

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



For Office Use Only  
# \_\_\_\_\_  
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  
NON-CAPITAL  
Grant Application



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**FY19 COMMUNITY SUPPORT GRANTS  
NON-CAPITAL GRANT APPLICATION**

**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.

**INCOMPLETE APPLICATION OR SUBMISSION 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 PAPERS 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 Assessment and Taxation (SDAT).

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

**b. FY19 Funding Request:**

\$ _____ Enter whole dollar amount
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**c. The use of this grant is:**

- To cover general operating expenses  To support a job position
- To purchase training/instructional materials
- Other: (Describe) \_\_\_\_\_

*Preference will be given to projects/programs, rather than operating expenses.*

**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).

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**b. Program/Project Category.** Please mark **all** appropriate boxes that best apply to your grant application. 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"/> Crisis/Emergency Response     | <input type="checkbox"/> Children’s services | <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 \_\_\_\_\_

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**d. Describe the Need** (specific economic, cultural, or geographic issues) that will be the focus of your project.

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**e. Goals and Objectives**

What are your program/project goals? Describe how this grant request will help you meet goals in order of priority:

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**f. Outcomes.** What specific, realistic measurable outcomes do you expect as a result of the implementation of this particular program/project? \_\_\_\_\_

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**g. Mission/Goals.** Indicate how the proposed program/project relates to your organization's mission and goals.

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**h. Program Logic Model and Outcome Measurement Framework.** Use the enclosed Program Logic Model (h.1.) and Outcome Measurement Framework Forms (h.2.) to diagram the program you propose to operate with Anne Arundel County funds. See the SAMPLES enclosed to guide you in completing the forms. Grantees are required to measure its program/project and will report on achievement of their proposed outcomes and indicators, if applicable.

**i. Timeline.** FY19 (July 1, 2018-June 30, 2019) funds shall be expended by June 30, 2019. Give a timeline for implementation of the project/program you are requesting funding.

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### **III. Population Served** Identify the audience, geographical area and language.

a. Target Population: \_\_\_\_\_

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b. Number of individuals expected to benefit from or be served by this request: # \_\_\_\_\_

c. Geographical Area of Anne Arundel served:       Countywide       North County       East County  
    South County       West County       Annapolis Only

d. In which language(s) is the program offered?: \_\_\_\_\_

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e. Is your organization accessible to people with disabilities/special needs?     Yes     No    If No, explain:

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f. Are there any eligibility requirements for this particular program/project?     Yes     No    If Yes, please explain:

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g. Describe any potential challenges you may encounter and alternative approaches and solutions to these challenges: \_\_\_\_\_

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

a. List the partner organizations with whom you have an existing working relationship. \_\_\_\_\_

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**b. How will partners be involved?** Describe their involvement and the type of resources/support they will provide to this particular project/program: \_\_\_\_\_

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

Letter of Support with original signature. (Attachment L)

**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)

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b. What makes you different? (150 characters maximum)

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c. Please summarize your stronger achievements in the past three years, meaning those who have benefited from your program/project:

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## 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 Program/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. Other income sources for this FY19 program/project.** (List ALL other income sources, grants, and public donations, etc.) Refer to Budget Form-Column 2

Has your organization received/expect to receive funding for Fiscal Year 2019?  Yes  No  
If Yes, please list sources, amounts and dates:

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

**e. General Annual Operating Budget:** Is it Audited?  Yes  No

Do not leave any question unanswered.

## VII. Signing the Grant Agreement

Let us know who is going to 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Name: Mr./Mrs./Ms. \_\_\_\_\_

Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Organization's Full Legal Name (Write it exactly as shown on SDAT Records.)

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# 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 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 will 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.	\$	\$	
1.1 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	\$	\$	\$



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<input type="checkbox"/> C <input type="checkbox"/> NC

Organization's Full Legal Name: \_\_\_\_\_

**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	

## Program Logic Model

II. h.1.

**Program Name:**

**Target Population:**

**Program Goal:**

Inputs (Resources for program)	Activities (Services)	Outputs (# of activities; participants)	Outcomes (How will the client change because of this program?)		
			Initial	Intermediate	Longer-Term

## Outcomes Measurement Framework

II.h. 2.

**Program:**

**Target Population:**

<b>Outcome(s)</b> (From the Program Logic Model)	<b>Indicators</b> (How will you know (in measurable terms that the outcome was achieved?))	<b>Benchmark</b> (Baseline)	<b>Data Source</b> (Where/how will you get the data?)

## Program Logic Model

**SAMPLE:** This Sample does not need to be submitted as part of the application

**Program Name:** Safe Way for Families

**Target Population:** Families Who Experience Domestic Violence

**Program Goal:** Families are safe from domestic violence.

Inputs (Resources for program)	Activities (Services)	Outputs (# of activities; participants)	Outcomes (How will the client change because of this program?)		
			Initial	Intermediate	Longer-Term
House – undisclosed location  Funding – <ul style="list-style-type: none"> <li>• Tiger Woods Foundation Grant</li> <li>• Anne Arundel County</li> <li>• Fundraising</li> </ul> Partnerships – <ul style="list-style-type: none"> <li>• County Hotline</li> <li>• AA Sheriffs</li> <li>• AA Hospital</li> <li>• Humane Society</li> <li>• Community Advisory Council</li> </ul>	<ul style="list-style-type: none"> <li>• Women/children shelter</li> <li>• Case Management of shelter families</li> <li>• Pet Respite</li> <li>• Prevention Education</li> </ul>	45 families sheltered/year  1,825 family shelter days/year  900 referrals for community services  600 pet days/year  100 psycho-social groups/ year in shelter	Families have safe alternative housing to avoid violence.          Families are not deterred from seeking safety by concern for their pets.	Families have access to healthcare, employment and schools.	Sheltered women avoid violent relationships.

## Outcomes Measurement Framework

**SAMPLE:** This Sample does not need to be submitted as part of the application

**Program:** Safe Way for Families

**Target Population:** Families Who Experience Domestic Violence

<b>Outcome(s)</b> <i>(From the Program Logic Model)</i>	<b>Indicators</b> <i>(How will you know, in measurable terms that the outcome was achieved?)</i>	<b>Benchmark</b> <i>(Baseline)</i>	<b>Data Source</b> <i>(Where/how will you get the data?)</i>
Families have safe alternative housing to avoid violence.	Safe shelter beds are available within 24 hours to at least 90% of domestic violence families seeking shelter.	In 2004, beds were available within 24 hours to 85% of DV families seeking shelter.	Police reports, hotline logs, shelter records
Families are not deterred from seeking safety by concern for their pets.	10% or fewer domestic violence complainants cite concern about pets as the reason for staying in violent home.	New outcome. In 2004, 28% of DV complainants cited concern about pets as the reason for declining shelter.	Police reports.
Families have access to healthcare, income and schools.	Within 30 days of admission, at least 60% shelter families have established healthcare, children's school enrollment and a source of income.	In 2004, 52% of families had healthcare, income and school enrollment by the 30-day milestone.	Case management records, proof of income documents.
Sheltered women avoid violent relationships.	At least 90% of families report at discharge that they are moving to a violence-free home.	In 2004, 92% of families reported at discharge that they were leaving for a violence-free situation.	Discharge records.

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<input type="checkbox"/> C	<input type="checkbox"/> NC

## FY19 NON-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 Assessment’s 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 Interest policy and procedures (Attachment J)
- K. Facts Sheet on Insurance Requirements.** Check N/A (on a grant less than \$15,000) or check that Section D is marked on second page (on a grant more than \$15,000). (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?
- answer items a-d on Part I Grantee Information?
- answer items a-i on Part II Program/Project Information?
- fill out items a-g on Part III Population Served?
- fill out items a-b on Part IV. Partnerships?
- attached item IV.c.-Letter of Support with **original signature** from a partnering organization?
- fill out items a-c on Part V. Organization's Capacity?
- fill out Part VI.1.- FY18 Budget Form? (*Budget must be submitted in one page*)
- fill out Part VI.2.- Budget Narrative Summary?
- fill out Program Logic Model (h.1) and Outcome Measurement Framework? (h. 2)
- fill out Part VII. Signing the Grant Agreement?
- sign the Grant Application Certifications a-c three times on Part VIII?
- include Attachments A through L with the original grant application?
- mark the appropriate box on Attachment K (second page)?
- 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.

**FY18 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**



**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 Name 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.**

Form **W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

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Business name, if different from above

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Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other ▶ .....  Exempt from backup withholding

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Address (number, street, and apt. or suite no.)

---

City, state, and ZIP code

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List account number(s) here (optional)

---

Requester's name and address (optional)

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**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- 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 failed 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 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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,

For grants more than \$15,000, mark appropriate box in Section D- (Second Page) of this document.

**ATTACHMENT K.**

- N/A  
(If less than \$15,000)  
or  
 Section D-  
on second page  
**Is Marked**  
(If more than \$15,000)

Organization's Full Legal Name



Community Support Grants  
Fiscal Year 2018

## Insurance Requirements for Awarded Organizations

### Non-Capital Grants:

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.

Grant Type	Grant Award	Certificate of Liability Insurance Required	Good Standing Status Required
Non-Capital	Up to \$15,000	NO	YES
Non-Capital	+ \$15,000	YES	YES

Non-Capital Grants **more than \$15,000** 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 shall comply with the insurance requirements in the grant agreement governing the county funds and provide an active Certificate of Liability Insurance, evidencing type of insurance, effective and expiration dates and the coverage limits.

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.

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 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 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 of Grants Administrator)

(Address)

(Phone Number)

(Email Address)