Application Deadline: May 14, 2018 4:00 p.m.



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Application Cover Sheet for FY2019 Community Support Grant July 1, 2018 to June 30, 2019

☑ Capital Gra	nt Non-Ca	apital Grant	
• Full Legal Name of Organization:		Year	r Founded:
Organization Address:			
Organization Address:Phone: Email:		Website:	
• Employer ID#:	Conflict of In	terest Policy in plac	ee:
Total Organization Annual Budget (Should match the total on A-Budget Form-Column 3)	This FY19 Program (Should match the tota A-Budget Form-Colun	l on	nount Requested from Anne Arundel County (Should match the total on A-Budget Form-Column 1)
\$	\$	\$	
Categories:			
☐ Food/Nutrition	☐ Shelter		☐ Behavioral Health
☐ Education/Training/Job Skills	☐ Elderly		☐ Health
☐ Community Development	•		
☐ Children's Services	☐ Disability ☐ Crisis/Emerge		☐ Legal/Mediation☐ Safety
☐ Youth Services	☐ Adult Services	• 1	☐ Family Services
Other:			I amin'y bervices
 Number of individuals expected to be 		by this funding req	uest:
■ Geographical Area Served: □ Cour			☐ East County
☐ Sout	h County \square	West County	☐ Annapolis only
• Brief (no more than 100 words) descrip	tion of your proposed prog	gram including expect	ed numeric outcomes:
By signing below, you affirm that you organization and that the information of and correct.			
		Mr./Mrs./Ms	
Signature	Title	Printed Name	
Date Phone		 Email	

Incomplete applications or submissions not received by deadline will not be considered for funding.

FY19 CAPITAL Grant Application



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FY19 COMMUNITY SUPPORT GRANTS CAPITAL GRANT APPLICATION

Capital Grants provide funds to nonprofit organizations to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration or new construction of buildings).

INCOMPLETE APPLICATIONS OR SUBMISSIONS NOT RECEIVED BY THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING. DO NOT MODIFY THE FORMAT OF THIS APPLICATION.

ALL PAGES SHOULD BE PAPERCLIPPED. DO NOT STAPLE, BIND OR PUT INTO A NOTEBOOK.

(Write it exactly as shown on SDAT Records	Employer ID#	
Organization's Address:		
Primary Contact Person:	Title:	-
Telephone: Fax	: Email Address:	
Attachment B. Copy of most currently in good standing wi	HAVE PROOF OF YOUR ORGANIZATION'S IRS TAX-EXEMPT STA recent general entity information showing that it is the State Department of Assessments and Taxation (SDAT). HAVE PROOF OF GOOD STANDING.	ATUS.
Attachment B. Copy of most currently in good standing wi	recent general entity information showing that it is the State Department of Assessments and Taxation (SDAT). HAVE PROOF OF GOOD STANDING.	ATUS.
Attachment B. Copy of most currently in good standing wi	recent general entity information showing that it is the State Department of Assessments and Taxation (SDAT). HAVE PROOF OF GOOD STANDING. \$	ATUS.
Attachment B. Copy of most currently in good standing wing stop HERE IF YOU DO NOT FY19 Funding Request: The use of this grant is:	recent general entity information showing that it is the State Department of Assessments and Taxation (SDAT). HAVE PROOF OF GOOD STANDING. \$	

a. Executive Summary (It should be (Maximum 300 words)	riefly cover the core aspects of this particular project an	nd address the need.
b. Program/Project Category. P	Please mark <u>all</u> appropriate boxes that best apply to	your organization:
Categories:		
☐ Food/Nutrition	☐ Shelter	☐ Behavioral Health
☐ Education/Training/Job Skills	☐ Elderly	☐ Health
☐ Community Development	☐ Disability	☐ Legal/Mediation
☐ Children's Services	☐ Crisis/Emergency Response	☐ Safety
☐ Youth Services	☐ Adult Services	☐ Family Services
☐ Other:		
	e the purpose of your proposed project (maximum	m 150 words)
The requested funds will:		
d Describe the Need that will be the	a focus of your project	
d. Describe the Need that will be the	e focus of your project.	
d. Describe the Need that will be the	e focus of your project.	
d. Describe the Need that will be the	e focus of your project.	
d. Describe the Need that will be the	e focus of your project.	
d. Describe the Need that will be the	e focus of your project.	
	e focus of your project. The apprecise location (Street address and road intersection)	ions, prominent landmarks, etc.)
e. Location of Project. If applicable, give	ve a precise location (Street address and road intersecti	
e. Location of Project. If applicable, give		
e. Location of Project. If applicable, give	ve a precise location (Street address and road intersecti	
e. Location of Project. If applicable, give	ve a precise location (Street address and road intersecti	
e. Location of Project. If applicable, given for the state of the stat	ve a precise location (Street address and road intersecti	
e. Location of Project. If applicable, given for the state of the stat	er project? Yes No N/A	
e. Location of Project. If applicable, give f. Is this particular project part of a large Please explain:	er project? Yes No N/A	

Timeline. FY19 (July 1, 2018 to June 30, 2019)		ded by June 30, 2019. Gi	ive a timeline for the
Goals and Objectives That are your program/project goals? Describe how the riority:			order of
k. Outcomes. What specific, realistic measural is particular project?			
l. Indicate how the proposed project relates to yo	our organization's mission	on and goals.	
II. Population Served Identify a. Target Population:	the audience, geograph	ical area and language.	
II. Population Served Identify a. Target Population: b. Number of individuals expected to benefit from			
a. Target Population:			□ East County □ Annapolis Only
a. Target Population: b. Number of individuals expected to benefit from	or be served by this req Countywide South County	uest: North County West County	☐ East County ☐ Annapolis Only
a. Target Population: b. Number of individuals expected to benefit from c. Geographical Area of Anne Arundel served: d. In which language(s) is the program offered? e. Is your organization accessible to people with di	or be served by this req Countywide South County	uest: North County	☐ East County ☐ Annapolis Only explain:
a. Target Population: b. Number of individuals expected to benefit from c. Geographical Area of Anne Arundel served: d. In which language(s) is the program offered?	or be served by this req Countywide South County isabilities/special needs?	North County North County West County Yes No If No,	□ East County □ Annapolis Only explain: n:

a. List the partner's organizations with whom you have an existing working relationship.	
b. How will partners be involved? Describe their involvement and the type of resources/s will provide to this particular project:	support they
C. Include in this application one (1) <u>Letter of Support</u> with <u>original signature</u> from a partnering organizatio	on.
Letter of Support with original signature (Attachment M)	
V. Organization's Capacity	
a. In your geographical area, what are the three organizations that are most similar to you? Three similar organizations: (300 characters maximum)	
b. What makes you different? (150 characters maximum)	
c. Please summarize your stronger achievements in the past three years and those who have benefited	l from
your program/project.	,

Total Organization Annual Budget (Should match the total on A-Budget Form-Column 3)	This FY19 Program Budget (Should match the total on A-Budget Form-Column 2)	Amount Requested from Anne Arundel County (Should match the total on A-Budget Form-Column 1)
\$	\$	\$

a and b. FY19 Project Budget and Organization Budget Form. Fill out the form enclosed. <u>Budget must be submitted in one page</u>. <u>Do not modify its format</u>.

- **c. Budget Narrative** for this particular FY19 funding request. Fill out the form enclosed. Explain in detail <u>how</u> Anne Arundel County funds will be used.
- **d.** Equipment or Capital Improvement Specifications. Use the enclosed Equipment or Capital Improvement Specifications Form (VI.d.) to provide a detailed description of the equipment to be purchased or capital improvement to be made, including all estimated costs.

e. Other income source to Budget Form-Column		nm/project. (List ALL o	ther income sou	rces, grants, pub	olic donations,	etc.) Refer
Has your organization rec	ceived or expect to recei	ive funding for Fiscal Ye	ear 2019? 🔲 Y	Yes □ No		
If Yes, please list sources	, amounts and dates:					
f. General Annual C	Operating Budget. I	s it Audited?	Yes 🗆 N	Ю		
Funder's Name	Amount Provided/ Requested	Date when provided/requested	Projected	Pledged	Secured	Anticipated Approval Date
	Do	not leave any question u	nanswered.			
VII. Signing Let us know wh	the Grant A no will be signing the G					
Mr./Mrs./Ms. Printed Name			itle			
Phone :		E	mail:			_

VIII. <u>Certifications</u>

a. Conflict of Interest

officers and board members in I further agree to mai	full force and effect written policies and procedures prohibiting conflicts of interest of its a the activities of this organization and restrictions of interested director transactions. Intain in full force and effect written policies and procedures prohibiting any financial or this organization's officers and directors and this entity.
Signature:	
Title:	
Email:	Phone :
b. Disclosure Protection	
	naintain any and all policies and procedures necessary to provide my employees with ent with § 6-2-107 of the Anne Arundel Code.
Signature:	Printed Name: Mr./Mrs./Ms.
Title:	Today's Date:
Email:	Phone :
c. Certification	
information contained in this I will notify the Office of	ized to execute this application on behalf of this organization. I also certify that the application, including all attachments, is true and correct. If the County Executive of any changes in organizational status or structure, or in the nin ten (10) days of any changes.
S:	
Signature:	Printed Name: Mr./Mrs./Ms.
Title:	

☐ <u>Attachment J.</u> (Your Organization's Conflict of Interest Policy)

VI. FY19 BUDGET FORM. Program/Project and Organization Budget

a. INCOME SOURCES. Enter Whole Dollar Amount

Column 1

Column 2

Column 3

BUDGET CATEGORY	THIS REQUEST** **(It should match the county funding request on page 1)	Total FY19 Income for this Program/Project Budget	Total FY19 <i>Projected</i> Organization Budget
1. ANNE ARUNDEL COUNTY GOVERNMENT GRANT	\$	\$	\$
2. FOUNDATIONS	\$	\$	\$
3. CORPORATIONS	\$	\$	\$
4. INDIVIDUAL CONTRIBUTIONS	\$	\$	\$
5. FUNDRAISING EVENTS	\$	\$	\$
6. MEMBERSHIP INCOME	\$	\$	\$
7. IN-KIND SUPPORT	\$	\$	\$
8. INVESTMENT INCOME REVENUE	\$	\$	\$
9. GOVERNMENT CONTRACTS	\$	\$	\$
10. EARNED INCOME (fee for services, etc.)	\$	\$	\$
11. OTHER (Specify)	\$	\$	\$
12. OTHER (Specify)	\$	\$	\$
13. TOTAL INCOME	\$	\$	\$

b. EXPENSES. Enter Whole *Dollar Amount*

	BUDGET CATEGORY		THIS REQUEST How Anne Arundel County Funding be used?	Total FY19 Expenses for this Program/Project Budget	Total FY19 <i>Projected</i> Organization Budget for ALL programs
1. SALARI	ES AND WAGES.				
	n by individual position, indicate Ful on and % of Share) Position	ll or Part FT or PT	\$	\$	\$
a.			\$	\$	
b.			\$	\$	
c.			\$	\$	
d.			\$	\$	
1. SALARI	ES AND WAGES SUBTOTAL		\$	\$	\$
2. INSURAN	NCE, BENEFITS AND OTHER RELATED	O TAXES	\$	\$	\$
3. CONSUI	LTANTS AND PROFESSIONAL FE	ES	\$	\$	\$
4. BUSINE	SS TRAVEL/TRANSPORTATION		\$	\$	\$
5. EQUIPM	IENT (Specify)		\$	\$	\$
6. SUPPLIE	ES		\$	\$	\$
7. PRINTIN	NG AND COPYING		\$	\$	\$
8. TELEPH	IONE/INTERNET/WEB		\$	\$	\$
9. POSTAC	GE AND DELIVERY		\$	\$	\$
10. RENT A	AND UTILITIES		\$	\$	\$
11. OTHER	R (Specify)		\$	\$	\$
12. OTHER	R (Specify)		\$	\$	\$
13. OTHER	R (Specify)		\$	\$	\$
14. TOTAL	EXPENSES		\$	\$	\$

Budget must be submitted in one page. Do not modify this format.

Please make sure all columns are added correctly.

Organization's Full Legal Name:	
2	

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VI.c. FY19 Budget Narrative Summary.

Grantee must provide a budget narrative fully describing the specific costs outlined in the

budget detail. Please explain each calculation and provide a budget narrative that is only relevant to those items for which funding is requested from the previous page (b. Expenses/Column 1.) Do not leave any blanks without an explanation. If N/A, write "N/A". If handwritten, please print legibly.

	Budget Category	Request	Provide a FY19 Budget Narrative. If N/A, write "N/A" (Use font size 8)
	Budget Category	Request	(e.g., Education Coordinator \$32,640FT- \$17.00/hour/40 hrs. \$680.00 /week x 48. Will spend XX % of his/her time supporting this program/project.)
1.	Salaries and Wages a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
	Salaries and Wages Subtotal	\$	
2.	Insurance, Benefits and Other Related Taxes	\$	
3.	Consultant and Professional Fees	\$	
4.	Business Travel/Transportation	\$	This organization is reimbursed at \$ /mile.
5.	Equipment (Specify)	\$	
6.	Supplies	\$	
7.	Printing and Copying	\$	
8.	Telephone/Internet/Web	\$	
9.	Postage and Delivery	\$	
10.	Rent and Utilities	\$	
11.	Other (Specify)	\$	
12.	Other (Specify)	\$	
13.	Other (Specify)	\$	
14.	Total Expenditures	\$Shall match request	

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Full Legal Name of Organization'	(Write it exactly as shown on SDAT Records)	#FY19
VI.d. <u>FY19 Equipment</u>	t or Capital Improvement Specification Form	
☐ Provide a detailed description	of the equipment to be purchased, including all estimated costs	

☐ Provide a detailed description of the capital improvement to be made, including all estimated costs.

Be specific:

(Provide maps, if applicable).

	Be specific:	
	Description	Estimated Costs
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total Estimated Cost: \$_____

Full	Legal	Name	of O	rganiza	tion	's

(Write it exactly as shown on SDAT Records)

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FY19 CAPITAL GRANT APPLICATION CHECKLIST and Required accompanying documents

Use this checklist to assist you in preparing the right application. Please make sure it is complete before submission by checking the boxes to indicate that you have included the following required documents, even if you provided them in previous years. Be advised that all items listed in this checklist must be included in your application. One (1) copy of each of the following materials is required.

Very Important: The organization must show the same full legal name in all required documents.
Did you select the right FY19 grant application? <u>Capital Grants</u> provide funds to non-profit organizations to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration or new construction of buildings).
□ Non-Capital Grants provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.
 The original FY19 grant application with original signature and accompanying documents. Five (5) copies of the grant application only.
Accompanying Documents with the original grant application: (Include one (1) copy each). Identify each document alphabetically.
■ A. FEDERAL tax-exempt IRS determination Letter - Copy of most recent IRS determination letter under Section (501(c)(3) indicating evidence of tax-exempt status. (Attachment A)
 □ B. Good Standing Status – Include most recent copy of the organization's general entity information showing that it is currently in good standing with the Maryland State Department of Assessments and Taxation (SDAT). (Attachment B) (Be advised that if the organization/entity is listed as « forfeited » or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.) Refer to Obtaining a Printout of Good Standing instructions below.
☐ C. Articles of Incorporation – Include copy of Articles of Incorporation. If your organization's name has been officially changed by an amendment to your organizing instruments, you should also attach a conformed copy of the Articles of Amendment to your application. (Attachment C)
☐ D. Organization's By-Laws. Include a copy. (Attachment D)
■ E. Organization's Mission Statement. Include the mission statement. (Attachment E)
□ F. Board of Directors/Trustees List – Include a list of your organization's Board of Directors/Trustees, including names and individual terms of office. (Attachment F)
☐ G. Financial Statements – Include <u>previous year</u> Financial Audit Report or <u>previous year</u> IRS Form 990- (Return of Organization Exempt from Income Tax.) If your organization has both, please submit the Financial Audit Report. (Attachment G)
☐ H. Job Description - Include a job description for each position you are requesting support.
(Attachment H)
■ I. Form W-9-Request for Taxpayer-Identification Number and Certification. Complete attached Form. (Attachment I)
☐ J. Conflict of Interest-Include a copy of your organization's written Conflict of Interests policy and
procedures. (Attachment J)
☐ K. Insurance Requirements. Check that Section D is marked in the document's second page. (Attachment K)
■ L. Letter of Support. Include one (1) Letter of Support with original signature from a partnering organization. (Attachment L)
organization (rittagrinolit E)

☐ fill out the Application Cover Sheet for the Community Support Grant?
☐ sign the Application Cover Sheet for the Community Support Grant?
☐ answer items a-d on Part I. Grantee Information?
☐ answer items a-m on Part II. Program/Project Information?
☐ fill out items a-g on Part III. Population Served?
☐ fill out items a-c on Part IV. Partnerships?
☐ include a Letter of Support with <u>original signature</u> from a partnering organization. (Item IV.c.) on each copy?
☐ fill out items a-c on Part V. Organization's Capacity?
☐ fill out Budget Template Part VI. Budget: Project and Organization Budget? (Budget must be submitted in one page)
☐ fill out items a-f on Part VI. Budget?
☐ fill out Equipment or Capital Improvement Specifications Form (VI.d.)?
☐ fill out Part VII. Signing the Grant Agreement?
☐ sign the Grant Application <i>Certifications</i> (x3) on Part VIII?
☐ mark the appropriate box on second page of Attachment K.?
☐ attach a copy of your organization's written <i>Conflict of Interest</i> policy and procedures?
☐ fill out and attach a signed Form W-9?
☐ identify each supporting document alphabetically?

ALL PAGES SHOULD BE PAPER-CLIPPED. DO NOT STAPLE, BIND OR PUT PAPER INTO A NOTEBOOK.

- This grant application, along with all accompanying documents, must be submitted by the deadline.
- Application will be denied based on incomplete application materials and failure to follow application guidelines.
- Submission does not guarantee approval.
- Do not submit additional information that is not specifically requested.

Please keep a copy of this grant application and supporting documents for your reference/files.

FY19 Grant Applications Deadline:

May 14, 2018, 4:00 p.m.

Submit this application to:

Community Grants Administrator/Mary Lynn Bobbitt Anne Arundel County Department of Health 3 Harry S. Truman Parkway – Room 123 Annapolis, MD 21401

ATTACHMENTS

Required Supporting Documents

<u>Identify each document alphabetically</u>.

Very Important: The organization must show the same full legal name in all required documents.

Attachment A. Federal Tax-Exempt IRS Determination Letter.

(Organization's Legal Name must match the SDAT records)

Attachment B. Good Standing Status with the State of Maryland.

(Organization's Full Legal Name must match the SDAT records)

Attachment C. Articles of Incorporation/Articles of Amendment.

(Organization's Full Legal Name must match the SDAT records)

Attachment D. Organization's By-Laws.

(Organization's Full Legal Name must match the SDAT records)

Attachment E. Organization's Mission Statement.

Attachment F. Board of Directors/Trustees List with Names and Terms of Office.

Attachment G. Financial Statements.

Attachment H. Job Description. If N/A, write N/A.

Attachment I. Form W-9 Request for Taxpayer-Identification Number and Certification.

(Organization's Full Legal Name must match the SDAT records)

Attachment J. Organization's Conflict of Interest Policies/Certification.

Attachment K. Insurance Requirements.

Attachment L. Letter of Support.

(Rev. November 2005) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Je 2.	Name (as shown on your Income tax return)		
on page	Business name, if different from above		
Print or type Instructions	Check appropriate box: Individual/ Corporation Partnership Other		Exempt from backup withholding
Print o	Address (number, street, and apt. or suite no.)	Requester's name and	address (optional)
Specific	City, state, and ZIP code		
See S	List account number(s) here (optional)		
Part	Taxpayer Identification Number (TIN)		
backu alien,	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to p withholding. For individuals, this is your social security number (SSN). However, for a restable proprietor, or disregarded entity, see the Part I instructions on page 3. For other entitions	sident es, it is	or
	mployer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> or If the account is in more than one name, see the chart on page 4 for guidelines on whose		identification number
	if the account is in more than one name, see the chart on page 4 for guidelines on whose or to enter.	1 +	1
0	T Continue		

Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the Instructions on page 4.)

Sign Here	Signature of		
Here	U.S. person ▶	Date ▶	

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- · An individual who is a citizen or resident of the United States
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- · Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity.

Full Legal Name of Organization's

(Write it exactly as shown on SDAT Records)

Mark appropriate box in Section D-(Second Page) of this document.



Community Support Grants Fiscal Year 2019

ATTACHMENT L. For Capital Grants Section D- is Marked (on second page)

Insurance Requirements for <u>Awarded</u> Organizations

Capital Grants:

Capital Grants provide funds to nonprofit organizations to purchase equipment and related supplies or to make capital improvements (renovation, remodeling, restoration or new construction of buildings.)

		Certificate of Liability	Good Standing
Grant Type	Grant Award	Insurance Required	Status Required
Capital	Up to \$15,000	YES	YES
Capital	+ \$15,000	YES	YES

Capital Grants, <u>regardless of the funding award</u>, would require the following evidence of liability insurance, while the grant agreement is in effect:

- Commercial General Liability Insurance.
- Business Automobile Liability Insurance.
- Workers' Compensation Insurance.
- Directors and Officers Liability Insurance.

<u>When awarded</u>, Grantee's insurance agent should be able to provide Grantee with the type of insurance required on Section 20 of Grantee's grant agreement.

Important: If Grantee cannot provide <u>complete</u> evidence of the insurance required, Grantee shall not submit a certificate of liability insurance <u>without first contacting his/her Grants Administrator to receive further instructions.</u>

Section A-Type of Insurance-Coverage Limits

Important: Grantee shall purchase and maintain the following policies while the FY19 Agreement (July 1, 2018 to June 30, 2019) is in effect:

- ☑ Commercial General Liability Insurance, at least \$1,000,000.
- ☑ Business Automobile Liability Insurance, at least \$1,000,000.
- ☑ Workers' Compensation Insurance, at least \$500,000 each accident, \$500,000 each employee disease, and \$500,000 disease policy limit.
- ☑ Directors and Officers Liability Insurance, minimum coverage limit of \$1,000,000.

Organization's Full Legal Name

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Section B- The Insured

Full Legal Name of the Organization awarded shall be printed as it appears with the Maryland State Department of Assessments and Taxation.

Section C- Additional Insureds

The Insurance Certificate must name "Anne Arundel County, Maryland, its servants, agents and employees." as additional insureds.

Section D- To Determine Insurance Compliance

For a Grantee whose grant agreement requires evidence of insurance:

Can you provide **complete evidence of the insurance required**? Please mark the appropriate box.

☐ Yes. Go to Sections F. and G. to receive complete information on the insurance process.

 \square No. Continue with *Section E*-** below.

Important: *Section E-* marked with ** is for Grantee who **cannot provide evidence of a particular type of insurance coverage.**

Section E- Waiver Request Process**

A request for a waiver for not carrying a specific type of required insurance must be made on official letterhead to the Grants Administrator, with appropriate supporting documentation if applicable, including a description of circumstances sufficient to show why compliance is impossible. Grantee shall submit: a) certificate of insurance and b) a letter requesting a waiver if certificate does not show evidence of a particular required insurance. Upon review/evaluation from the Anne Arundel county Office of Risk Management, Grant Administrator will inform the Grantee of the approval or denial of a waiver request, or request additional information or documentation as necessary.

Note: Grantee shall not submit a certificate of liability insurance with incomplete evidence of the insurance required without first contacting his/her Grants Administrator to receive further instructions.

Section F- Change in Coverage

Important: The certificate shall provide that the county be given at least 30 days written notice prior to any cancellation, intention not to renew or material change in coverage. Grantee shall notify his/her Grants Administrator immediately on any issues related to this certificate.

Section G- Contact Information

(Name and Title) (Address) (City and Zip Code) (Phone Number) (Email Address)