



## PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL (PGCLDC) FY 2017 COMMUNITY GRANT APPLICATION GUIDELINES AND INSTRUCTIONS

1. Community Grant applications can be filled out electronically, and must be submitted by postal mail and electronically as described in item number 2 below.
2. Applications will be accepted through Friday, April 28, 2017 (post marked by this date) as follows:
  - **Submit by postal mail one original application with all required documentation, plus 4 complete hard copies to:**  
PGCLDC Community Grants  
Attention: C. Young  
14741 Governor Oden Bowie Drive, 5<sup>th</sup> Floor  
Upper Marlboro, MD 20772
  - **Include one electronic copy, flash drive or CD.** If using electronic copy submission to satisfy this requirement, it must be sent to [pgcldcgrants@co.pg.md.us](mailto:pgcldcgrants@co.pg.md.us). Applications sent electronically must use subject line as **"FY17 PGCLDC Community Grant - (Insert the Full Legal Name of the Organization Applying)"**.
3. The individual grant funding requests should not exceed \$25,000.
4. Grant applications will be initially screened for compliance; incomplete grant applications will not be considered.
5. The PGCLDC Program Priorities and Budget Subcommittee will review all eligible applications then make recommendations to the entire Local Development Council.
6. PGCLDC reserves the right to reject applications that do not include all required documentation (as stated on the application) and information as those that are considered non-responsive to PGCLDC impact area needs. Please see adopted impact area map (3 mile radius of MGM National Harbor) enclosed in application package.
7. Please carefully review checklist of requirements included with the application prior to submission.
8. Current PGCLDC members are ineligible to apply for Community Grants.
9. PGCLDC recommendations for Community Grants will be reviewed and decided on by the County Executive.
10. All applicants will be notified in writing of grant decisions before June 30<sup>th</sup>, 2017. The Prince George's County Grants Unit will contact selected awardees to begin processing the grant award; grant funds should be available within 45 days, assuming all required documentation has been submitted.

### PGCLDC CONTACTS:

Rev. Jeffrey Chandler, Chair, Program Priorities & Budget Subcommittee, County Local Development Council  
[jchandler@copeinc.net](mailto:jchandler@copeinc.net)

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

Charice Young, Office of the County Executive, Assistant to Local Development Council  
[cnyoung@co.pg.md.us](mailto:cnyoung@co.pg.md.us)

**PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL (PGCLDC)  
FY 2017 COMMUNITY GRANT APPLICATION**

**MAXIMUM AWARD ANTICIPATED (\$25,000)** \_\_\_\_\_

*Please complete all fields and mail or deliver application and requested documentation to the County Administration Building, 14741 Governor Oden Bowie Drive, Attention PGCLDC, 5<sup>th</sup> Floor, Upper Marlboro, MD 20772.*

**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:** \_\_\_\_\_ **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 FY17 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 you 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-pitch 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 immediately proximity of Video Lottery Facility).
- 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 4 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 County 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	Grant or Contract	County Department/Agency

## ASSURANCES

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

1. The applicant will administer the funds.
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, 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.
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 contain herein within ten (10) days of any such changes.

Organization Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

## FY 2017 PRINCE GEORGE'S COUNTY LOCAL DEVELOPMENT COUNCIL APPLICATION CHECKLIST

Please review the checklist below to ensure all FY 2017 PGCLDC 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 1-6.) Place the completed pages on top of your proposal narrative. These pages will serve as a sheet to your proposal.
- ☐ Proposal Narrative (Refer to pg. 3 instructions for preparation- Item VII.)
- ☐ A copy of the current year's operating budget for the organization (if using a fiscal sponsor you will also need to submit a copy of the organizational budget of the fiscal sponsor). (Refer to pg. 5-Item VIV. A)
- ☐ A copy of the program/project budget request. (Refer to pg. 6-Item VIII.B)

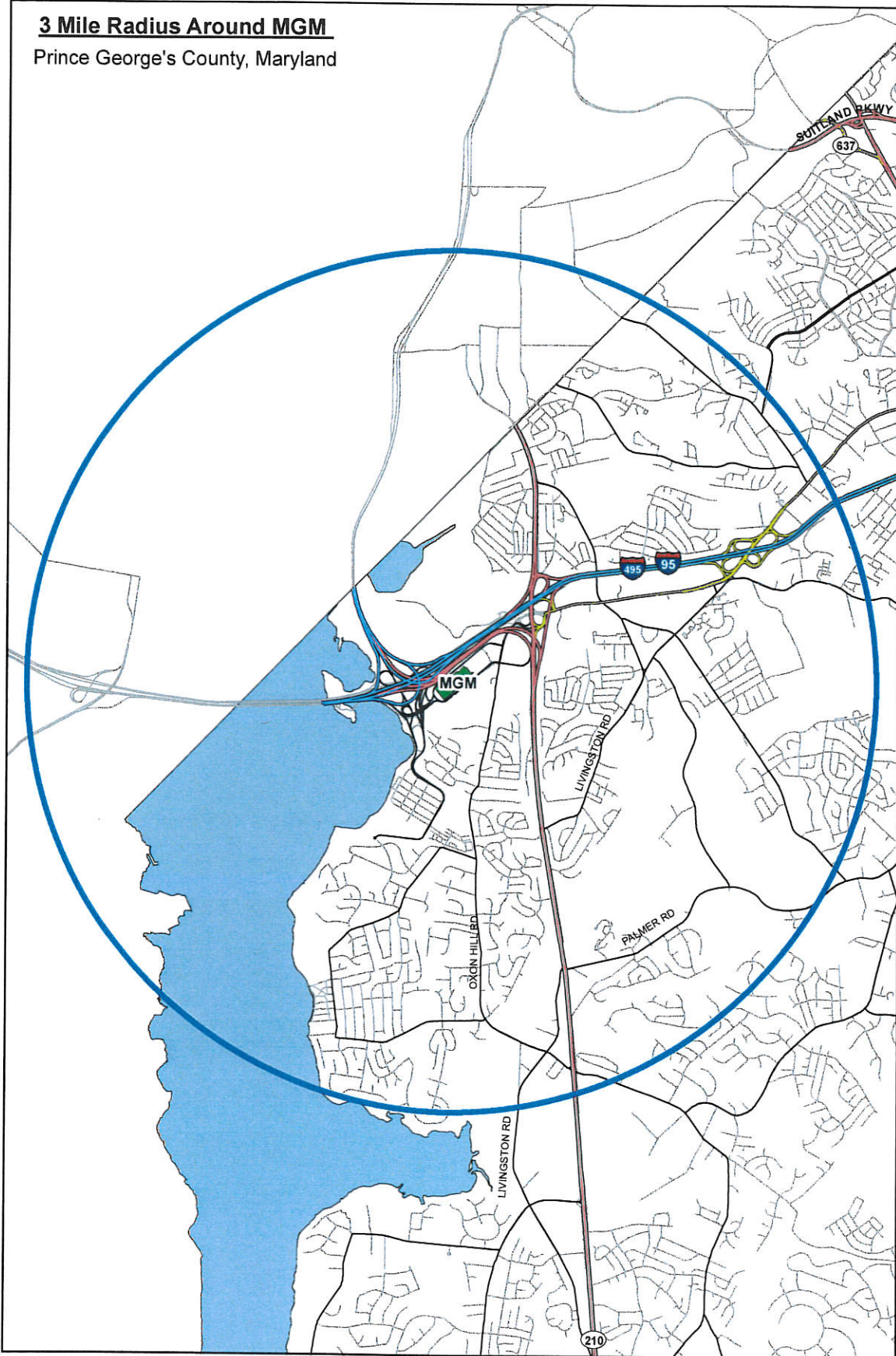
### **APPLICATION SUPPORTING DOCUMENTS (Please clip these items together with one binder clip).**

- ☐ A copy of your organization's IRS Tax determination letter verifying IRS 501 ( c ) (3) federal tax-exempt status
- ☐ 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.
- ☐ 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.
- ☐ Current copy of organization's By-Laws.
- ☐ Include organization's Mission Statement.
- ☐ Board of Directors/Trustee List- Include a list of your organization's Board of Directors/Trustees, including names and individual term of office.
- ☐ 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.
- ☐ Completed Prince George's County SAP Vendor Set Up Request Form.
- ☐ 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 MGM gaming facility 3-mile radius, 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  
RGeiner

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.