

**BALTIMORE COUNTY, MARYLAND
APPLICATION FOR FINANCIAL ASSISTANCE**

DATE _____

1. APPLICANT NAME _____
 ADDRESS _____
 TELEPHONE _____

2. TYPE OF ENTITY: NON-PROFIT (), FOR-PROFIT (), INDIVIDUAL (), OTHER _____

3. COUNCILMANIC DISTRICT: _____ 4. LEGISLATIVE DISTRICT _____

5. PROPOSED USE OF THE REQUESTED FUNDS AND PROJECT COMPLETION DATE:

6.	TOTAL PROJECT COST	AMOUNT REQUESTED FROM BALTIMORE COUNTY	OTHER FUNDING SOURCES	
			AMOUNT	SOURCE

6A. PLEASE ATTACH THE LATEST COPY OF YOUR FINANCIAL STATEMENTS. EXAMPLES ARE: AUDITED FINANCIAL STATEMENTS, FEDERAL FORM 990, UNAUDITED FINANCIAL STATEMENTS, MONTHLY TREASURER'S REPORT OR STATEMENT OF RECEIPTS AND DISBURSEMENTS.

 PLEASE NOTE THE TYPE OF INFORMATION ATTACHED:

7. LIST ALL COUNTY, FEDERAL, STATE AND OTHER GRANTS AND LOANS AWARDED TO THE APPLICANT IN THE CURRENT AND LAST TWO FISCAL YEARS. (FISCAL YEAR IS JULY 1 TO JUNE 30.) ATTACH A SEPARATE SCHEDULE, IF NECESSARY.

FISCAL YEAR	AMOUNT	TYPE OF GRANT OR LOAN

8. IS THERE A NEED FOR ADDITIONAL GRANT FUNDS IN THIS OR FUTURE YEARS TO CONTINUE OR COMPLETE THE PROJECT OR THE APPLICANT'S OPERATIONS?

8A. HAS THE APPLICANT APPLIED FOR GRANTS FROM OTHER COUNTY AGENCIES THIS YEAR?

IF SO, PLEASE DESCRIBE:	
APPROXIMATE DATE:	
AMOUNT	TYPE OF REQUEST

9. WILL THE REQUESTED FUNDING BE USED TO PURCHASE, TO MAKE IMPROVEMENTS TO, OR BUY EQUIPMENT WHICH WILL BENEFIT REAL PROPERTY?

PROPERTY ADDRESS	PROPERTY OWNER

FOR COUNTY USE ONLY:

ARE THERE ANY CONDITIONS THE APPLICANT MUST SATISFY PRIOR TO CONSIDERATION OF THE FUNDING REQUEST?

COUNTY AGENCY SUPPLYING THE FINANCIAL ASSISTANCE: Office of Planning

ANTICIPATED SOURCE OF FUNDING:

DATE, TIME AND PLACE OF AGENCY REVIEW:

10. IF THE APPLICANT IS OTHER THAN AN INDIVIDUAL, SUPPLY THE NAMES OF OFFICERS AND BOARD MEMBERS.

11. IF THE APPLICANT IS A CORPORATION, ALSO SUPPLY THE NAMES OF MAJOR SHAREHOLDERS (GREATER THAN 10%). (Provide this information as an attachment, if necessary)

12. LIST THE NAMES OF ANY CLOSELY RELATED ORGANIZATIONS AND ANY GRANTS OR LOANS AWARDED TO OR APPLIED FOR BY THE ORGANIZATIONS IN THE CURRENT OR LAST TWO FISCAL YEARS. (for example, a closely related organization has the same officers of board members or both organizations belong to the same parent.)

13. WILL THE APPLICANT SUPPLY IN-KIND SERVICES OR OTHER NON-CASH BENEFITS TO THE PROJECT? IF SO, DESCRIBE THE SERVICES OR BENEFITS AND HOW THE VALUE WAS CALCULATED.

SERVICES OR NON-CASH BENEFIT	HOW CALCULATED

14. WHAT IS THE POPULATION TO BE SERVED BY THE PROJECT?

15. WHAT IS THE ANTICIPATED BENEFIT TO THE COMMUNITY?

16. HOW DID THE APPLICANT LEARN OF BALTIMORE COUNTY'S AVAILABLE GRANT AND LOAN PROGRAMS?

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS CORRECT AS OF THE DATE INDICATED, AND AGREE TO SUPPLEMENT THIS APPLICATION AS NECESSARY TO REFLECT ANY CHANGES IN THE INFORMATION SUPPLIED WHILE THE APPLICATION IS PENDING.

APPLICANT SIGNATURE

NAME

TITLE

DATE