2023 Community Opportunity Grant

Horizon Foundation

Eligibility Criteria

Applications for our 2023 community opportunity grants are now open! These one-time grants for up to $20,000 help nonprofits carry out their mission more effectively. Apply today to build up your organization's capacity in areas such as:

• Building advocacy efforts
• Professional development and executive coaching
• Board development and strategic planning
• Conference attendance, workshops, and peer learning opportunities
• Organizational assessment & branding

Please note that Community Opportunity Grants should not be requested to support day to day operations/program delivery. Your request should focus on how you can build your organizational capacity in the areas above.

Modified funding amounts will be determined by the Foundations as there is limited funding to disperse for this opportunity. Proposals should be specific and outline the need and importance of your request.

The deadline to submit your application is **April 19, 2023.** Proposals will be reviewed, and all applicants will be notified no later than **May 19th, 2023.**

If you have any questions about the grant or the application system, contact Senior Program Officer, **Kenitra Fokwa at kfokwa@thehorizonfoundation.org.**

Nonprofit Organization*
Your organization is determined as charitable under Section 501(c)(3) of the Internal Revenue Code or is another entity that meet IRS charitable guidelines.

Choices
Yes
No

Service Area*
Your organization delivers services to Howard County residents.

Choices
Yes
No

Non-Discriminatory*

Your organization provides programs and services to the intended beneficiaries without discrimination on the basis of race, color, gender, national origin, religion, disability, medical condition, marital status, sexual orientation, gender identity, veteran or military status, pregnancy, ancestry, age or any other characteristic protected by federal, state, county or local laws, regulations or ordinances.

Choices

Yes

No

Organization Overview

Organization's Mission and Vision*

What is your organization's Board approved mission and vision?

Character Limit: 1000

Organization Activities*

Describe your organization's main activities and programs, and how they support your mission.

Character Limit: 1000

Total Staff*

How many total staff (full and part-time) does your organization have?

Character Limit: 10

What percentage (%) of your organization's full-time staff are non-White or of Hispanic ethnicity?*

Enter "UNKNOWN" if not known.

Character Limit: 25

What percentage (%) of your organization's board members are non-White or of Hispanic ethnicity?*

Enter "UNKNOWN" if not known

Character Limit: 25

Within a year how many people does your organization typically serve through your programming?*

Enter "UNKNOWN" if not known.

Character Limit: 250

Age Groups*

Which age group will PRIMARILY benefit from your program?

Choices

All age groups
Infants/Children (0-12 years)
Adolescents/Youth (13-18 years)
Adults (19-64)
Senior Citizens (65 and over)

Ethnicity*

What is the PRIMARY ethnic group that will benefit from your program?

Choices

All
African-American
Asian
Causasian
Hispanic
Other

Foreign-Born Populations*

Are foreign-born populations a targeted group who will benefit from your program?

Choices

Yes
No

Disabled Populations*

Are the disabled a targeted group who will benefit from your program?

Choices

Yes
No

Organization Website

If you do not have an organization website, write "none".

Character Limit: 250

Organization Facebook Page/Address*

If you do not have an organizational Facebook page, write "none".

Character Limit: 250

Organization Twitter Page/Handle*

If you do not have an organizational Twitter page, write "none".

Character Limit: 250

Organization Instagram Page/Handle
If you do not have a Instagram page, write "none".
Character Limit: 250

If awarded a grant, email communications should be sent to:*
Please include name and email address for the primary contact for this grant.
Character Limit: 250

If awarded a grant, reporting will be completed by:*
If different from contact above, please include additional name and email address.
Character Limit: 250

Project/Program Details

Project Name*
Character Limit: 100

Project Description*
Please provide a description of the project including the goals and objectives .
Character Limit: 2000

Amount to be requested from The Horizon Foundation*
Amount requested **must be** $20,000 or less.
Character Limit: 20

Region Served*
Which region of the county will the project PRIMARILY serve?

Choices
All Howard County
Western County
Columbia
Ellicott City
Elkridge
Southeast (Laurel, Jessup, Savage)

Priority Area to be addressed*
Please choose ONE priority area for your request.
Funds will help build organizational capacity in one of the following areas:

Choices
1. Building advocacy efforts
2. Professional development and executive coaching
3. Board development and strategic planning

4. Conference attendance, workshops, and peer learning opportunities
5. Organizational Assessment & Branding

How does this project meet the Priority Area you chose?*

Describe the need or opportunity to be addressed and how this project meets the Priority Area selected above; please include a brief project summary.

Character Limit: 2000

Budget & Financial

Project Start Date*

Character Limit: 10

Project Completion Date*

Character Limit: 10

Total Project Budget*

Character Limit: 20

New Project*

Is this a new project?

Choices

Yes
No

Partial Funding*

If this request is partially funded, will the project still continue?

Choices

Yes
No

Partial Funding Changes

If you answered 'Yes' above, how will the project change?

Character Limit: 1000

Project Budget Details*

Please upload a project budget and include detailed justification for each line item. Grant funds may be used for costs associated with the project, such as staff time and supplies, consulting costs, data collection and analysis, consumer surveys, and staff training. If including personnel, be specific about what role that person will play in the project and include a breakout indicating the function and number of full-time or part-time staff. If including supplies, detail how those supplies will support project implementation. Include other partners' time as well and non personnel costs and indirect costs. In addition, please add other sources of income for this

project (i.e., funds requested from other foundations, corporations, and other funding sources).

Character Limit: 1000 | File Size Limit: 1 MB

Sustaining the Project*
How do you plan to sustain your project at the end of the grant period, if a grant is awarded?

Character Limit: 1000

Budget Deficits*
Has your organization ended any of the past 5 fiscal years with a deficit?

Choices
No
Yes

Please Explain
 If you answered 'Yes' above, please explain.

Character Limit: 500

Incorporation Date*
Please provide your organization's date of incorporation.

Character Limit: 250

Tax Form 990*
For review purposes, please upload your most recent 990 or 990-N form.

File Size Limit: 10 MB

Standards of Excellence*
Has your organization met any of the following standards?

Choices
BBB Standards of Accountability
Maryland Nonprofits Standards of Excellence
Industry specific standards
None of the above

Industry Specific Standards
If you chose **Industry specific standards** above, please specify the standard met.

Character Limit: 250

Additional Information
Please include any additional information you deem important or pertinent to you application.

Character Limit: 250

Electronic Signature

Terms of Application Submission

By entering your full name below, you are agreeing to the following:

• The information contained in this application and its attachments are complete, accurate and approved by the decision-making entity of your organization.

• The Foundation reserves the right not to award a grant.

• Should an award be made, the funds will be used exclusively for the purpose outlined in the application.

• Should an award be made, you will be asked to sign a grant agreement and be required to submit a post award report.

Electronic Signature*

The application must be signed by the CEO, Board Chair, or an authorized officer of the

organization. To sign the application, please type your first and last name.

Character Limit: 50

Signatory's Title*

Character Limit: 50