

Prince George's County Local Development Council (PGCLDC)
FY 2020 LOCAL IMPACT GRANT APPLICATION
MAXIMUM AWARD ANTICIPATED (\$50,000)

Please complete all fields and email one copy to pgcldcgrants@co.pg.md.us **and** mail or hand-deliver (1) original and four hard copies of the application and requested documentation to PGCLDC Local Impact Grants, Attention: Shaka Pack de Flores, Wayne K. Curry Administration Building, 4th Floor, 1301 McCormick Drive, Suite 4000, Largo, Maryland 20774.

Applications are due on Monday, December 16, 2019

I. ORGANIZATION INFORMATION:

Date of Application: _____ Federal Tax ID: _____

Legal Name of Organization (As it appears on your IRS Tax Determination Letter):

Organization's Mailing Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

Address Where Services Provided _____

City/State/Zip: _____ Website or URL: _____

Executive Director/CEO: _____ Contact, if not Ex. Dir.: _____

Email Address for Application Contact: _____

Year Organization Incorporated: _____ Total # Employees: _____ Hours of Operation: _____

Total Organization Budget & Fiscal Year
(mm/dd/yyyy – mm/dd/yyyy): _____

II. SERVICE CATEGORY: Select **one** category that best describes your **organization's primary services**.

- | | | |
|--|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Recreation/Leisure |
| <input type="checkbox"/> Arts/ Humanities | <input type="checkbox"/> Family Services | <input type="checkbox"/> Safety Net |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Youth Development Services |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Intellectual/Developmental
Disability Services | (tutoring, academic enrichment,
recreation) |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Housing/Housing Related Services | <input type="checkbox"/> Other: Please specify below |
| <input type="checkbox"/> Crisis/Emergency Response | <input type="checkbox"/> Legal/Mediation | |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Public Safety | |
| <input type="checkbox"/> Education/Training | | |

III. PROJECT/PROGRAM INFORMATION

Project/Program Title: _____

Amount Requested: _____ **Period Funding Request Will Cover:** _____

- Number of Individuals expected to benefit from or be served by this funding request: # _____
- Will your organization provide funds to match the LDC FY20 Grant? Yes No
- If Yes, how much? _____% or \$ _____

IV. List sources and amounts of other funding obtained, pledged or requested for this project/program.

	SOURCE	AMOUNT	STATUS OF FUNDS (I.E. OBTAINED, PLEDGED, OR REQUESTED)
1			
2			
3			
4			
5			

V. SUPPORT CATEGORY: Select one category from the list below, which most clearly represents the nature of your funding request.

- Program Support-** New or existing program you would like to establish or expand based on needs assessment.
- General Support-** Unrestricted financial support for organization's general operations.
- Capacity Building Support-** Funding to assist your organization in improving its current organizational efficiency and effectiveness in moving toward increased independence and sustainability.
- Capital Grants-** Provide funds to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration, or new construction of buildings.)

VI. PROJECT CATEGORY: Select one category that best describes your organization's project.

- | | |
|---|--|
| <input type="checkbox"/> Transportation/Mobility | <input type="checkbox"/> Community Beautification |
| <input type="checkbox"/> Student Enrichment Programs | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Other _____ |

VII. PRIMARY AGE GROUP OF CLIENTS SERVED: Check the box that best identifies the target population that will benefit from this funding request.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> College |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Senior |
| <input type="checkbox"/> High School | |

A. Is your organization accessible to people with disabilities/special needs? Yes No
 (If No, explain): _____

- VIII. a. Does your organization partner with any other nonprofits to provide service to the County? Yes or No
 b. If yes, please complete details in the table below.

	ORGANIZATION NAME	RESPONSIBILITY	EXECUTED MOU (YES OR NO?)
1			
2			
3			
4			
5			

- IX. Are you using a fiscal sponsor to secure this grant? Yes or No

X. REPORTING REQUIREMENTS

All LDC recipients are required to provide their program's progress within six (6) months of receiving the Local Impact Grant award as well as a final closeout report once all the funds have been expended. Reports should address the same elements outlined in the Proposal Narrative.

- a. Has your organization submitted its six (6) month and final report for the most recent LDC funding received?
 Yes or No
- b. If no, please explain.

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- XI. PROPOSAL NARRATIVE:** A program narrative is required for all "Support Categories" i.e. Program, General, Capacity Building and Capital Grant. Use 12-point font with 1-inch margins and include **HEADING provided for each question below. DO NOT repeat the text of the question. A maximum of 10 pages of narrative will be accepted. This portion of your document should be submitted as a separate Microsoft Word document. Please do not bind documents; one binder clip in top left corner is sufficient.**
- A. EXECUTIVE SUMMARY (1 PAGE):** Please provide a summary of your overall proposal and your request for funding.
- B. STATEMENT OF PROBLEM (15 points maximum) (2 PAGES):** Clearly explain why this project is needed. Describe the population served by your organization. Describe the geographic area served by your organization: (Area should generally be within immediate proximity of MGM National Harbor).
- C. PROGRAM DESCRIPTION/PROJECT DESIGN and IMPLEMENTATION/BUDGET (35 points maximum) (3 PAGES):**
1. Clearly explain the proposed program and how it will be implemented. Provide a precise location.
 2. Goals and Objectives. How does this project meet the overall goals and objectives of your organization?
 3. Outcomes. What specific, realistic measurable outcomes do you expect as a result of the implementation of this project?
 4. Potential Challenges. Describe any potential challenges you may encounter and solutions to these challenges.
 5. Provide your requested budget and describe how the funds will be used to address the problem identified. Clearly detail and describe why your organization is currently unable to address the identified need without outside financial assistance and how the funds requested will support your intended strategies. Please use the budget format as outlined on pages 4-5 of the application document.
- D. PROGRAM/PROJECT EVALUATION (25 points maximum) (1 PAGE):** Describe how you will evaluate the program within your organization.
- E. ORGANIZATIONAL CAPABILITY (20 points maximum) (1 PAGE):** Demonstrate that your organization has the necessary experience, key personnel, internal controls, and financial systems to effectively manage a grant award.
- F. POST GRANT FUNDING/SUSTAINABILITY (5 points maximum) (2 PAGES):** Clearly detail how your proposed project will achieve self-sufficiency after your period of performance and PGCLDC funding assistance has ended.
- G. PROPOSED SERVICE IMPACT (20 points maximum) (1 PAGE):** Clearly describe the proposed service impact within the designated local impact zone.

XII. ORGANIZATIONAL FINANCIAL INFORMATION

The budget information below applies to the organization's total operational budget. You **must** use this format to submit your organization's financial/budget information. **DO NOT ATTACH ANY OTHER BUDGET INFORMATION.**

A. ORGANIZATION - The budget information below applies to the organization's total operational budget.**ORGANIZATION INCOME**

SOURCE	AMOUNT COMMITTED	%
Federal Grants		
State Grants		
County Grants		
Corporations		
Individual Contributions		
Fundraising Events		
Membership Income		
In-Kind Support		
Investment Income Revenue		
Federal Contracts		
State Contracts		
County Contracts		
Earned Income		
Other (Specify)		
TOTAL INCOME		

ORGANIZATION EXPENSES

ITEM	AMOUNT
Salaries & Wages (breakdown by individual position and indicate full or part-time positions)	
Insurance, Benefits, Other Related taxes	
Travel	
Equipment	
Supplies	
Printing & Copying	
Telephone/Internet	
Postage	
Rent	
Utilities	
In-Kind Support	
Depreciation	
Other (Specify)	
TOTAL EXPENSES	
Difference (Income Less Expenses)	

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B. PROGRAM/PROJECT BUDGET- The budget information below applies to the project for which you are requesting funding. You **must** use this format. If applicable, on a separate sheet, please identify each staff position for which you are requesting funding, along with the per hour cost for each. **PLEASE DO NOT ATTACH ANY OTHER BUDGET INFORMATION.**

PROGRAM/PROJECT INCOME

SOURCE	AMOUNT COMMITTED	AMOUNT PENDING*
Federal Grants		
State Grants		
County Grants		
Corporations		
Individual Contributions		
Fundraising Events		
Membership Income		
In-Kind Support		
Investment Income/ Revenue		
Federal Contracts		
State Contracts		
County Contracts		
Earned Income		
Other (Specify)		
TOTAL INCOME		

PROGRAM /PROJECT EXPENSES

ITEM	AMOUNT
Salaries & Wages (breakdown by individual position. Indicate full or part-time positions)	
Insurance, Benefits, Other Related taxes	
Travel	
Equipment	
Supplies	
Printing & Copying	
Telephone/Internet	
Postage	
Rent	
Utilities	
In-Kind Support	
Depreciation	
Other (Specify)	
TOTAL EXPENSES	
Difference (Income Less Expenses)	

*Pending sources of support include those requests currently under consideration. Please include this current PGCLDC request.

XIII. PRIOR YEAR GRANTS AND/OR CONTRACTS

If the organization has applied for and/or received any Prince George's County grant funding or contracts in the last four (4) years, please complete the table below.

Fiscal Year	Requested Amount	Amount Received	Indicate Grant (G) or Contract (C)	County Department/Agency

ASSURANCES

If this grant is awarded, the applicant organization assures that:

1. The applicant will administer the funds in compliance with the submitted proposal.
2. Funds received will be used solely for the documented activities as outlined in the request.
3. The applicant has read and will conform to the program guidelines, programmatic evaluation and financial reporting requirements, site monitoring visits, and any other conditions imposed by the PGCLDC in connection with the grant.
4. The applicant organization intends to comply with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied benefits of any program activity, or service based on race, gender, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
5. The applicant agrees to provide its most recent audited financial statement to the PGCLDC.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

CERTIFICATION

I affirm that I am authorized to execute this application on behalf of the applicant organization. I also certify that the information contained in this application, including attachments, is true and correct. I will notify the Prince George's County Local Development Council (PGCLDC) of any changes in organization status or structure, or in the material contain herein within ten (10) days of any such changes.

Organization Name: _____

Signature: _____

Printed Name: _____

Title: _____ Date: _____

E-mail: _____ Phone# _____

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FY 2020 PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL APPLICATION & SUPPORTING DOCUMENTATION CHECKLIST

Please review the checklist below to ensure all FY 2020 PGCLDC Local Grant Impact application requirements have been met before final submission. This checklist is provided to help ensure a complete proposal package. You may use this checklist as a guide when assembling your documents. If all the items listed and specified below are not submitted, your application will not be reviewed. **NOTE: Applicants will not be contacted to provide missing documentation.** All items listed below are required at the time of application.

APPLICATION INFORMATION

- Email one copy to pgcldcgrants@co.pg.md.us and mail or hand-deliver (1) original and four hard copies of the application and requested documentation.
- Complete Items I – XIII (**Refer to pages 1 - 6.**) Place the completed pages on top of your proposal narrative. These pages will serve as a coversheet to your proposal.
- Proposal Narrative (**Refer to pages 4 instructions for preparation - Item XI.**)
- A copy of the current year's operating budget for the organization (if using a fiscal sponsor, you will also need to submit a copy of the organizational budget of the fiscal sponsor). (**Refer to page 5 - Item XII. A**)
- A copy of the program/project budget request. (**Refer to page 6 - Item XII. B**)

APPLICATION SUPPORTING DOCUMENTS (Please clip these items together with one binder clip).

- Two self-addressed stamped envelopes.
- A copy of your IRS Exempt Organizations Select Check search results which verifies your organization's federal tax-exempt status is currently in effect and not revoked for failure to file your Form 990 Series return for three consecutive years. Please visit <https://apps.irs.gov/app/eos> to obtain this information.
- A copy of the organization's IRS Tax determination letter verifying IRS 501 (c) (3) federal tax-exempt status. The organization's full legal name must match SDAT records.
- A Current copy of your organization's Certificate of Status aka "Good Standing" - General entity information showing that it is currently in good standing with the State of Maryland. This information can be obtained from the Maryland Business Express-General Information Tab. **The date on the certificate must be within six months of the application submission.**
- A copy of your Organization's Mission Statement. This should be on a separate page.
- Board of Directors/Trustees List- Include a list of your organization's Board of Directors/Trustees.
- Financial Statements- Include **previous year** Financial Audit Report or **most recently filed** IRS Form 990 – (Return of Organization Exempt from Income Tax.). If your organization has both, please submit the Financial Audit Report. Audited financial reports must be prepared in accordance with generally accepted accounting principles and be audited by a certified public accountant. Unaudited financial statements, balance sheets, reviews or draft versions are not acceptable.
- Job Description- Include a Job Description for each position you are requesting support.

- Conflict of Interest- Include a copy of **your organization's** written Conflict of Interest's policy and procedures.
- IRS Form W-9- Signed Request for Taxpayer-Identification Number & Certification.
- Letter of Support- Include one (1) Letter of Support with original signature from a community group, PTA/PTO, or church located within the radius, as evidence of community need. Use the following link to confirm radius <https://princegeorges.maps.arcgis.com/apps/webappviewer/index.html?id=c0f50714f9824d9f9d8760a5df348de1>
 - Please note: Please provide a copy of a most recently executed Memorandum of Understanding for each partner that must be signed by all parties (if this request includes partner organizations), i.e. Prince George's County Public Schools, Fiscal Sponsor.
- Prince George's County ACH Enrollment Form

SUBMIT ONE OF THE FOLLOWING REQUIREMENTS (Check the Box that Applies to Your Organization)

- Office of Management and Budget (OMB) verified SAP vendor number

OR

- Completed SAP Vendor Request Form **(needed if you have never received a grant or contract from Prince George's County)**