Agency Name:
Address: Website:
City/State/Zip: Phone No:
Contact Name: Fax No:
Title: E-Mail Address:

1. **Overview of Agency.**
   Please describe the overall need addressed and the characteristics of the population served by your agency. Describe the programs you offer and include the number of Caroline County residents served annually. What is unique about your agency and its programs? Please describe any collaboration with other service providers.

Please list training programs the staff and/or administrative volunteers of your agency have attended over the past 12 months. If none, so state.

2. **Project Details.**
   Project Name:
   Amount Requested:

   Summary of Project (150 words or less that describe the project for potential funders):

   Are matching funds available?
   Total Project Budget: Timeline for Project:
   Is this a ___ new ___ expanded ___ or continuing program? Please explain:
Purpose of Request:

Describe Client/Issue to be Addressed by Grant:

Number served by this project:
Geography: Gender: Age:
Income: Special Needs of Client:

Please explain benefits to citizens of Caroline County:

How will you determine the effectiveness of the project?

How will you recognize The Caroline Foundation for the grant?

How will program be supported after the grant expires?

Please include the following items with your application:
• Current year financial statements • IRS tax determination letter
• Project budget • List of current Board Members

NOTE: Grant recipients will be required to submit a report on the project or program no later than one year after the grant is awarded.

Mail or hand-deliver one paper copy of the completed application and attachments to The Caroline Foundation c/o MSCF, 102 East Dover Street, Easton, MD 21601 on or before July 1, 2020.