

**DISTRICT 4 REQUEST FOR SPECIAL APPROPRIATION GRANT  
FISCAL YEAR 2012**



PRINCE GEORGE'S COUNTY COUNCIL

Attn: Office of Council Chair Ingrid M. Turner, Esq.  
14741 Governor Oden Bowie Drive  
Upper Marlboro, Maryland 20772  
(301) 952-3094 / Fax (301) 952-4910

(A) Date \_\_\_\_\_

(B) Grant Amount  
Designated: \_\_\_\_\_

(C) FUNDS (IF ANY) TO BE DESIGNATED BY COUNCIL MEMBER \_\_\_\_\_

*Submission Deadline: November 1, 2011*

[Checklist](#)

[Instructions](#)

**APPLICANT**

(D) Name of organization (this should be the proper and legal name as stated on your seal or charter):  
\_\_\_\_\_

(E) Address/Telephone Number/Website Address (if any): \_\_\_\_\_  
\_\_\_\_\_

(F) Nature of organization (e.g., private non-profit human services, promotional, advocacy, municipal government): \_\_\_\_\_  
\_\_\_\_\_

(G) Mission/Purpose of the organization [one-paragraph history, mission and goals]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Affiliation, if any, with any governmental unit: \_\_\_\_\_

(H) Please attach a list of organization staff members and a list of the officers and members of the board of directors or comparable governing body.

(I) Federal Tax I.D. #: \_\_\_\_\_ Tax Exempt: No \_\_\_\_\_ Yes \_\_\_\_\_

Date incorporated: \_\_\_\_\_ Incorporated as a non-profit: Yes \_\_\_\_\_ No \_\_\_\_\_

(J) State Tax I.D. #: D-\_\_\_\_\_ (number from Maryland Department of Assessments and Taxation)

**Please attach a copy of the IRS notification of tax-exempt status under Section 501(c)(3) of the U.S. Code (or related section). A completed, signed and dated IRS Form W-9 MUST accompany this application if the designee is a first-time grant recipient. NOTE: The IRS Form W-9 may also be requested by the grant coordinator to comply with IRS directives that an original completed, signed and dated W-9 be on file with the County's Office of Finance.**

(K) Director of Organization:

\_\_\_\_\_  
(NAME) (TITLE)

\_\_\_\_\_  
(DAYTIME TELEPHONE)

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CELL PHONE NUMBER)

Contact Person:  
\_\_\_\_\_  
\_\_\_\_\_

(NAME)

(TITLE)

(DAYTIME TELEPHONE)

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(CELL PHONE NUMBER)

**(L) PROPOSED USE OF REQUESTED FUNDS:**

Describe the intended use of the grant funds. Either after the questions below or on a separate page, provide sufficient details so that the Council Member can readily associate the fund use(s) described here with the budget document provided by the grant applicant.

1. Who is the target population (i.e., who will benefit)? \_\_\_\_\_  
\_\_\_\_\_

2. What type(s) of service(s) and/or program(s) will be provided? \_\_\_\_\_  
\_\_\_\_\_

3. Where will the service(s) be provided and/or the program(s) be conducted? \_\_\_\_\_  
\_\_\_\_\_

**(M) FINANCIAL INFORMATION:** Fiscal Year 2012 Total Budget \$ \_\_\_\_\_

**(Attach a copy of the most recent budget)**

1. For the current fiscal year, provide the budget and a report of expenditures of funds from all sources, including the County. These must be submitted in order to be considered for any special appropriation grant. County public schools and county municipalities are partially exempt from this requirement because their budgets are already in the public domain. For special purchases and events, a copy of applicable invoices and/or breakdown of costs for multiple items are required. NOTE: If funding fluctuates dramatically from year to year, an applicant may submit the previous year's budget, but still must show how and where the requested funds would be used in that budget.
2. Please provide a copy of the most recent IRS Form 990, Return of Organization Exempt from Income Tax.
3. If your organization received County Council grant funds in the previous fiscal year, please provide a brief report indicating from whom the funds were received and how the funds were spent.

**(N) METHOD OF PAYMENT:** The County strongly encourages the use of electronic deposits via the Automated Clearing House (ACH) system. Instructions and an authorization form are included. As an alternative, paper checks will be mailed to grant recipients.

**(O) CERTIFICATION**

I hereby approve the submission and contents of this application and agree that any grant awarded pursuant to this application will be subject to review by the County (Office of Audits and Investigation) and will be administered in conformity with the purposes stated. I further agree that all financial records must be opened and available to County officials upon request.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: Requests for confirmation, by external auditors for your organization, of grant amounts paid should be sent to the Director, Office of Finance, Prince George's County, Maryland, Room 3200, County Administration Building, Upper Marlboro, MD 20772. This will avoid delay in response to these requests.