

**FY 2018 LOCAL IMPACT GRANT APPLICATION GUIDELINES AND INSTRUCTIONS**

**Please carefully review the checklist of requirements included with the application prior to submission.**

1. Applications will be accepted beginning Wednesday, January 10, 2018 through Wednesday, January 31, 2018. No application will be accepted after January 31, 2018. **Please 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 submissions must be sent to [pgcldcgrants@co.pg.md.us](mailto:pgcldcgrants@co.pg.md.us) utilizing the subject line as follows:

**“FY2018 PGCLDC Local Impact Grant - (Insert the Full Legal Name of the Organization Applying)”**

***NOTE: All e-mail submissions must be date stamped by January 31, 2018.***

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

PGCLDC Local Impact Grants  
Attention: Ms. Renee Adams  
14741 Governor Oden Bowie Drive, 5<sup>th</sup> Floor  
Upper Marlboro, MD 20772

***NOTE: All mailed applications and supporting materials postmarked after January 31, 2018 will not be accepted.***

2. Local Impact Grant funding requests may not exceed \$35,000.
3. A public grant information workshop for potential and interested applicants will be held on Wednesday, January 10, 2018. The information workshop is not a mandatory requirement for submission of an application.
4. Local Impact Grant applications will be initially screened by the Prince George's County Office of Management and Budget for compliance. Grant applications deemed complete will be forwarded to the PGCLDC for consideration. Grant applications deemed incomplete will be disqualified and not considered by the PGCLDC. Disqualified applicants will be notified by the County no later than Wednesday, February 28, 2018.
5. The PGCLDC Grant Review Committee will review all eligible applications then make recommendations to the entire Local Development Council. Grant Applicants who are recommended by the PGCLDC Grant Review Committee will be required to make a formal presentation before the entire PGCLDC to be eligible for a grant award. These presentations will be scheduled during the months of March and April 2018 at the discretion of the PGCLDC.

6. PGCLDC reserves the right to reject applications considered non-responsive to the PGCLDC impact area needs. Please refer to the adopted impact area map enclosed in the application package.
7. Current PGCLDC members and any organization on which a PGCLDC member serves as a board member are ineligible to apply for Local Impact Grants.
8. All applicants will be notified in writing of grant decisions no later than Friday, June 29, 2018.
9. Grant awardees will be required to present their program's progress within six (6) months of receiving the Local Impact Grant award. The PGCLDC will provide meeting dates to facilitate the grant award progress presentations and reports.

**PGCLDC CONTACTS:**

Rev. Jeffrey Chandler, Chairman, Prince George's County Local Development Council  
Email: [jchandler@copeinc.net](mailto:jchandler@copeinc.net)

Nathaniel K. Tutt, III, Office of the County Executive, Liaison to Local Development Council  
Email: [nktutt@co.pg.md.us](mailto:nktutt@co.pg.md.us)

Renee Adams, Office of the County Executive, Administrative Aide for the Local Development Council  
Email: [rdadams@co.pg.md.us](mailto:rdadams@co.pg.md.us)  
Phone: 301-952-4264

**PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL (PGCLDC)  
FY 2018 LOCAL IMPACT GRANT APPLICATION**

**MAXIMUM AWARD ANTICIPATED (\$35,000)** \_\_\_\_\_

*Please complete all fields email one copy to [pgcldcgrants@co.pg.md.us](mailto:pgcldcgrants@co.pg.md.us) and mail or hand-deliver application and requested documentation to the County Administration Building, 14741 Governor Oden Bowie Drive, Attention PGCLDC, 5<sup>th</sup> Floor, Upper Marlboro, Maryland 20772.*

**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:** \_\_\_\_\_ **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:** \_\_\_\_\_

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

## II. PROJECT/PROGRAM INFORMATION

**Project/Program Title:** \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Period Funding Request Will Cover: \_\_\_\_\_

- Number of Individuals expected to benefit from or be serviced by this funding request: \_\_\_\_\_
- Will your organization provide funds to match the PGCLDC FY18 Grant: Yes No
- If Yes, how much: \_\_\_\_\_% or \$ \_\_\_\_\_

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

	SOURCE	AMOUNT
1		
2		
3		
4		
5		

## IV. 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 building improvements (renovation, remodeling, etc.)

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

- ☐ **Transportation/Mobility**
- ☐ **Student/Youth Enrichment Programs**
- ☐ **Community Development**
- ☐ **Health & Wellness**
- ☐ **Community Beautification**
- ☐ **Safety/Security**
- ☐ **Recreation**
- ☐ **Other** \_\_\_\_\_



**VI. 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"/> <b>Pre-K</b>         | <input type="checkbox"/> <b>High School</b> | <input type="checkbox"/> <b>Elderly</b> |
| <input type="checkbox"/> <b>Elementary</b>    | <input type="checkbox"/> <b>College</b>     |   |
| <input type="checkbox"/> <b>Middle School</b> | <input type="checkbox"/> <b>Adult</b>       |   |

A. Is your organization accessible to people with disabilities/special needs?    Yes                      No

(If No, explain): \_\_\_\_\_

**VII. PROPOSAL NARRATIVE:** A program narrative is required for all “Support Categories” i.e. Program, General, Capacity Building and Capital Grant. Use 12-inch 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 the 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 NEED/PROBLEM (2 PAGES):** Clearly explain why this project is needed. Describe the geographic area served by your organization: (Area should generally be within immediate proximity of MGM National Harbor).
- C. PROJECT DESCRIPTION/PROJECT DESIGN (3 PAGES):** Clearly explain how the proposed program will be implemented and evaluated. Provide a precise location (Street address and road intersection, prominent landmarks, etc.)
- D. ORGANIZATION BUDGET (1 PAGE):** Please use format as outlined on page 7 of the application document.
- E. PROJECT BUDGET/POST GRANT FUNDING/SUSTAINABILITY (2 PAGES):** 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 PGCLDC funding assistance has ended.

**1. Funding Model**

- i. Source of funds**
- ii. Types of decision makers**
- iii. Motivation of decision makers**

**F. ORGANIZATIONAL INFORMATION/CAPABILITY (1 PAGE):** Demonstrate that your organization has the necessary experience, key personnel, internal controls, and financial systems to effectively manage a grant award.

# VIII. ORGANIZATION 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 your organization's total operational budget.

ORGANIZATION INCOME			ORGANIZATION EXPENSES	
SOURCE	AMOUNT COMMITTED	%	ITEM	AMOUNT
Federal Grants			Salaries & Wages (breakdown by individual position and indicate full or part-time positions)	
State Grants			Insurance, Benefits, Other Related Taxes	
County Grants			Travel	
Corporations			Equipment	
Individual Contributors			Supplies	
Fundraising Events			Printing & Copies	
Membership Income			Telephone/Internet	
In-Kind Support			Postage	
Investment Income/ Revenue			Rent	
Federal Contracts			Utilities	
State Contracts			In-Kind Support	
County Contracts			Depreciation	
Earned Income			Other (Specify)	
Other (Specify)			<b>TOTAL EXPENSES</b>	
<b>TOTAL INCOME</b>			<b>Difference (Income Less Expenses)</b>	

**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		
Count Grants		
Corporations		
Individual Contributors		
Fundraising Events		
Membership Income		
In-Kind Support		
Investment Income/ Revenue		
Federal Contracts		
State Contracts		
County Contracts		
Earned Income		
Other (Specify)		
<b>TOTAL INCOME</b>		

**PROGRAM/PROJECT 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 & Copies	
Telephone/Internet	
Postage	
Rent	
Utilities	
In-Kind Support	
Depreciation	
Other (Specify)	
<b>TOTAL EXPENSES</b>	
<b>Difference (Income Less Expenses)</b>	

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

## IX. PRIOR YEARS 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 County 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 on the basis of 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 County.
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 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_



## FY 2018 PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL APPLICATION & SUPPORTING DOCUMENTATION CHECKLIST

Please review the checklist below to ensure all FY 2018 PGCLDC Local Impact Grant application requirements have been met before the 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 of 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

- ☐ Complete Items I, II, III, IV, V, VI, VII, IX, and X (Refer to pages 3-8.) Place the completed application on top of your proposal narrative. The application will serve as a coversheet to your proposal.
- ☐ Proposal Narrative (Refer to pg. 5 instructions for preparation- Item VII.)
- ☐ A copy of the current year's operating budget for the organization (if using a fiscal sponsor, the fiscal sponsor should also submit a copy of their organizational budget). (Refer to pg. 5-Item VII. D)
- ☐ A copy of the program/project budget request. (Refer to pg. 7-Item VIII.B)

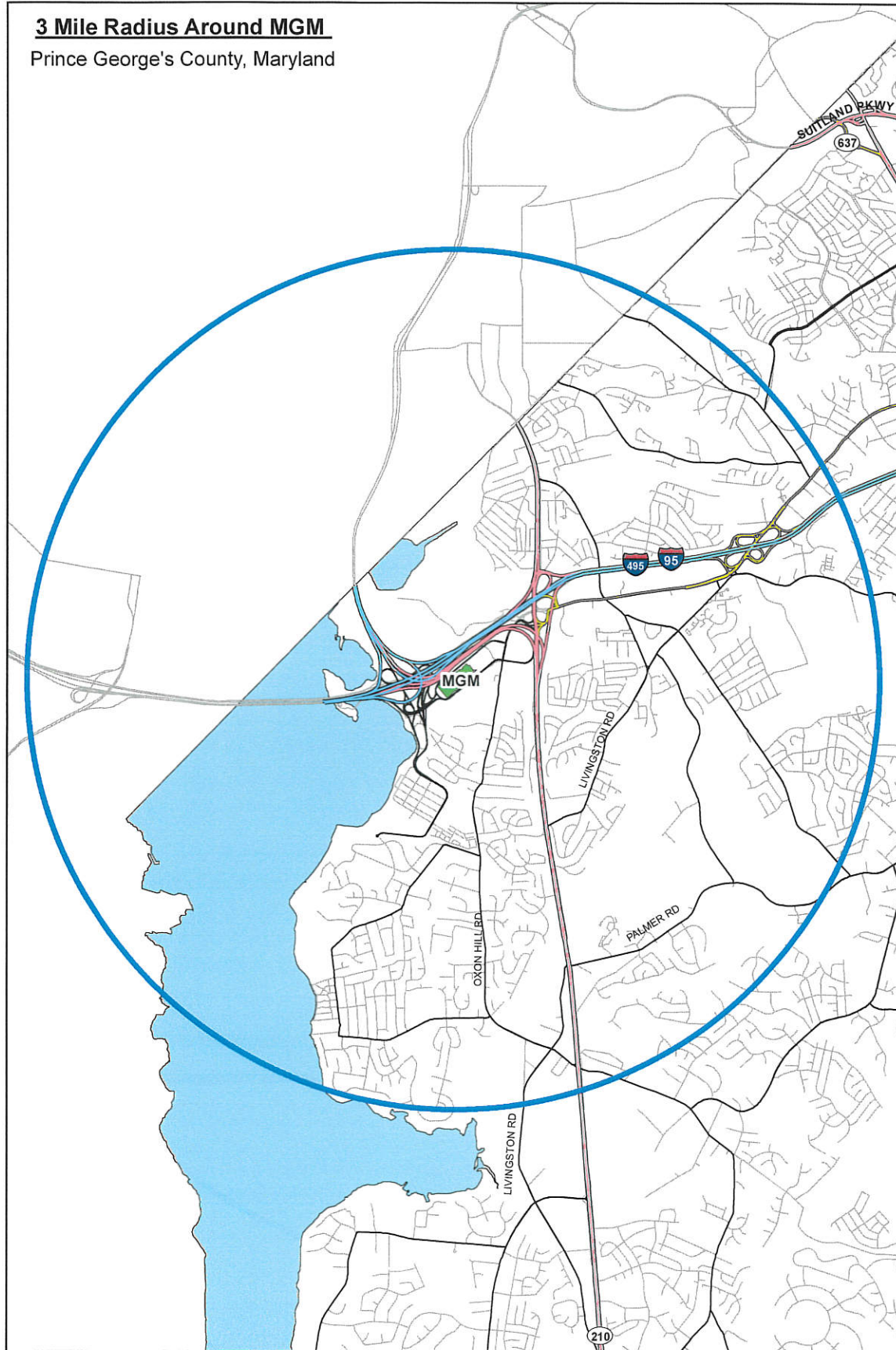
### **APPLICATION SUPPORTING DOCUMENTS (Please clip these items together with one binder clip).**

- ☐ [NEW REQUIREMENT] A copy of your IRS Exempt Organizations Select Check search results indicating your Organization's federal tax exempt status has not been automatically revoked for not filing a Form 990-series return or notice for three consecutive years. Please visit <https://apps.irs.gov/app/eos/> to obtain this information.
- ☐ A copy of your 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.
- ☐ Current copy of your organization's Certificate of Status with the State of Maryland that reflects the organization is currently in good standing with the State of Maryland. This information can be obtained from the Maryland Business Express- General Information tab.
- ☐ [NEW REQUIREMENT] A copy of your Prince George's County Vendor Registration Number.
- ☐ A Conformed copy of your Articles of Incorporation. The organization's full legal name must match SDAT records.
- ☐ Current copy of organization's By-Laws. Organization's full legal name must match SDAT records.
- ☐ 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, including names and individual term of office in mm/yyyy format.
- ☐ 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 any position you are requesting support.
- ☐ Conflict of Interest- Include a copy **of your organization's** written Conflict of Interest 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 faith-based organization located within the 3-mile radius of the MGM National Harbor gaming facility, as demonstration of community service and as evidence of community need.

### 3 Mile Radius Around MGM

Prince George's County, Maryland



The Maryland-National Capital  
Park & Planning Commission  
Prince George's County Planning Department  
Geographic Information System



0 0.25 0.5 0.75 1  
Miles  
1 inch equals 1 miles

Date Printed:  
3/30/2016  
RGelner

This map may not be reproduced,  
stored in a retrieval system, or  
transmitted by any form, including  
electronic or by photo reproduction,  
without the express written permission  
of The Maryland - National Capital  
Park and Planning Commission. For  
more information, contact the Prince  
George's County Planning Department  
in Upper Marlboro, Maryland.