Welcome to the FY 2019 Community Partnership Grant Program Application Workshop
Community Partnership Grant Program Application Workshop

Prince George’s County Community Partnership Grant (CPG) Program
Community of Hope AME Church
Wednesday, February 27, 2019

Presenter: Office of Strategic Partnerships
Diana Léon Brown, Director
Agenda

• Welcome, Vision & Introductions (15 mins)
  • Diana Léon Brown, Director of Strategic Partnerships

• Stakeholder Engagement (10 mins)
  • Sonja Welborne-Rice, Director of Stakeholder Engagement

• Application Process (60 mins)
  • DeAnna Baker-Mims, Grants Manager

• Evaluation Process (30 mins)
  • Euniesha Davis, Acting Director of Community Relations

• Closing & Next Steps (5 mins)
  • Diana Léon Brown, Director of Strategic Partnerships
Quick Overview

- Housekeeping
  - Sign in sheet
  - Index cards
- Open, Fair & Transparent Process
- Guiding Principles
  - Integrity, Innovation, Collaboration & Solutions
- What’s New
Important Information

• Website
  • https://www.princegeorgesscountymd.gov/918/Community-Partnership-Grants

• Email
  • PGNonprofits@co.pg.md.us

• Applications Closes
  • Monday, March 18, 2019 at 5:00 p.m. (sharp)
FY 2019
Community Partnership Grant Program Application Process

Prince George’s County Community Partnership Grant (CPG) Program
Community of Hope AME Church
Wednesday, February 27, 2019
Presenter: Office of Stakeholder Engagement
Sonja Welborne-Rice, Director
Stakeholder Engagement

• Who we are
• What we do
FY 2019 Community Partnership Grant Program Application Process

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DeAnna Baker-Mims, Grants Manager
Application Agenda

• FY 2019 Community Partnership Grant Program Timeline
• FY 2019 Community Partnership 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 Community Partnership Grant (CPG) Timeline

<table>
<thead>
<tr>
<th>STEP</th>
<th>TASK</th>
<th>DUE DATE</th>
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<tbody>
<tr>
<td>1</td>
<td>Public Notification/Release of FY 2019 CPG Application</td>
<td>February 18, 2019</td>
</tr>
<tr>
<td>2</td>
<td>Grant Preparation Workshop</td>
<td>February 27, 2019</td>
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<tr>
<td>3</td>
<td><strong>CPG Grant Application Deadline</strong></td>
<td>March 18, 2019 5:00 PM</td>
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<td>4</td>
<td>OMB Staff Review Submission Packages for Completeness</td>
<td>March 19-April 5</td>
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<td>5</td>
<td>County Notification of Procedurally Disqualified Applicants</td>
<td>April 8-12, 2019</td>
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<tr>
<td>6</td>
<td>Executive Review Panel Submits Recommendation to the Office of the County Executive</td>
<td>April 30, 2019</td>
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<td>7</td>
<td>Award Approval and Declination Letters Mailed</td>
<td>May 1-3, 2019</td>
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<td>8</td>
<td>Awardee Event</td>
<td>May 6-10, 2019</td>
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<tr>
<td>9</td>
<td>Grant Recipient Mandatory Meeting</td>
<td>May 15-17, 2019</td>
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<tr>
<td>10</td>
<td>Grant Funds Available/Issued No Later Than</td>
<td>May 20-24, 2019</td>
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<tr>
<td>11</td>
<td>End of County Fiscal Year</td>
<td>June 30, 2019</td>
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FY 2019 Community Partnership Grant (CPG) Program Application
FY 2019 Community Partnership Grant (CPG) Application

• **Section I – Organizational 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 – Support Category** – what type of financial support are you requesting (i.e. program, general, capacity building, other).
FY 2019 Community Partnership Grant (CPG) Application

- **Section IV – Funding Request Information** – Project/program title, amount of your funding request, period of time funding request will cover, number of clients you plan to serve with requested funds.

- **Section V – Additional Funding Sources** – identify any other funds you have secured to support your proposed project/program.

- **Section VI – Primary Age Group of Clients Served** – check the box that best identifies the targeted population benefiting from this funding request. **All services must be provided to Prince George’s County residents only.**
FY 2019 Community Partnership Grant (CPG) Application

- **Section VII – Presence in Prince George’s County** – check the box that best identifies the length of time your organization has existed.

- **Section VIII – Service Provision by Council District** – indicate and identify if you are providing services in a specific council district.

- **Section IX – Prior Year Grants/Contracts** – applies if your organization has applied for and/or received grants or contracts from Prince George’s County in the last four (4) years.
FY 2019 Community Partnership Grant (CPG) Application

• **Section X – Reporting Requirements** – all CPG recipients are required to submit a final financial and programmatic report. Please visit the link below to review the accepted format:

  • [https://www.washingtongrantmakers.org/sites/default/files/resources/Common%20Grant%20Report.PDF](https://www.washingtongrantmakers.org/sites/default/files/resources/Common%20Grant%20Report.PDF)
Proposal Narrative Format and Requirements
Section XI: Proposal Narrative (Format)

• A narrative is required for all “Support Categories” (i.e. Program, General, Capacity Building, Capital Grant).

• All pages of the proposal must use line spacing of at least 1.5, 12-point font with 1 inch margins and use the provided Section Headings (i.e. Organizational Mission, Statement of Need/Problem, Project Description/Design, etc.) Proposals that fail to meet this requirement will be rejected.

• Charts and tables may use single spacing and 10-point font.

• All pages of the narrative must be numbered.

• The proposal narrative cannot exceed fifteen (15) pages and should be submitted as a separate Microsoft Word document. Pages that exceed the page limit will not be read or scored.
Section XI: Proposal Narrative Section Headings

• **A. ORGANIZATIONAL MISSION (10 Points):** Please provide your organizational mission and a summary of your overall proposal and your request for funding. Clearly explain how the proposed project aligns with your organization’s mission.

• **B. STATEMENT OF NEED/PROBLEM (20 Points):** Clearly explain why this project is needed. Describe the population served by your organization.

• **C. PROJECT DESCRIPTION (25 Points):** Clearly explain how the proposed program will be implemented and evaluated.
  - How does this project meet the overall goals and objectives of your organization?
  - What specific, realistic measurable outcomes do you expect as a result of the implementation of this particular project?
  - Describe any potential challenges you may encounter and solutions to these challenges.
Section XI: Proposal Narrative Section Headings

• D. ORGANIZATION BUDGET (20 Points): Please use the format as outlined on page 5 of the application document.

• E. PROJECT BUDGET (15 Points): 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. Clearly detail how your proposed project will achieve self-sufficiency after your period of performance and County funding assistance has ended. Please use the budget formats as outlined on pages 4-6 of the application document.

• F. ORGANIZATIONAL INFORMATION/CAPABILITY (10 Points): Demonstrate that your organization has the necessary experience, key personnel, internal controls and financial systems to effectively manage a grant award.
Section XII: Additional Narrative and Submission Instructions

• The Community Partnership Grant (CPG) Application Checklist must be the first page of the proposal.

• Requested signature on Assurances page must be signed in **BLUE** ink.

• One original and three (3) copies of the CPG application package must be submitted.

• Completed applications should be placed in a large envelope and sealed. The front of the envelope should be labeled as follows:

  Left Hand Corner: Name of Organization

  Address

  Center of Envelope: Community Partnership Grant Application 2019
Section XIII – 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

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT COMMITTED</th>
<th>AMOUNT PENDING*</th>
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<tbody>
<tr>
<td>Federal Grants</td>
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<tr>
<td>State Grants</td>
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<td>County Grants</td>
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<tr>
<td>Corporations</td>
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<tr>
<td>Individual Contributions</td>
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<tr>
<td>Fundraising Events</td>
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<tr>
<td>Membership Income</td>
<td></td>
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<tr>
<td>In-Kind Support</td>
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<tr>
<td>Investment Income/Revenue</td>
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<tr>
<td>Federal Contracts</td>
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<td>State Contracts</td>
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<tr>
<td>County Contracts</td>
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<tr>
<td>Earned Income</td>
<td></td>
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<tr>
<td>Other (Specify)</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
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#### PROGRAM /PROJECT EXPENSES

<table>
<thead>
<tr>
<th>ITEM</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Salaries &amp; Wages (breakdown by individual position. Indicate full or part-time positions)</td>
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<tr>
<td>Insurance, Benefits, Other Related taxes</td>
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<td>Travel</td>
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<tr>
<td>Equipment</td>
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<td>Supplies</td>
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<td>Printing &amp; Copying</td>
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<td>Telephone/Internet</td>
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<td>Postage</td>
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<td>Rent</td>
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<tr>
<td>Utilities</td>
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<tr>
<td>In-Kind Support</td>
<td></td>
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<td>Depreciation</td>
<td></td>
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<tr>
<td>Other (Specify)</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>Difference (Income Less Expenses)</strong></td>
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ASSURANCES

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

1. The applicant will administer the funds in compliance with the submitted proposal and in accordance with the award conditions and restrictions.
2. Funds received must be used in Prince George's County and used solely for the documented activities as outlined in the proposal 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/restrictions imposed by the County in connection with the grant award.
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 because of race, sex, 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 County, upon request.
6. The filing of this application is made by the undersigned individual, and this individual is 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 Office of Management and Budget of any changes in organization status or structure, or in the material contained herein within ten (10) days of any such changes.

Organization Name:

Signature:

Printed
Name:

Title: _____ Date: _____
Supporting Documentation Requirements
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.
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).
IRS Tax Determination Letter
Maryland Certificate of Status “Good Standing”

Certificate of Status

- 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)

- 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
Vendor Registration Number

- You must be 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

<table>
<thead>
<tr>
<th>REQUESTED BY:</th>
<th>Contact Name:</th>
<th>Agency:</th>
<th>Email Address:</th>
<th>Phone #:</th>
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<tbody>
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</table>

#### VENDOR INFORMATION:

- **Status (select one):**
  - Add New SAP Vendor
  - Modify/Update Current SAP
  - Add Prior GEAC
  - Add New GEAC

- **Payment Terms (select one):**
  - Add New GEAC
  - Modify/Update Current SAP
  - Add Prior GEAC

#### Legal Status/Business Area (select all that apply):

- Sole Proprietor/Individual
- Government/Public entity
- Partnership
- Corporation
- Trust/Estate
- Limited Liability Company
- Other

#### W9 Information:

- **Name LN1:**
- **Name DBA/TA:**
- **W9 SSN:**
- **W9 UN:**

#### Contact Information:

- **Name:**
- **Phone #:**
- **Fax #:**
- **Email:**

#### Business Address (Correspondence/Order from):

- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**

#### Remittance Address (if different):

- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**

#### EFT/WIRE INSTRUCTIONS:

- **Bank Name:**
- **Account #:**
- **Account Title:**
- **EFT ABA/Routing #:**
- **WIRE ABA/Routing #:**
Prince George’s County ACH Enrollment Form

USE THIS SAMPLE CHECK FORMAT AS A GUIDE TO DETERMINE THE ACCOUNT NUMBER AND THE NINE-DIGIT ROUTING NUMBER

- As mandated by PGC CB-74-2016, effective April 1, 2017, it is required for vendors to enroll in the Automated Clearing House (ACH) or a similar electronic payment system with the County. You must also bank with a financial institution capable of processing these electronic transfers.
- A link to the required forms can be found on the Community Partnership Grant website
FY 2019 Community Partnership Grant Supporting Documentation Checklist

- One (1) original and three (3) copies of your CPG application and supporting documentation in a large, sealed envelope. Be sure to sign your application in blue ink.
- A copy of the organization’s IRS Tax determination letter verifying IRS 501 (c) (3) federal tax-exempt status.
- Verification your tax-exempt status is currently active and not revoked, if previously revoked proof that your tax-exempt status is reinstated. 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 Current copy of your organization’s Certificate of Status aka “Good Standing” - this must be from the jurisdiction where your organization was established.
- An email verifying your County issued vendor registration number or a completed Prince George’s County SAP Vendor Set Up Request Form.
- Two self-addressed envelopes for future mailings.
- IRS Form W-9- Signed Request for Taxpayer-Identification Number & Certification.
- Prince George’s County Automated Clearing House (ACH) Electronic Funds Transfer Form.
- Executed Memorandum of Understanding for each partner, signed by all impacted parties i.e. Prince George’s County Public Schools, Fiscal Sponsor, if applicable.
- Final programmatic and financial report for your most recent CPG award, if applicable.
Things to Remember

**The Do’s**
- Contact OMB to verify vendor registration number
- Always follow instructions
- Be attentive to all formatting and submission requirements
- Proofread your proposal
- Present realistic grant budgets
- Address sustainability after the grant is over
- File your Annual Filing Report through Maryland Business Express by April 15th
- File the appropriate IRS Form 990 by the 15th day of the 5th month after the end of your organization’s taxable year

**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 your program may be similar in nature
- Hesitate in contacting us if you have a question; pgnonprofits@co.pg.md.us
Submission Instructions

• Provide one (1) original and three (3) hard copies of your completed application and supporting documents to the following:

• Hard copy submissions must be mailed or hand delivered to:

Community Partnership Grants
Office of Management and Budget
Attention: Grants Manager
1301 McCormick Drive, 4th Floor
Largo, MD 20774
301-952-3300

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

• Email questions to pgnonprofits@co.pg.md.us
FY 2019
Community Partnership Grant Program Evaluation Process

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Community of Hope AME Church
Wednesday, February 27, 2019
Presenter: Office of Community Relations
Euniesha Davis, Acting Director
Evaluation Process

- Applications will be evaluated by qualified Grant Reviewers
- All applications will be reviewed and scored by a Grants Review Team of at least 3
- Maximum number of points an application can receive is 100
- Applications receiving a score of 75 or above will be considered for grant funding
- Evaluation Process will take a maximum of 6-8 weeks
A. Organizational Mission (10 points)

- Organizational Purpose
- Brief explanation of request to include program cost
STATEMENT OF NEED/PROBLEM (20 Points):

- Identify the existing problem, need, or situation
- Identify the target audience served
- Identify the expected benefit
SMART Goals

Goals should be SMART:
- Specific
- Measurable
- Attainable
- Realistic
- Time-bound
Project Description (25 Points)

- Reflects a comprehensive approach to solving a problem or addressing a need
- Details a series of related activities; a program is not a one time event or single activity
- Focuses on achieving a predetermined set of goals and objectives
- Communicates what your program is about
- Forms a basis for evaluation
Budget (35 Points)

- Fiscal responsibility
- Management of current budget
- Justification of request reasonable program costs
Organizational Capacity (10 Points)

- Capacity to implement/manage programming
- Past Experience of organization
- Leadership and staffing
- Financial Controls
Questions?
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Thank you!