organization's allowable revenue and expenses for Montgomery County, MD. If any of the line items are not applicable, write "0" and explain why in the comment box below. If you have questions, contact AHCMC grants staff.

Non-allowable cash operating expenses include, but are not limited to:

- Investment Fees
- Interest Expenses
- Re-granting¹
- Capital improvement expenses/other related costs²
- Depreciation
- Loan principal payments
- In-kind donations
- Bad debt

Non-allowable cash operating revenue includes, but is not limited to:

- Unrealized gains or losses
- Investment revenues (interest and dividends)
- In-kind donations
- Revenue raised for capital
- Funds intended for re-granting

¹ Scholarships, awards, and tuition assistance are considered forms of re-granting.

² Costs related to improving or expanding the organization's physical structure must be counted as capital improvement expenses, not as operating expenses.

| Revenue & Contributions | Most Recently Completed Fiscal Year | Previous Fiscal Year | Three Fiscal Years Prior |
|---|--|----------------------|-----------------------------|
| City Revenue & Contributions | | | |
| County Revenue & Contributions | | | |
| State Revenue & Contributions | | | |
| Federal Revenue & Contributions | | | |
| Foundation Revenue & Contributions | | | |
| Corporate Revenue & Contributions | | | |
| Individual (non-Board) Giving Revenue & Contributions | | | |
| Board Giving Revenue & Contributions | | | |
| Other Contributed Revenue | | | |
| In-Kind Revenue | | | |
| Earned Revenue | | | |
| Investment Revenue | | | |
| Total Revenue | Will auto-calculate | Will auto-calculate | Will auto-calculate |

*Please Note: "Total Revenue" row should not total "0"

| Expenses | Most Recently Completed Fiscal Year | Previous Fiscal Year | Three Fiscal Years Prior |
|-------------------------------|--|----------------------|--------------------------|
| In-Kind Expenses | | | |
| Depreciation | | | |
| Expenses (all other expenses) | | | |
| Total Expenses | Will auto-calculate | Will auto-calculate | Will auto-calculate |

^{*}Please Note: "Total Expenses" row should not total "0"

*FTE is based on hours worked rather than number of employees. To calculate FTE, divide the number of total hours worked by the total hours for a full-time work week. For example, if an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs. An employer with a 35-hour workweek would divide the employee's scheduled hours by 35 to determine the FTE.

| Staff and Volunteers | Most Recently Completed Fiscal Year | Previous Fiscal Year | Three Fiscal Years Prior |
|--|--|----------------------|--------------------------|
| Full-time Staff Salaries and Fringe Benefits | | | |
| Part-Time Salaries and Fringe Benefits | | | |
| Contracted Staff Compensation | | | |
| Number of Full-Time Equivalent (FTE) Employees (Includes full-time, part-time, and contracted staff) * | | | |
| Volunteer Hours (Youth under 18) | | | |
| Volunteer Hours (Over 18) | | | |

| Activity Attendance | Most Recently Completed Fiscal Year | Previous Fiscal Year | Three Fiscal Years Prior |
|---|-------------------------------------|----------------------|--------------------------|
| Event & Program Attendance (Youth under 18) | | | |
| Event & Program Attendance (Over 18) | | | |
| Paid Event & Program Attendance | | | |
| Free Event & Program Attendance | | | |

Provide an explanation if any of the line items above do not apply. (1,500 characters maximum with spaces)

Demographic Information

The questions below correspond with AHCMC's reporting obligations. Responses will not be seen by panelists or factored into the application eligibility, evaluation, or scoring. Please answer the following questions for the organization's Board, senior staff, staff, and volunteers.

This survey and definitions are sourced from Candid.

Definitions

- **Publicly self-identify:** The information you are providing is how you would identify in each category to the public.
- Transgender: An umbrella term people may use to describe their gender identity and/or gender expression as different from the sex they were assigned at birth. People who identify as transgender might describe themselves using one or more of a wide variety of terms including genderqueer, non-binary, and transgender. Transgender people may claim/affirm their gender identity through hormones and/or surgery. Transgender identity is not dependent on surgery. Transgender identity is not a sexual orientation.
- **Cisgender:** A term used to describe a person whose gender identity is the same as the sex assigned to them at birth.
- **Nonbinary (also non-binary):** Preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary.
- **Disability:** A disability can be physical, learning, cognitive, sensory, mental, or chronic health or other disability that is a barrier to everyday living.

Senior Staff

*How many senior staff are in your organization? Senior staff includes the leader and is defined as people with authority over budget (typically VP, C-Suite, Director, etc.)

Race & Ethnicity

| How many senior staff pu | blicly self-identify as the following: |
|---|--|
| Asian/Asian America | n/Pacific Islander |
| Arab/Middle Eastern | |
| Black/African Americ | an/African |
| Hispanic/Latino/Latir | na/Latinx/Chicanx |
| Native American/Am | erican Indian/Indigenous |
| White/Caucasian/Eu | ropean |
| Multi-racial or Multi- | ethnic (2 or more races or ethnicities) |
| Different identity (ple | ease specify) |
| Decline to state | |
| Unknown³ | |
| We do not collect r | ace & ethnicity information about senior staff |
| | |

³ Unknown indicates the number of people for whom you have no demographic information.

Gender Identity

| How many senior starr publicly self-identity as the following: |
|---|
| Female |
| Male |
| Gender nonbinary/Genderqueer/Gender non-conforming |
| Different identity (please specify) |
| Decline to state |
| Unknown |
| We do not collect gender identity information about senior staff |
| How many senior staff publicly self-identify as the following: |
| Transgender |
| Non-transgender (cisgender) |
| Different identity (please specify) |
| Decline to state |
| Unknown |
| We do not collect gender identity information about senior staff |
| Sexual Orientation |
| How many senior staff publicly self-identify as the following: |
| Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community) |
| Heterosexual or straight |
| Different identity (please specify) |
| Decline to state |
| Unknown |
| We do not collect sexual orientation information about senior staff |
| Disability |
| How many senior staff publicly self-identify as the following: |
| A person with a disability |
| A person without a disability |
| Decline to state |
| Unknown |
| We do not collect disability information about senior staff |

Board of Directors

*How many Board members are in your organization?

| Race & Ethnicity |
|------------------|
| *How many Board |
| Δsian/Asian |

| *How many Board members publicly self-identify as the following: Asian/Asian American/Pacific Islander Arab/Middle Eastern Black/African American/African Hispanic/Latino/Latina/Latinx/Chicanx Native American/American Indian/Indigenous White/Caucasian/European Multi-racial or Multi-ethnic (2 or more races or ethnicities) Decline to state Different identity (please specify) Unknown ⁴ O We do not collect race & ethnicity information about Board members |
|--|
| Gender Identity |
| *How many Board members publicly self-identify as the following: FemaleMaleGender nonbinary/Genderqueer/Gender non-conformingDifferent identity (please specify)Decline to stateUnknown O We do not collect gender identity information about Board members |
| *How many Board members publicly self-identify as the following: TransgenderNon-transgender (cisgender)Different identity (please specify)Decline to stateUnknown O We do not collect gender identity information about Board members |
| Sexual Orientation |
| *How many Board members publicly self-identify as the following: Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community) Heterosexual or straight Different identity (please specify) Decline to state Unknown O We do not collect gender identity information about Board members |

 $^{^{\}rm 4}$ Unknown indicates the number of people for whom you have no demographic information.

Disability

| *How many Board members publicly self-identify as the following: |
|--|
| A person with a disability |
| A person without a disability |
| Decline to state |
| Unknown |
| We do not collect disability information about Board members |

Staff

*How many staff are in your organization? This does not include senior staff but may include contract staff who work with your organization on a regular basis.

Race & Ethnicity

| *How many staff publicly self-identify as the following: Asian/Asian American/Pacific Islander Arab/Middle Eastern Black/African American/African Hispanic/Latino/Latina/Latinx/Chicanx Native American/American Indian/Indigenous White/Caucasian/European Multi-racial or Multi-ethnic (2 or more races or ethnicities) Decline to state Different identity (please specify) Unknown ⁵ O We do not collect race & ethnicity information about staff |
|---|
| Gender Identity |
| *How many staff publicly self-identify as the following: FemaleMaleGender nonbinary/Genderqueer/Gender non-conformingDifferent identity (please specify)Decline to stateUnknown o We do not collect gender identity information about staff *How many staff publicly self-identify as the following:TransgenderNon-transgender (cisgender)Different identity (please specify)Decline to stateUnknown o We do not collect gender identity information about staff |
| Sexual Orientation |
| *How many staff publicly self-identify as the following: Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community) Heterosexual or straightDifferent identity (please specify)Decline to stateUnknown O We do not collect sexual orientation information about staff |

 $^{^{\}rm 5}$ Unknown indicates the number of people for whom you have no demographic information.

Disability

| *How many staff publicly self-identify as the following: |
|--|
| A person with a disability |
| A person without a disability |
| Decline to state |
| Unknown |
| We do not collect disability information about staff |

Volunteers

*How many volunteers are in your organization?

We do not have volunteers

| Race | & | Et | hni | icity |
|------|---|----|-----|-------|
| | | | | |

| • |
|--|
| *How many volunteers publicly self-identify as the following: |
| Asian/Asian American/Pacific Islander |
| Arab/Middle Eastern |
| Black/African American/African |
| Hispanic/Latino/Latina/Latinx/Chicanx |
| Native American/American Indian/Indigenous |
| White/Caucasian/European |
| Multi-racial or Multi-ethnic (2 or more races or ethnicities) |
| Decline to state |
| Different identity (please specify) |
| Unknown ⁶ |
| We do not collect race & ethnicity information about volunteers |
| Gender Identity |
| * How many volunteers publicly self-identify as the following: |
| Female |
| Male |
| Gender nonbinary/Genderqueer/Gender non-confirming |
| Different identity (please specify) |
| Decline to state |
| Unknown |
| We do not collect gender identity information about volunteers |
| * How many volunteers publicly self-identify as the following: |
| Transgender |
| Non-transgender (cisgender) |
| Different identity (please specify) |
| Decline to state |
| Unknown |
| We do not collect gender identity information about volunteers |
| Sexual Orientation |
| *How many volunteers publicly self-identify as the following: Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA2S+ community) Heterosexual or straight Different identity (please specify) Decline to state Unknown O We do not collect sexual orientation information about volunteers |
| We do not collect sexual orientation information about volunteers |

 $^{^{\}rm 6}$ Unknown indicates the number of people for whom you have no demographic information.

Disability

| *How many volunteers publicly self-identify as the following: |
|---|
| A person with a disability |
| A person without a disability |
| Decline to state |
| Unknown |
| We do not collect disability information about volunteers |

Optional Survey – Not Required

Responses will not be seen by panelists or factored into the application eligibility, evaluation, or scoring.

Application Source and Time

| How did you hear about this grant opportunity? |
|--|
|--|

- o AHCMC Website
- AHCMC Newsletter/Email
- AHCMC Facebook
- o AHCMC LinkedIn
- Word of Mouth
- Other Source:_____

How much time did you and/or your colleagues spend on this application? (300 characters maximum with spaces)