



FY 2019 Grant Application Workshop

Prince George's County Local Development Council (PGCLDC)

Addison School

Wednesday, February 6, 2019

Presenter: Office of Management and Budget

Agenda

- Grant Program Timeline
- Local Impact Grant Application Overview
- Proposal Narrative – Requirements and Format
- Organizational Financial Information – Requirements and Format
- Supporting Documentation Requirements
- Things to Remember
- Submission Instructions
- Questions

FY 2019 Local Impact Grant Program Timeline

STEP	TASK	DUE DATE
1.	Public Notification/Announcement of FY 2019 PGCLDC Grant	January 18, 2019
2.	Grant Preparation Workshop	February 6, 2019
3.	Grant Application Submission Period Starting Date	February 6, 2019
4.	Grant Application Deadline	February 15, 2019
5.	County Staff Initial Review Completed	March 15, 2019
6.	County Notification of Procedurally Disqualified Applicants	March 25, 2019
7.	PGCLDC Application Review Process Begins	March 18-May 15, 2019
8.	Report to the Full PGCLDC by the PGCLDC Grant Review Committee of recommended awardees for final consideration and public vote	May 16, 2019
9.	County Notification of Unsuccessful Applicants	May 31, 2019
10.	Public Announcement of Award Recipients	June 3, 2019
11.	Grant Funds Available/Issued No Later Than	June 30, 2019



FY 2019 Local Impact Grant Application

FY 2019 Local Impact Grant Application


- **Section I – Organization Information** – basic information about your organization (i.e. legal name of organization, federal tax ID, address, contact information)
- **Section II – Service Category** – what is your organizations' primary service?
- **Section III – Project/Program Information** – name of project or program title you are looking to fund with the use of LDC funding.

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- **Section IV – Other Source of Funds** – list any and all other sources of funds whether obtained, pledged, or requested.
- **Section V – Support Category** – select one category which most clearly represents the nature of your funding request.
- **Section VI – Project Category** – if applicable, select one category that best describes your organization’s project.
- **Section VII – Primary Age Group of Clients Served** – check the box that best identifies the targeted population benefiting from this funding request.

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- **Section VIII – Proposal Narrative** – a program narrative is required for all “Support Categories” (i.e. Program, General, Capacity Building, and Capital Grant) detailing how your proposed to utilize the requested funding.
- **Section IX – Organizational Financial Information** – (a) your organization’s total operational budget, (b) your organization’s budget for the program/project that you are requesting funding (revenue and expenditures).
- **Section X – Prior Year Grants** – applies if your organization has applied for and/or received funding through Prince George’s County or contracts in the last four (4) years.



Proposal Narrative Format and Requirements

Section VIII: Proposal Narrative (Format)

- A narrative is required for all “Support Categories” (i.e. Program, General, Capacity Building, Capital Grant).
- Proposals should be 12-point font with 1 inch margins and include HEADING provided for each section (i.e. Executive Summary, Statement of Need/Problem, Project Description/Design, etc.)
- DO NOT repeat the text of the question.
- The proposal narrative cannot exceed ten (10) pages and should be submitted as a separate Microsoft Word document.
- DO NOT bind documents; one binder clip in top left corner is sufficient.

Section VIII: Proposal Narrative

- **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 (i.e. street address, road intersection, prominent landmarks, etc.)
 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 particular 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.

Section VIII: Proposal Narrative

- **D. PROGRAM/PROJECT EVALUTION (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):** Clearly describe the proposed service impact within the designated local impact zone.

Section IX – Organizational Financial Information

- The application requires budget information for the (a) the organization and (b) the Program/Project.
- The budget narrative is a break out of the items listed on pages 4 and 5 for funds requested. Information is required for all revenue and expenditures.
- You **MUST** use the format on pages 4 and 5 to submit your organization's financial information.
- If applicable, use a separate sheet to identify each staff position for which you are requesting funding, along with the per hour cost.
- For example, if there was \$2,000 listed in the budget sheet for salaries and wages, section IX should reflect:

Salary/Wages

- Project Director – 20 estimated hours x \$50 per hour = \$1,000
- Videographer – 40 estimated hours x \$25 per hour = \$1,000

Application Budget

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)	



Supporting Documentation Requirements

FY 2019 Local Impact Grant Supporting Documentation Checklist

- ✓ 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.
- ✓ A conformed copy of your 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. The organization's full legal name must match SDAT records.
- ✓ A copy of your County issued vendor registration number or a completed Prince George's County SAP Vendor Set Up Request Form.
- ✓ A copy of your Organization's By-Laws.
- ✓ 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 **previous year** IRS Form 990-(Return of Organization Exempt from Income Tax.). If your organization has both, please submit the Financial Audit Report.
- ✓ 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.

IRS Exempt Organizations Select Check

Please visit <https://apps.irs.gov/app/eos> to obtain a copy of your IRS Exempt Organizations Select Check results. This document 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 (3) consecutive years. Information can be searched by Organization Name or Employer Identification Number (EIN).

The screenshot shows the IRS website's search interface for tax-exempt organizations. At the top, the IRS logo is displayed on the left, and navigation links for 'Help', 'News', and 'Language' are on the right. Below the logo, a horizontal menu contains 'File', 'Pay', 'Refunds', 'Credits & Deductions', and 'Forms & Instru'. The main content area has a breadcrumb trail: 'Home > Charities and Non-Profits > Search for Charities > Tax Exempt Organization Search'. The title 'Tax Exempt Organization Search' is prominently displayed. The search form includes three columns of input fields: 'Select Database' (dropdown menu with 'Search All'), 'Search By' (dropdown menu with 'Organization Name'), and 'Search Term' (text input with placeholder 'Enter Organization Name'). Below these are 'City' (text input with placeholder 'Enter City'), 'State' (dropdown menu with 'All States'), and 'Country' (dropdown menu with 'United States'). At the bottom, there are 'Search' and 'Reset' buttons, and a link for 'Search Tips'.

Maryland Certificate of Status

Certificate of Status

ALICE FERGUSON FOUNDATION, INC.: D00100248

General Information | Filing History | Personal Property

General Information

Department ID Number: D00100248

Business Name: ALICE FERGUSON FOUNDATION, INC.

Principal Office: N/A
N/A
ACCOKEEK MD 00000

Resident Agent: NANCY WAGNER
ROUTE 1, BOX 209
ACCOKEEK MD 00000

Status: INCORPORATED

Good Standing: THIS BUSINESS IS IN GOOD STANDING
» Order Certificate of Status

Business Type: CORPORATION

Business Code: ORDINARY BUSINESS - NON-STOCK

- Issued by the Maryland Department of Assessments and Taxation aka SDAT
- Prove that a corporation is authorized to transact business in Maryland and all fees, taxes, and penalties owed to Maryland are paid
- Can be obtained online from Maryland Business Express using Business Name

Charitable Registration (NOT ACCEPTED)

STATE OF MARYLAND
DEPARTMENT OF ASSESSMENTS AND TAXATION
LARRY ROGAN
GOVERNOR
BOYD E. STEINBOCK
COMMISSIONER

STATE OF MARYLAND
OFFICE OF THE SECRETARY OF STATE
JULIA C. WOBENSMTH
SECRETARY OF STATE

July 14, 2016

[REDACTED]

Dear Program Director:

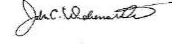
Thank you for forwarding the materials required to maintain your charitable registration in the State of Maryland. The information received is in proper order, and your registration has been received.

Please retain this letter for your files, as it certifies that your registration is current with the Office of the Secretary of State until **12/31/2016**. At that time, your next financial report and the appropriate renewal information and fee should be filed with our office.

Your registration number is 16559. Please include your registration number in all communications with this office.

If you have any questions, please contact the Charities and Legal Services Division at (410)974-5334.

Sincerely Yours,


John C. Wobensmith
Secretary of State
CID 16559

- Issued by the Secretary of State
- Required in order to solicit charitable contributions
- Requires Form (COR-92) completion and a possible fee
- Requires annual renewal

Form 990

- Even though most tax-exempt non-profit organizations don't pay federal taxes, most are still required to file an annual informational return with the IRS. This annual reporting return is called a Form 990.
- Your organization's Form 990 is due on the 15th day of the 5th month after the end of the organization's taxable year. This means that if your organization follows the calendar year (January 1 – December 31), your Form 990 would be due on May 15th of each year.
- If an organization fails to file Form 990 three years in a row, the IRS will automatically revoke its tax-exempt status. Since 2011, more than 500,000 nonprofits across the country automatically lost their tax-exempt status for this reason.

Vendor Registration Number

- You must become a Registered Vendor to conduct business with Prince George's County.
- ***Before you begin the process, check with OMB to see if your organization already has a vendor registration number.***
- If your organization is not yet a registered vendor you will need to complete the SAP Vendor Request Set Up Form shown on the next slide.

Vendor Registration Number

PRINCE GEORGE'S COUNTY SAP VENDOR SET UP REQUEST

REQUESTED BY:	
<i>Agency:</i> _____	<i>Contact Name:</i> _____
<i>Request Date:</i> _____	<i>Email Address:</i> _____
<i>Date Needed:</i> _____	<i>Phone #:</i> _____
VENDOR INFORMATION:	
Status (select one):	
<input type="checkbox"/> Add New SAP Vendor	<input type="checkbox"/> Modify/Update Current SAP # _____
<input type="checkbox"/> Add Prior Vendor	<input type="checkbox"/> Add Prior GEAC # _____ Pay Entity # _____
Payment Terms (select one) Vendor Type (select one):	
<input type="checkbox"/> NT00 - Payable Upon Receipt	<input type="checkbox"/> ZIFV - Financial/Non-Procurement Vendor (exempt from County Code: Subtitle 10)
<input type="checkbox"/> NT30 - Net Due in 30 Days	<input type="checkbox"/> ZHTP - HR Third Party (Benefits or Payroll related)
<input type="checkbox"/> NT45 - Net Due in 45 Days	<input type="checkbox"/> ZVEN - Procurement Vendor (subject to County Code: Subtitle 10A)
<input type="checkbox"/> NT60 - Net Due in 60 days	ZVEN changes restricted to update of existing SAP record.
Legal Status/Business Area (select all that apply):	
<input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> Government/Public entity
<input type="checkbox"/> Partnership	<input type="checkbox"/> IRS recognized Nonprofit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Medical/healthcare
<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Attorney
<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Other _____	
ZHTP vendors only:	
<input type="checkbox"/> Other creditor (1)	
<input type="checkbox"/> Benefits (3)	
<input type="checkbox"/> Garnishments (4)	
W9 Name LN1: _____	W9 EIN: _____
W9 Name DBA/TA: _____	W9 SSN: _____
Contact Name: _____	
Phone #: _____	Fax #: _____ Email: _____
Business Address (Correspondence/Order from):	
Street Address: _____	Suite/Room #: _____
City: _____	State: _____ Zip Code: _____
P.O. Box No: _____	City: _____ State: _____ Zip Code: _____
Remittance Address (if different):	
Street Address: _____	Suite/Room #: _____
City: _____	State: _____ Zip Code: _____
P.O. Box No: _____	City: _____ State: _____ Zip Code: _____
EFT/WIRE INSTRUCTIONS:	
Bank Name: _____	Bank Address: _____
Account # _____	Account Title: _____
EFT ABA/Routing #: _____	WIRE ABA/Routing #: _____
DESCRIBE REASON FOR REQUEST:	

COMPLETED BY (Office of Central Services ONLY):	
Name: _____	Date: _____ Vendor #: _____

Things to Remember

The Do's

- Contact OMB to verify vendor registration number
- Always follow instructions
- Be attentive to all formatting requirements
- Proofread your proposal
- Present realistic grant budgets
- Address sustainability after the grant is over

Please Don't

- Wait until the last minute
- Forget to include the required supporting documents
- Make assumptions; ask for clarification
- Copy anyone else's grant - although its similar

Prince George's County Local Development Council Website

[Local Development Council | Prince George's County, MD](https://www.princegeorgescountymd.gov/1125/Local-Development-Council)

<https://www.princegeorgescountymd.gov/1125/Local-Development-Council>

Submission Instructions

- Provide one electronic copy (via email or flash drive) as well as mail or hand deliver one (1) original and four (4) hard copies of your completed application to the following:
- Email submission must be sent to pgcldcgrants@co.pg.md.us utilizing the subject line as follows: FY 2019 PGCLDC Local Impact Grant- (Insert the Full Legal Name of the Organization)
- Hard copy submissions must be mailed or hand delivered to:

PGCLDC Local Impact Grants
Attention: Ms. Renee Adams
1301 McCormick Drive, 4th Floor
Largo, MD 20774
301-952-4264

Questions About Required Documents:
Office of Management and Budget
DeAnna Baker-Mims, Grants Manager or Ameria Williams
301-952-3300

Questions?



Thank you!

