

PRINCE GEORGE'S COUNTY
OFFICE OF THE COUNTY EXECUTIVE
FISCAL YEAR 2019
COMMUNITY PARTNERSHIP GRANT (CPG) APPLICATION
MAXIMUM AWARD ANTICIPATED: \$100,000

Please complete all fields and mail application and requested documentation by 5:00 p.m. Monday, March 18, 2019.
Attention: Grants Manager, Office of Management and Budget, 1301 McCormick Drive, Suite 4200, Upper Marlboro, MD 20774.

I. ORGANIZATIONAL 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: _____

II. SERVICE CATEGORY: Select one category that best describes your organization's primary area of service.

- | | | |
|--|--|--|
| <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 indicate area of
service on line 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 | | |

Other: _____

III. 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.
- Other: Please Describe-** _____

IV. FUNDING REQUEST INFORMATION

Project/Program Title:			
Amount Requested:		Period Funding Request Will Cover:	
Number of Clients You Plan to Serve with Requested Funding:			

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

	SOURCE	AMOUNT
1		
2		
3		
4		
5		

VI. Primary Age Group of Clients Served: Check the box that best identifies the target population that will benefit from this funding request. **Note: All services must be provided to Prince George’s County residents only.**

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

VII. Presence in Prince George’s County: Please indicate the length of time your organization has existed.

- | | |
|--|--|
| <input type="checkbox"/> Less than two years
<input type="checkbox"/> 2-5 years | <input type="checkbox"/> 5-10 years
<input type="checkbox"/> 10 or more years |
|--|--|

VIII. SERVICE PROVISION BY COUNCIL DISTRICT

- a. Please indicate if you are requesting funding to provide programming and/or services in a specific Council District? Yes No
- b. Indicate the Council District these funds will support. You may select more than one, if applicable.

- | | |
|--|--|
| <input type="checkbox"/> At-Large: Mel Franklin | <input type="checkbox"/> District 5: Jolene Ivey |
| <input type="checkbox"/> At-Large: Calvin Hawkins | <input type="checkbox"/> District 6: Derrick Leon Davis |
| <input type="checkbox"/> District 1: Thomas E. Dernoga | <input type="checkbox"/> District 7: Rodney C. Streeter |
| <input type="checkbox"/> District 2: Deni L. Taveras | <input type="checkbox"/> District 8: Monique Anderson-Walker |
| <input type="checkbox"/> District 3: Dannielle M. Glaros | <input type="checkbox"/> District 9: Sydney J. Harrison |
| <input type="checkbox"/> District 4: Todd M. Turner | |

IX. PRIOR YEAR GRANTS AND/OR CONTRACTS

- a. Has your organization received any Prince George’s County grant funding including CPG or contracts in the past four (4) years? Yes or No
- b. If yes, provide complete details in the table below.

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

X. REPORTING REQUIREMENTS

All CPG recipients are required to submit a final financial and programmatic report at program/project end. Please see link below to reference the Washington Regional Grantmakers Common Grant Report Format. Final report submissions to the County must address these same elements.

<https://www.washingtongrantmakers.org/sites/default/files/resources/Common%20Grant%20Report.PDF>

- a. Has your organization submitted its final financial and programmatic report for the most recent CPG funding received? Yes or No
- b. If no, please explain.

XI. PROPOSAL NARRATIVE: A program narrative is required for all "Support Categories", i.e. Program, General, and Capacity Building and Other. Your proposal narrative should address the following areas:

- 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.
- C. **PROJECT DESCRIPTION (25 Points):** Clearly explain how the proposed program will be implemented and evaluated.
- D. **ORGANIZATION BUDGET (20 Points):** Please use format as outlined on page 5 of the application document.
- E. **PROJECT BUDGET (15 Points):** 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.
- 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.

XII. ADDITIONAL NARRATIVE AND PROPOSAL SUBMISSION INSTRUCTIONS

- A. The Community Partnership Grant (CPG) Application Checklist must be the first page of the proposal.
- B. All pages of the Proposal Narrative must use one-inch margins and be numbered.
- C. The Proposal Narrative must use line-spacing of at least 1.5, type size of 12-point font and use the provided Section Headings. Proposals that fail to meet this requirement will be rejected.
- D. Charts and tables may use single spacing and 10-point font.
- E. The Proposal Narrative must not exceed 15 pages. Additional pages that exceed the 15-page limit will not be read or scored. (This excludes the Proposal Application Form, Application Checklist, Organizational Financial Information, Program/Project Budget, Supporting Documentation, Memorandum of Understanding, and Programmatic and Financial Reports for previous CPG grant award).
- F. Requested signature on Assurances Page must be signed in blue ink.
- G. One original and three copies of the CPG Application must be submitted.
- H. Completed applications should be placed in a large envelope and sealed. On the front of the envelope the following information is required:
 - Left-hand corner: Name of organization
 - Address

Center of Envelope: Community Partnership Grant Application 2019

XIII. ORGANIZATIONAL FINANCIAL INFORMATION

A. ORGANIZATION - The budget information below applies to the organization’s total operating budget. PLEASE DO NOT ATTACH ANY OTHER BUDGET INFORMATION.

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)	

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 CPG request.*

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: _____

E-mail: _____ Phone: _____

Other Attachments, as applicable:

- 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.
- Final programmatic and financial report for your most recent CPG grant award funds received.

REMINDER:

If all of the items listed and specified above are not submitted, your application will not be reviewed for funding. For additional clarification, please visit our "Frequently Asked Questions" section of the website.