

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



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FY19
 C NC

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

Capital Grant Non-Capital Grant

- Full Legal Name of Organization: _____ Year Founded: _____
- Organization Address: _____
- Phone: _____ Email: _____ Website: _____
- Employer ID#: _____ Conflict of Interest Policy in place: Yes No

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)
\$	\$	\$

Categories:

- Food/Nutrition
- Education/Training/Job Skills
- Community Development
- Children's Services
- Youth Services
- Other: _____
- Shelter
- Elderly
- Disability
- Crisis/Emergency Response
- Adult Services
- Behavioral Health
- Health
- Legal/Mediation
- Safety
- Family Services

- Number of individuals expected to benefit from or be served by this funding request: _____
- Geographical Area Served: Countywide North County East County
 South County West County Annapolis only
- Brief (no more than 100 words) description of your proposed program including expected numeric outcomes:

By signing below, you affirm that you are authorized to execute this application on behalf of this organization and that the information contained in this application, including all attachments, is true and correct.

Signature Title Mr./Mrs./Ms.
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.

I. Grantee Information If a section or question is not applicable to your grant, please indicate N/A.

a. Organization/Entity Full Legal Name:

(Write it exactly as shown on SDAT Records) Employer ID# _____

Organization's Address: _____

Primary Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email Address: _____

- **Attachment A.** Copy of the determination letter from the IRS showing your organization is exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code.

STOP HERE IF YOU DO NOT HAVE PROOF OF YOUR ORGANIZATION'S IRS TAX-EXEMPT STATUS.

- **Attachment B.** Copy of most recent general entity information showing that it is currently in good standing with the State Department of Assessments and Taxation (SDAT).

STOP HERE IF YOU DO NOT HAVE PROOF OF GOOD STANDING.

b. FY19 Funding Request:

\$ _____
Enter whole dollar amount

c. The use of this grant is:

- Topurchase equipment New construction
- Renovation/Repair Final stages. Expected completion date: _____
- Expansion Other: (specify) _____

- d.** Does your program/project require matching funds? No Yes How much? _____ %
If Yes, what is the funding source? _____

II. Program/Project Information (If using additional sheets, please identify each item clearly.)

a. Executive Summary (It should briefly cover the core aspects of this **particular project** and address the need.
(Maximum 300 words)

b. Program/Project Category. Please mark **all** appropriate boxes that best apply to your organization:

Categories:

- | | | |
|--|--|--|
| <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Shelter | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Education/Training/Job Skills | <input type="checkbox"/> Elderly | <input type="checkbox"/> Health |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Disability | <input type="checkbox"/> Legal/Mediation |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Crisis/Emergency Response | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Adult Services | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Other: _____ | | |

c. Purpose of this Request. Describe the purpose of your proposed project (maximum 150 words)

The requested funds will: _____

d. Describe the Need that will be the focus of your project.

e. Location of Project. If applicable, give a precise location (Street address and road intersections, prominent landmarks, etc.)

f. Is this particular project part of a larger project? Yes No N/A

Please explain: _____

g. Is this project an extension of an ongoing or recently completed project?: Yes No N/A

Please explain: _____

IV. Partnerships Partners are those groups with whom your organization collaborates.

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/support they will provide to this particular project:

c. Include in this application one (1) **Letter of Support** with **original signature** from a partnering organization.

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 from your program/project.

VI. FY19 Budget

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

c. **Budget Narrative** for this particular FY19 funding request. Fill out the form enclosed. Explain in detail **how** 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 sources for this FY19 program/project. (List ALL other income sources, grants, public donations, etc.) Refer to Budget Form-Column 2

Has your organization received or expect to receive funding for Fiscal Year 2019? Yes No

If Yes, please list sources, amounts and dates:

f. General Annual Operating Budget. Is it Audited? Yes No

Funder's Name	Amount Provided/ Requested	Date when provided/requested	Projected	Pledged	Secured	Anticipated Approval Date

Do not leave any question unanswered.

VII. Signing the Grant Agreement.

Let us know who will be signing the Grant Agreement:

Mr./Mrs./Ms.
Printed Name _____

_____ Title

Phone : _____

Email: _____

VIII. Certifications

a. Conflict of Interest

Attachment J.

(Your Organization's Conflict of Interest Policy)

I agree to maintain in full force and effect written policies and procedures prohibiting conflicts of interest of its officers and board members in the activities of this organization and restrictions of interested director transactions.

I further agree to maintain in full force and effect written policies and procedures prohibiting any financial or business transactions between this organization's officers and directors and this entity.

Signature: _____ Printed Name: Mr./Mrs./Ms. _____

Title: _____ Today's Date: _____

Email: _____ Phone : _____

b. Disclosure Protection

I agree to adopt and maintain any and all policies and procedures necessary to provide my employees with Disclosure Protection consistent with § 6-2-107 of the Anne Arundel Code.

Signature: _____ Printed Name: Mr./Mrs./Ms. _____

Title: _____ Today's Date: _____

Email: _____ Phone : _____

c. Certification

I affirm that I am authorized to execute this application on behalf of this organization. I also certify that the information contained in this application, including all attachments, is true and correct.

I will notify the Office of the County Executive of any changes in organizational status or structure, or in the material contained herein within ten (10) days of any changes.

Signature: _____ Printed Name: Mr./Mrs./Ms. _____

Title: _____ Today's Date: _____

Email: _____ Phone #: _____

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 Projected 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 Projected Organization Budget for ALL programs
1. SALARIES AND WAGES. (Break down by individual position, indicate Full or Part Time position and % of Share) % Share Position FT or PT	\$	\$	\$
a.	\$	\$	
b.	\$	\$	
c.	\$	\$	
d.	\$	\$	
1. SALARIES AND WAGES SUBTOTAL	\$	\$	\$
2. INSURANCE, BENEFITS AND OTHER RELATED TAXES	\$	\$	\$
3. CONSULTANTS AND PROFESSIONAL FEES	\$	\$	\$
4. BUSINESS TRAVEL/TRANSPORTATION	\$	\$	\$
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 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: _____

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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)
			(e.g., Education Coordinator \$32,640- -FT- \$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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FY19
<input type="checkbox"/> C <input type="checkbox"/> NC

Full Legal Name of Organization' _____ (Write it exactly as shown on SDAT Records)

VI.d. FY19 Equipment or Capital Improvement Specification Form

- Provide a detailed description of the equipment to be purchased, including all estimated costs.

or

- Provide a detailed description of the capital improvement to be made, including all estimated costs.
(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 Organization'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?

- Capital Grants 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 previous year Financial Audit Report or previous year 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)

Did you...

- 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 **original signature** 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 *Certifications* (x3) on Part VIII?
- mark the appropriate box on second page of Attachment K.?
- attach a copy of your organization's written *Conflict of Interest* 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

Attachments to be included with the Grant Application

Identify each document alphabetically.

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.

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



Community Support Grants
Fiscal Year 2019

Insurance Requirements
for Awarded 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.)

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

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

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

When awarded, 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 **complete** evidence of the insurance required, Grantee shall not submit a certificate of liability insurance **without first contacting his/her Grants Administrator to receive further instructions.**

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 _____

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.

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)