## BALTIMORE COUNTY, MARYLAND APPLICATION FOR FINANCIAL ASSISTANCE

				DATE					
1.	APPLICANT NAME ADDRESS								
	TELEPHONE								
2.	TYPE OF ENTITY: NON	-PROFIT ( ), FOR-PR	OFIT ( ), IN	DIVIDUAL ( ), OTHER					
3.	COUNCILMANIC DISTRICT: 4. LEGISLATIVE DISTRICT								
5.	PROPOSED USE OF THE REQUESTED FUNDS AND PROJECT COMPLETION DATE:								
6.		AMOUNT REQUESTED	1						
0.		FROM BALTIMORE		OTHER FUNDING SOURCE					
	TOTAL PROJECT COST	COUNTY	AMOUNT	SOURCE	<u>:</u>				
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 AT	TACHED:						
7.		AST TWO FISCAL YEAR	RS. (FISCAL Y	AND LOANS AWARDED TO T EAR IS JULY 1 TO JUNE 30.					
	FISCAL YEAR	AMOUNT		TYPE OF GRANT OR LOA	AN				
8.	IS THERE A NEED FOR A			OR FUTURE YEARS TO COM	NTINUE OR				

8A.	HAS THE APPLICANT APPLIED FOR GRANTS FROM OTHER COUNTY AGENCIES THIS YEAR?								
	IF SO, PLEASE DESCRIE	)E:							
	APPROXIMATE DATE: AMOUNT	TVDF.OF.DEQUEST							
	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 AI	DDRESS		PROPERTY OWNER					
	FOR COUNTY HOE ONLY	<u></u>			<del></del> 1				
	FOR COUNTY USE ONLY ARE THERE ANY CONDI		NT	MUST SATISFY PRIOR TO CONSIDERATION OF THE					
	FUNDING REQUEST?								
	COUNTY AGENCY SUPP	LYING THE FINANCIA	AL /	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 BOA									
	MEMBERS.			,					
11.	IF THE APPLICANT IS A	CORPORATION, ALSO	o s	UPPLY THE NAMES OF MAJOR SHAREHOLDERS					
	(GREATER THAN 10%).	(Provide this information	on a	s an attachment, if necessary					
12.	LIST THE NAMES OF AN	Y CLOSELY RELATED	00	RGANIZATIONS AND ANY GRANTS OR LOANS AWARDED					
TO OR APPLIED FOR BY THE ORGANIZATIONS IN THE CURRENT OR LAST TWO FISCAL YEARS. ( example, a closely related organization has the same officers of board members or both organizations belo the same parent.)									
13.	<ol> <li>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.</li> </ol>								
	SERVICES OR NON-	CASH BENEFIT		HOW CALCULATED					
	I								

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					
	TITLE					
	DATE					