

#### **Our Mission**

Winds of Leadership will find projects in Harford County and assemble the leaders necessary to accomplish them, thus leaving behind an improved county and a legacy of leadership.

### **Our Vision**

Winds of Leadership is a nonprofit organization committed to applying the force of united leadership to achieve tasks that leave a legacy. As a sail catches the force of wind for speed and direction, so the Winds of Leadership will be a force of leadership that fills the sails of Harford County through support of worthy projects.

**Support Guidelines & Application** 

## Winds of Leadership

### **Support Guidelines**

The purpose of the Winds of Leadership support program is to provide support of up to \$1,000 to non-profit organizations that provide services <u>directly</u> in Harford County, Maryland. Funds may be used for direct costs related to projects/programs, such as but not limited to, personnel, equipment, materials and supplies, and administration and must support Leadership Development for an employee, client services, or development of future leaders.

#### In addition, the following eligibility requirements apply:

Applicant must be a tax-exempt nonprofit organization under category 501(c)(3) of the
Internal Revenue Code providing services in Harford County.
Grant funds must be used to provide services in Harford County. See above.
Only complete applications will be reviewed.
Previous Awardees must wait 2 years from date of award to reapply. NO EXCEPTIONS

#### *Information to Submit:*

Completed Application
Completed Budget Form
Completed Financial Summary Form (includes other funding sources *note WINDS will
support requests of funds that are being sought in a matching effort)
One Page Summary Narrative of why seeking support funding and how it applies to
leadership in Harford County.

#### □ Attach copy of 501c3

#### **SUBMISSION & AWARD ANNOUNCEMENT TIMELINE:**

Applications are accepted <u>July 1 – August 31</u> by email only. Anything dated after will not be
reviewed.
Awardees will be notified by November 1 as to which support option will be funded.
Funds to be distributed to Awardees at the Winds Annual Holly Jolly Event in December.
Photos with recipients will be taken at this time.

□ Each grantee must enter into an agreement with Winds of Leadership before awarded funds are disbursed and must submit a financial and narrative report at the conclusion of the project.

#### Disclaimer

Winds of Leadership has the authority to withhold and/or recover grant funds, if at any time grant funds are misused. Winds of Leadership will investigate allegations of improper use of grant funds including use of funds for the private benefit of donor-advisors, etc.

Winds of Leadership has the authority and discretion to determine which Organizations will be awarded and what type of awards will be granted (Event, Emergency or Project).



## **Support Application**

Name of Organization:						
Organization Address:						
Phone:	E-mail:					
Website:		Total Annual Op	perating Budget:			
Contact Person Name:						
Contact Person Title:						
Phone:	E-mail:					
Name of Project/Program	m (if applicable):					
Amount of Total Project,	/Program Budget:					
Date Project/Program Be	gan/Will Begin & End :					
CHECK ALL THAT APPLY FOR THIS APPLICATION:  Event – Proceeds from WINDS Sponsored Event \$100-\$500  Emergency Funds – \$500  Project Funds - \$500-\$1,000  I approve submission of this grant application. I certify that the grant application and the organization does not discriminate on the basis of race, creed, color, gender, age, sexual orientation, national origin or disability. I certify that the information included in the application and attachments is correct and true, to the best of my knowledge.  Name and Signature of CEO/President/Executive Director:						
Signature		Date				
Printed Name		Title				



# **Support Application Budget Form**

OR	GΑ	NI	ZΔ	TI	O	N:

### PROJECT/PROGRAM:

	REVENUE	WINDS SUPPORT REQUEST	TOTAL PROJECT/PROGRAM
1	WINDS OF LEADERSHIP SUPPORT		
2	OTHER SOURCES (PLEASE LIST):		
3			
4			
5	TOTAL REVENUE:		

	EXPENSES	WINDS SUPPORT REQUEST	TOTAL PROJECT/PROGRAM
6	SALARIES		
7	FRINGE BENEFITS		
8	CONTRACTUAL SERVICES		
9	SUPPLIES/MATERIALS		
10	ADVERTISING		
11	EQUIPMENT		
12	TRAINING/CONFERENCES		
13	PRINTING/DUPLICATION		
14	TECHNOLOGY/COMMUNICATION		
15	OTHER – DESCRIBE		
16	OTHER – DESCRIBE		
17	OTHER – DESCRIBE		
18	OTHER – DESCRIBE		
19	TOTAL EXPENSES:		
20	NET INCOME/ <loss></loss>		



# **Support Application Financial Summary Worksheet**

1.	each of the past three fiscal years? (Divide fundraising/management and general by total expenses - data available on Form 990.)					
	% FY2021	% FY2020	%	FY2019		
2.	What is the organization's net income/loss for each of the past three fiscal years? (Subtract total expenses from total revenue.)					
	FY2021	FY202		FY2019		
3.	How many months/years of operating expenses are held in reserve? (Divide funds available for operations by average monthly expenses.)					
4.	Does the organization have investmen	nts and/or an endow	ment beyond operation	ng cash?		
	YesIf Yes, How Muc	h?	No _			
5. To demonstrate the diversity of the organization's funding sources, break down the last total revenue by percentage:						
		ment Contracts/Gra ent Contracts/Grants ent Contracts/Grants dowment Income ited Funds	S			
6.	What percentage of the Board of Dire financial gift this past fiscal year?	• •		ersonal		
7.	Are the financial statements audited?	Yes	No			
8.	If the financial statements are not aud	•	al statements reviewe	ed?		