



Request
For multiple requests

**FY25 Request for Funding
Application Washington County
Gaming Commission**

Date:

Name of organization applying:

Address:

City: State: Zip Code:

If the address listed is outside of Washington County, MD, list the address of the organization's place of business in Washington County.

Address:

City: State: Zip Code:

Organization Phone Number:

Contact Person: Title:

Contact Person Phone Number:

Contact Person's e-mail address:

Organization's Federal Identification Number (EIN):

1. Amount of Funding Requested (do not combine multiple requests):

2. Funds Requested will be used for: Operating expenses Equipment or Capital Projects

3. Give a very BRIEF (1-2 sentence description only) summary of your request:

4. Provide a more detailed description of your request. Please include a budget breakdown of your request. **The Gaming Commission may elect to partially fund some grant requests; explain how your organization will implement the project if granted only a partial award.**

5. Describe any fundraising activities or other means of generating revenues your organization has conducted within the past year. Please include dates.

6. Identify targeted communities in Washington County and/or intended audiences for which the funding will be utilized.

7. List partners and/or collaborators with whom you work to achieve your organization's goals.

8. How many Washington County residents will benefit from your funding request and how will they benefit? Please be specific as these will be used as performance measures in grant reporting.

9. Please provide a complete list of key employees, officers, and board members. For board members only, indicate their city of residence.

10. Please provide a complete list of all funding the organization has received in the fiscal year from local, state, or federal government sources, and private foundations. In addition, list any pending requests for funding from all sources related to this request.

11. If your organization has any endowments, please list amount(s) and if funds have any restrictions. If your organization does not have any endowment funds, mark n/a.

12. Is your organization recognized by the Internal Revenue Service as a valid charitable 501(c)3 entity?

Yes No

13. Is this organization incorporated with the State Dept. of Assessments and Taxation?

Yes No

If YES, indicate SDAT identification number:

If YES, is this organization's Articles of Incorporation: Active Forfeited Other

14. Is this organization an "Unincorporated Association"? Yes No

15. Has this organization previously applied for gaming funds? Yes No

16. Did this organization receive gaming funds in FY24? Yes No

17. If YES to question 16, have you turned in your required grant report? Yes No

18. Has this organization submitted more than one application for consideration this year?

Yes No

19. If you answered YES to question number 18, please indicate which request should be given priority. Indicate priority request letter designation (A, B, C, etc.)

Application Submission Statement:

I hereby declare and affirm, under penalties of perjury, that the matters and facts set forth herein are true and correct and that any documents attached are unmodified and true and genuine copies of financial documents and tax returns as filed with the IRS. I also declare and affirm that I am a person duly authorized to enter into legally binding agreements on behalf of the herein applicant organization.

I hereby agree to provide proof that any funds received from the Gaming Commission were expended for the purpose requested herein within one (1) year from the receipt of the said funds. I understand that any modifications to the proposed use of allocated funds must be requested in writing and approved by the Gaming Commission in writing prior to any expenditure of allocated funds. I understand any unspent funds remaining after one (1) year must be returned to the fund.

I hereby represent and warrant that the applicant organization does not discriminate on the basis of race, creed, sex, age, color, national origin, physical or mental disabilities for employment or the achievement of the mission or goal of the organization.

I understand that any and all applications submitted, as well as supporting documentation may be considered public documents. As such, all applications and supporting documents may be viewable and obtainable by the public under the provisions of the Public Information Act, MD Code Ann., State Government Article 10-613.

Signature of Authorized Person:

Printed Name of Authorized Person:

Title:

Date: