



## Nonprofit Center Office Space Application Questions

*Contact the Nonprofit Center to discuss your organization's needs and tour the facility. A link to the application form will be provided following the tour. Please review these items and collect required documentation before starting the application.*

### General Organization Information

- Organization Name
- Website
- Mailing Address
- Physical Address
- Year 501(c)(3) status granted
- Annual Operating Budget
- # Full-time paid employees; # Part-time paid employees; Total FTE
- # Volunteer FTE
- Organization's Mission Statement
- # of people served by the organization in the last 12 months
- % of service recipients served in the last 12 months that reside in AACo
- Does your organization identify as minority-led? (Optional)
  - If yes, describe how the organization's leaders, including staff and board members, identify.
  - What percentage of your organization's leadership (staff and board members) identify as minority?

### Authorized Individual

- First Name
- Last Name
- Title
- Email Address

- Phone Number

## Contact Information

- First Name
- Last Name
- Title
- Email Address
- Phone Number

## Type of Office Space Requested:

*See Description of Work Spaces Accordion above*

☐ Dedicated Office(s) - *must use space at least 3 days per week*

☐ Furnished    ☐ Unfurnished    ☐ No Preference

☐ Dedicated Open Space Cubicle(s) - *must use space at least 3 days per week*

☐ Dedicated Combination of Above

☐ Shared Office - *1-2 days per week*

☐ Shared Open Space Cubicle - *1-2 days per week*

☐ Hot Desk - *sporadic use with no set dates based on availability*

☐ Not Sure

## Expected Use of Space and Percentage of Time for Each Use:

*The Nonprofit Center space is best suited for administrative tasks or virtual service delivery.*

☐ Administrative Tasks                      % Time:

☐ Virtual Service Delivery                      % Time:

☐ In-Person Service Delivery\*                      % Time:

☐ Other (specify): \_\_\_\_\_ % Time:

- \*If applicable, describe the organization's in-person service delivery needs:
- How many desks / work spaces are you requesting at what frequency each week?  
Desks can be used by one person or several individuals at different times.
- Our organization needs access to space BEYOND the normal building hours (7AM to 7PM):
- If you answered YES above, describe who needs to be on site after hours, when, and for what purpose.
- Are you seeking storage space in addition to work space?
- Describe storage needs:
- Do you still want work space if storage is not available?

### **Organizational Program Information**

- Provide a brief history of the organization, mission and services provided.  
List the organization's current programmatic goals and expected outcomes:
- How does your organization address social determinants of health (specifically those identified in published assessment reports) to improve lives of Anne Arundel County residents?
- How does your organization support under-resourced populations in Anne Arundel County?
- If available, please provide the percentages of your clients served by race, ethnicity, or other minority groups (Veterans, people with disabilities, LGBTQIA+, etc.).
- Does your organization, or its programming, have any direct connection to the former Crownsville State Hospital?
- If yes, please describe.

### **Collaboration, Capacity, and Nonprofit Center Participation**

- Does your organization collaborate with other organizations currently?

- If yes, describe the collaboration (including information such as organization names, project goals, length of partnership, etc.)
- Are you willing to serve on the NPC Resident Council to discuss and implement new policies and programming?
- I agree to participate in the NPC's evaluation process, which will include an annual meeting with NPC staff, surveys, collection of non-identifying service data, metrics related to capacity, and potential interviews/focus groups.
- The NPC is exploring the potential to offer a two-year formal accelerator/capacity-building program for a cohort of six organizations in 2026. Although specific details are not yet available, the program would include monthly on-site and online training, networking, coaching, and limited technical assistance beyond that offered to all resident organizations. If the program is approved, would you want to be considered for participation?
- Do you have a strategic plan?
- Why do you believe your organization would benefit from working at the Nonprofit Center?
- Please add any other information that the Nonprofit Center should know in relation to this application here.

## Documentation

Required Documents: (All documents should be in .pdf format)

- IRS 501(c)(3) Determination Letter
- Proof of Good Standing
  - Maryland Secretary of State
  - Maryland Department of Assessments and Taxation
- Current Operating Budget
- Most recent financial statement
- Most recent IRS form 990
- Most recent annual report
- List of Board of Directors
- Strategic Plan (if available)