

PRINCE GEORGE'S COUNTY
OFFICE OF THE COUNTY EXECUTIVE
FISCAL YEAR 2021
COMMUNITY PARTNERSHIP GRANT (CPG) APPLICATION
MAXIMUM AWARD ANTICIPATED: \$100,000

Please complete all fields and _____ the application and requested documentation by **5:00 p.m. Monday, November 30, 2020**. Emailed submissions should be sent to PGCNonprofits@co.pg.md.us as a PDF with the subject line: **FY 2021 Community Partnership Grant Application - Name of your Organization**. Neither electronic transfers that expire nor Drop Box links will be accepted. Due to the COVID 19 Pandemic, we are only accepting emailed applications.

This is a reminder that an organization can only submit one application for one program per fiscal year.

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
In Prince George's County

(Required, Do not leave blank,
please see Question #19, under
Frequently Asked Questions): _____

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 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"/> Veterans |
| <input type="checkbox"/> Crisis/Emergency Response | <input type="checkbox"/> Legal/Mediation | <input type="checkbox"/> Other: Please indicate area of
service on line below |
| <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. Please complete both the Organizational Financial Information and the Program Budget.
- General Support-** Unrestricted financial support for organization's general operations. Please complete the Organizational Financial Information and **only** the Expense side of the Program Budget, to show how CPG Funding will be used.
- 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. **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			

VII. **Are you using a fiscal sponsor to secure this grant?** Yes or No. If yes, please see Question #12, under Frequently Asked Questions.

VIII. 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"/> College |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Senior |
| <input type="checkbox"/> High School | |

IX. 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"/> 5-10 years |
| <input type="checkbox"/> 2-5 years | <input type="checkbox"/> 10 or more years |

X. 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. Streeeter |
| <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 | |

XI. 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

XII. 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. **This report is due 30 days after the end of your project. You must email a PDF copy to PGCnonprofits@co.pg.md.us.**

<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.

XIII. PROPOSAL NARRATIVE: A program narrative is required for all "Support Categories", i.e. Program, General, 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.

XIV. 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.

XV. ORGANIZATIONAL FINANCIAL INFORMATION -

A. ORGANIZATION - The budget information below applies to the organization's total operating budget.

Fiscal Year: _____

ORGANIZATION INCOME

SOURCE	AMOUNT COMMITTED	AMOUNT PENDING (INCLUDE CPG FUNDING)	ANNUAL BUDGET	% OF AMOUNT COMMITTED TO TOTAL INCOME 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 SPENT	ANNUAL BUDGET
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		
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. **If you are requesting funding for general support, you are still required to complete this budget for the funding requested.** 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.

Fiscal Year: _____

PROGRAM/PROJECT INCOME

SOURCE	AMOUNT COMMITTED	AMOUNT PENDING* (INCLUDE CPG FUNDING)	ANNUAL BUDGET
Federal Grants			
State Grants			
County Grants			
Corporations			
Individual Contributions			
Fundraising Events			
Membership Income			
In Kind Support (Same as Expense)			
Investment Income/ Revenue			
Federal Contracts			
State Contracts			
County Contracts			
Earned Income			
Other (Specify)			
TOTAL INCOME			

PROGRAM /PROJECT EXPENSES

ITEM	CPG FUNDING SPENT	TOTAL AMOUNT SPENT
Salaries & Wages (breakdown by individual position.) Only 30% of funding can be used for salaries, directly related to programs, not operations.		
Insurance, Benefits, Other Related taxes		
Travel		
Equipment		
Supplies		
Printing & Copying		
Telephone/Internet		
Postage		
Rent		
Utilities		
In Kind Support (Same as income)		
Other (Specify)		
TOTAL EXPENSES		
Difference (Income Less Expenses)		

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 contain herein within ten (10) days of any such changes.

Organization Name: _____

Signature: _____

Printed
Name: _____

Title: _____ Date: _____

E mail: _____ Phone: _____

Community Partnership Grant (CPG) Application Checklist

Please review the checklist below to ensure all **FY 2021 CPG** application requirements have been met before final submission. This checklist is provided to help ensure a complete proposal package. Please use this checklist as a guide when assembling your documents. If all the items listed and specified below are not submitted or determined to be incomplete, 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

- Emailed submission to PGCNonprofits@co.pg.md.us as a PDF with the subject line: **FY 2021 Community Partnership Grant Application - Name of your Organization by 5:00 p.m. on Monday, November 30, 2020.**
- Requested signature on Assurances Page must be signed in **blue ink**.
- (Complete Items I XV (Refer to pages 1-6) Place the completed pages on top of your proposal narrative. These pages will serve as a cover sheet to your proposal.
- Proposal Narrative (Refer to pg. 4 instructions for preparation - Item XIII.)
- A copy of the current year's operating budget for the organization. Fiscal sponsors will also need to submit a copy of their organization's budget. (Refer to pg. 5- Item XV. A)
- A copy of the program/project budget request. **If you are requesting funding for general support, you are still required to complete this budget, the Expense side only, for the funding requested.** (Refer to pg. 6 - Item XV. B)

REQUIRED DOCUMENTATION

- A copy of the organization's IRS Tax determination letter verifying IRS 501 (c) (3) federal tax exempt status.
- A copy of your IRS Exempt Select Check search results which verifies your organizations' 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. **If you are not required to file with the IRS, please state why here and attach a supporting statement from your organization.**
- Financial Statements – Include **most recently filed** Financial **Audit** Report, **not a Review or Compilation, or** IRS Form 990. 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, compilations, reviews or draft versions are not acceptable. **If you do not have audited financial statements and are not required to file Form 990 or 990EZ because your gross receipts are normally \$50,000 or less, you will be required to file Form 990 or 990EZ in order to apply for the Community Partnership Grant. Please do not submit Form 990N with your application.**
- Signed IRS Form W 9
- Current copy of your organization's Certificate of Status aka "Good Standing" General entity information showing that verifies your organization is currently in good standing within the State your organization was incorporated i.e., the State of Maryland, District of Columbia or Virginia. **The DATE on the certificate must be**

within six months of the application deadline and visible on the document. Please visit the links below to obtain this document. **Also go to FAQ's, 2) Eligibility/Document, for examples of what to submit and what not to submit.**

- **Maryland via SDAT (not Comptroller's office)** <https://egov.maryland.gov/BusinessExpress/EntitySearch>
- **Virginia - Certificate of Status** https://scc.virginia.gov/pages/Existing_Businesses
- **District of Columbia - Certificate of Clean Hands** https://otr.cfo.dc.gov/page/certificate_clean_hands

- Prince George's County ACH Enrollment Form. **Even if you already receive ACH payments from the County, please provide the ACH form to ensure the County has the most current banking information on file for your organization.**

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

- Office of Management and Budget (OMB) verified SAP vendor number _____
- Completed SAP Vendor Request Form **(needed if you have never received a grant or contract from Prince George's County)**

OTHER ATTACHMENTS, IF 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 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.