



Prince  
George's  
County

**DHCD**

Department of Housing & Community Development

# CDBG COVID-19 REPROGRAMMING APPLICATION

**PY: CDBG-CV1R2  
AND CDBG-CV3R  
JULY 1, 2023-  
DECEMBER 31, 2025**

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# 2024

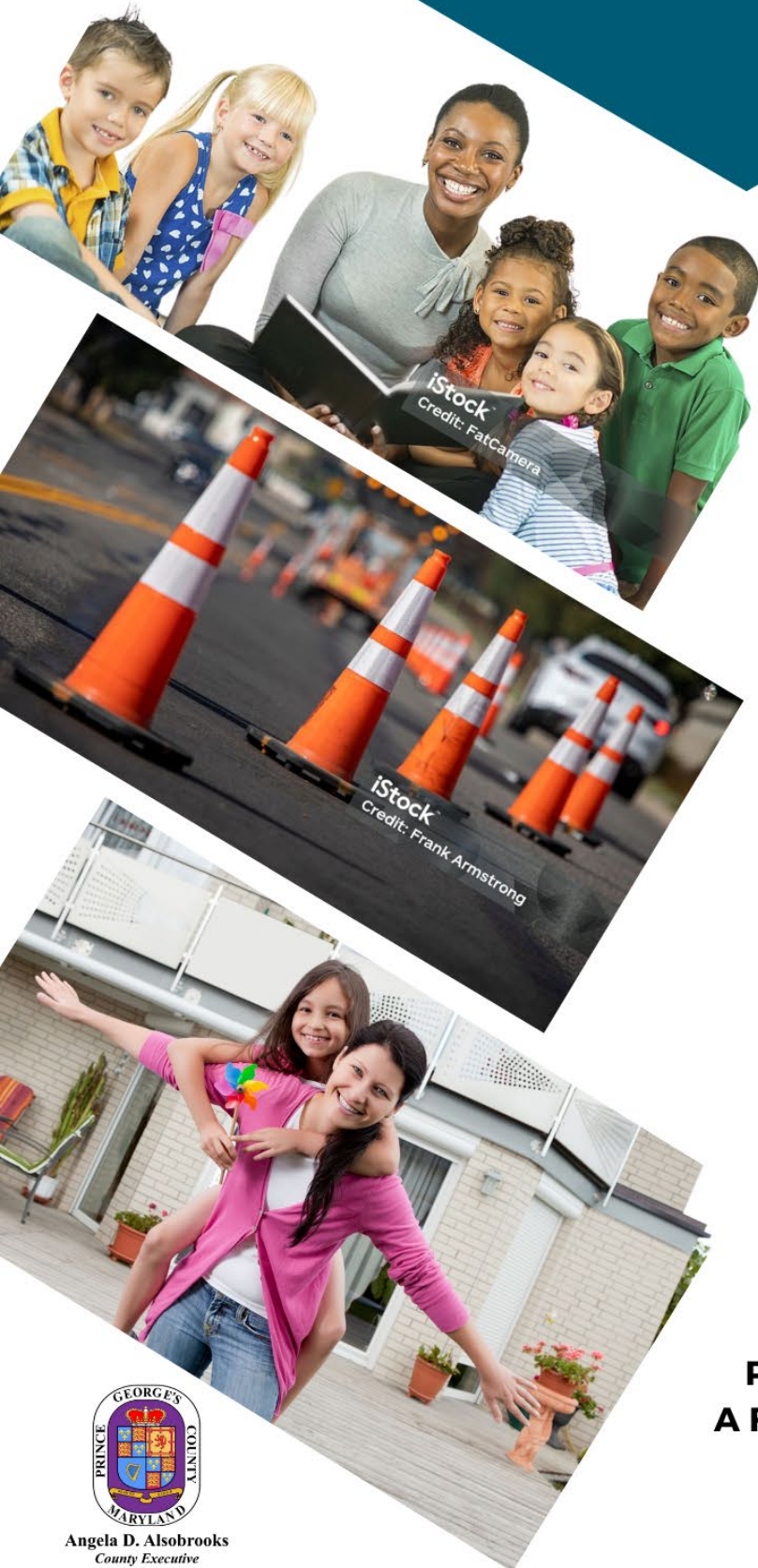
**OPENING DATE:  
FEBRUARY 9, 2024**

**CLOSING DATE:  
MARCH 1, 2024  
AT 5:00 PM**

**PRINCE GEORGE'S COUNTY  
AFFIRMATIVELY FURTHERING  
FAIR HOUSING**



Angela D. Alsobrooks  
County Executive



# Community Development Block Grant– COVID-19 Reprogramming CDBG-CV1R2 and CDBG-CV3R

Date Submitted: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

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

Project Title: \_\_\_\_\_

## REQUIREMENTS

Please check to indicate the documents that are attached.

- |     |  |       |
|-----|--|-------|
| 1.  | Checklist  | _____ |
| 2.  | Project Readiness  | _____ |
| 3.  | Application Form pages 4-22 (typed)  | _____ |
| 4.  | Conflict of Interest Statement   | _____ |
| 5.  | Organizational Chart   | _____ |
| 6.  | Agency's 501(c) (3) Certification  | _____ |
| 7.  | Certificate of Liability Insurance   | _____ |
| 8.  | List of Current Board of Directors   | _____ |
| 9.  | Board of Directors' Authorization to Submit Request  | _____ |
| 10. | Articles of Incorporation, Bylaws and related Amendments                                     | _____ |
| 11. | Financial Statement or most recent Audit   | _____ |
| 12. | Resumes of Staff to carry-out activity   | _____ |
| 13. | Resume of Fiscal Officer   | _____ |
| 14. | Current Certificate of Good Standing from State of Maryland                                  | _____ |
| 15. | Support Letters  | _____ |
| 16. | Commitment Letters (Commitment for Funding)  | _____ |
| 17. | Three-hole punch, and binder clip one (1) original and; two (2) copies of your total package | _____ |

**EXHIBITS:** *(Provide photos of site as evidence of site control, if for sale housing, market value/comps; if rental—a Summary of target tenant population; if street improvement -- before photos)*

- |     |  |       |
|-----|--|-------|
| 18. | Exhibit 1A – Environmental Information Checklist (if applicable) | _____ |
| 19. | Exhibit 1B – Section 3 Form (Action Plan)                        | _____ |

**County agencies should only submit documents 1, 2, 3, 4, 15, 16 thru 22.**

### FOR DHCD/CPD STAFF USE ONLY

**PROGRAM COMPONENT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Administration/Planning |
|--|--|

## Project Readiness Form

To help you determine your agency's readiness to apply for CDBG-CV1R2 and CDBG-CV3R funding, please answer the following questions:

Questions	Yes	No	Unknown
1. Is this application on behalf of a municipality or local government agency?			
2. Is your agency certified by the Internal Revenue Service as a 501(c)(3) organization?			
3. If not certified as a 501(c)(3), has your organization filed a Form 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code?			
4. Has your organization registered with the Maryland Office of the Secretary of State, Charitable Organizations Division, as a non-profit organization?			
5. Has your organization operated for more than three (3) years?			
6. Has your agency applied for funding from other Federal sources?			
7. Does your agency have a full-time Executive Director?			
8. Does your agency have full-time staff to administer programs?			
9. Does your agency have a written Procurement Policy?			
10. If so, is your Procurement Policy in compliance with OMB Uniform Guidance Part 215.40?			
11. Does your organization have a written Drug-Free Workplace Policy?			
12. Does your agency have sufficient operating funds to begin the proposed project on July 1 <sup>st</sup> of next year, but can wait as long as six months later for your first reimbursement of project expenses?			
13. Does your organization have a Board of Directors?			
14. Will your agency be able to provide a Certificate of Liability Insurance naming Prince George's County as a Certificate Holder and an Additional Insured?			
15. If this is a public facilities project, does the applicant hold title to the property?			
16. Is this project an expansion activity?			
17. Is this project an existing activity that has received CDBG-CV1R2 and CDBG-CV3R funding in prior years?			

If you answered "No" or "Unknown" to three or more questions, request technical assistance from the Community Planning and Development (CPD) staff member or Office of Risk Management (*if applicable*) assigned to the activity category that matches your proposed project. Contact CPD and/or the Office of Risk Management at least two weeks prior to the proposal submission deadline date. See instructions page

**Prince George's County Maryland  
 Department of Housing and Community Development  
 Community Development Block Grant – COVID-19 Reprogramming  
 CDBG-CV1R2 and CDBG-CV3R**

**Project Overview**

A separate Funding Application should be submitted for each project or project activity for which funding is requested

Name of Submitting Organization/Municipality: (Required)	Federal Tax ID Number For Organization: (Required)	
DUNS Number For Organization: (Required)		
Address of Organization: (Required)		
Telephone Number: (Required)	2 <sup>nd</sup> Telephone Number:	
Fax Number:	Email Address:	
Project Title: (Required)		
HUD Matrix Code (Required):		
Amount of CDBG-CV1R2 and CDBG-CV3R Funding Requested: (Required)		
County Councilmanic District of Agency: (Required)		
County Councilmanic District of Project: (Required)		
Agency Person Who Will Be Administering The Project, If Funded: (Name, Title, Address, Telephone Number and E-mail Address) (Required)		
Signature Of Executive Director, Chief Executive Officer Or Municipal Official Authorizing This Application: (Required)		
_____ (Signature)	_____ Please Print or Type–Name and Title	_____ (Date)
For Office Use Only: <input type="checkbox"/> Logged / / <input type="checkbox"/> Reviewed: _____ Assigned: _____ <input type="checkbox"/> ID No. _____		

**Please Note: Nonprofit organizations applying for CDBG-CV1R2 and CDBG-CV3R funds must provide a copy of their IRS 501(c)(3) Tax exemption letter.**

## Part I - Project Summary

Name of Project to be funded:

Provide a brief summary description of the project. (100 words or less)

## PART II - Meeting a National Objective (*check one*)

Benefitting Low/Moderate Income Persons  
\_\_\_\_\_ L/M Income Limited Clientele

Preventing or eliminating slums or blight (as defined by County Code page 6 of instructions is not being accepted at this time.

## PART III - Meeting the County's Goals and Objectives (*check one*)

### Availability/Accessibility of Suitable Living Environment (SL 1)

**Goal 2:** To improve the safety and livability of neighborhoods for principally 189,975 low and moderate-income persons. Our annual goal is 37,995.

- SL 1.1 - Improve or expand needed public services for low and moderate-income residents.
- SL 3.1 - Improve or expand public facilities and infrastructure(s) in areas with high concentrations of low- and moderate-income.

**[THIS SECTION INTENTIONALLY LEFT BLANK]**

## PART IV - Program Objectives and Project Beneficiaries

### Public Service Project:

Number of individuals that will benefit from the project:

Street address of project:

## PART V – Organization Experience and Capacity

*Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrate the applicant has the capacity to implement the proposed plan and is consistent with County goals.*

**Note: New organizations are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.**

### **Organization Background:**

1. List the date your organization was incorporated: \_\_\_\_\_
2. Number of current paid staff in your organization: Full-time: \_\_\_ Part-time: \_\_\_\_\_
3. Number of paid staff currently with your organization who will work on the project, provide copies of resumes: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
4. Number of new staff that will be hired to work on the project, if funded, provide copies of job descriptions:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
5. Provide a brief narrative on the types of activities undertaken by the organization, and, if appropriate, the success in carrying out the activity for which funding is requested.

## ***PART V – Organization Experience and Capacity (continued)***

6. Will a consultant(s) or contract staff be hired to help implement the project?

No  Yes

If “yes” please explain the services the consultant or contract staff will offer and identify the sources of funds.

Please describe your process for selecting your Consultant.

**Note: Consultant agreements are subject to the approval of the Department of Housing and Community Development.**

7. Describe your organization’s fiscal management disbursement methods, financial reporting, recordkeeping and accounting procedures.

8. Indicate whether the organization has adequate insurance. Insurance coverage for General Liability, Automobile Liability, Workman’s Compensation and Fire Insurance is required.

9. Describe plans to use other funds for the program. In this section only describe funds that are secured. Provide the source of funds amounts, period covered and how these funds will be used. Intent to apply for matching funds does not constitute a match. Attach commitment letters from other funding sources.

10. Describe plans to seek new funding to supplement CDBG-CV1R2 and CDBG-CV3R funding.

## **PART V – Organization Experience and Capacity (continued)**

### **Funding History Information**

Use this section to provide an account of the revenue of your organization for the past three years and a current year projected budget.

<b>Funding Cycle</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Revenue</b>				
<b>City</b>				
<b>County</b>				
<b>State</b>				
<b>Federal</b>				
<b>Fees Charged</b>				
<b>Fundraising</b>				
<b>Donations</b>				
<b>In-Kind</b>				
<b>Other</b>				
<b>Total Revenue</b>				

**[THIS SECTION INTENTIONALLY LEFT BLANK]**

## PART VI – Organization Collaboration (Priority Points)

*Priority will be given to activities that are integrated with other community service projects and provided in collaboration with other service providers.*

1. Are there plans to enter into a partnership with any other organization(s) to undertake this project? Yes  No

If “yes,” please list the organization (s) and their contribution(s).

If “no,” explain why not.

2. Is this proposed project coordinated with or a part of any ongoing housing or community development program(s) or activity(s)? Yes  No

If “yes,” explain how.

3. Will the services of the project be coordinated with other services in the community?

Yes  No

If “yes” explain how.

4. Does the project need Federal funds after FY 2024? Yes  No

If so, how much? \$ \_\_\_\_\_ For how long? \_\_\_\_\_

Why is continued funding needed?

## PART VII – Outcome and Performance Measures

Describe the services or activities that Prepares, Prevent and Responds to COVID -19 impact to residents. Provide a completed and estimate the number of persons to be assisted. Persons to be assisted should be described in terms of age, gender, ethnicity and income level and the impact of the pandemic.

How will you measure the outcome of the proposed project to ensure that at least 51% of the population benefiting, and were impacted by the pandemic that fall within the low to moderate income guidelines?

## PART VIII – CDBG-CV1R2 and CDBG-CV3R BUDGET (Use this form ONLY)

**INSTRUCTIONS:** The following budget information is only for the **project** which your organization is requesting funds. You should not include your organization's total operating budget.

**In Column A:** List the titles of all positions to be funded in whole or in part with CDBG-CV1R2 and CDBG-CV3R funds.

**In Column B:** For each employee shown in column A, list the total hours per week to be spent on the CDBG-CV1R2 and CDBG-CV3R project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

**In Column C:** Show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title.

**In Column D:** Show the total CDBG-CV1R2 and CDBG-CV3R budget for this line item (hourly rate times the number of CDBG-CV1R2 and CDBG-CV3R hours).

**In Column E:** Show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization.

**In Column F:** Provide the name(s) of other sources of funding associated with “other” funds listed in Column E.

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part IV.

**NOTE:** Not all line items may apply; only fill in costs for those that apply.

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**PART VIII -continued CDBG-CV1R2 and CDBG-CV3R BUDGET (Use this form ONLY)**

A	B	C	D	E	F
<b>I. PERSONNEL COSTS</b>					
SALARIES (List all positions to be assigned to this project)	CDBG-CV1R2 and CDBG-CV3R HRS./ TOTAL HRS. PER WEEK	HOURLY RATE	TOTAL CDBG-CV1R2 and CDBG-CV3R	OTHER FUNDS AMOUNTS	NAME SOURCE OF OTHER FUNDS
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
<b>TOTAL SALARIES</b>			\$	\$	

	PERCENT	TOTAL CDBG-CV1R2 and CDBG- CV3R	OTHER FUNDS AMOUNTS	NAME SOURCE OF OTHER FUNDS
<b>II. FRINGE BENEFITS</b>				
Retirement Contributions	%	\$	\$	
Health Insurance Premiums	%	\$	\$	
Life Insurance	%	\$	\$	
Vacation & Sick Leave	%	\$	\$	
<b>TOTAL FRINGE BENEFITS</b>	%	\$	\$	
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$	\$	

	TOTAL CDBG- CV1R2 and CDBG-CV3R	OTHER FUNDS AMOUNTS	NAME SOURCE OF OTHER FUNDS
<b>VIII. OPERATING EXPENSES</b>			
Office Rent	\$	\$	
Audit & Accounting	\$	\$	
Books & Publications	\$	\$	
Insurance	\$	\$	
Legal	\$	\$	
Local Mileage	\$	\$	
Office Supplies	\$	\$	
Postage	\$	\$	
Office Telephone	\$	\$	
Utilities: (List Separately)	\$	\$	
	\$	\$	
<b>TOTAL OPERATING COSTS</b>	\$	\$	
<b>GRAND TOTAL</b>	\$	\$	

## PART VIII – (continued) CDBG-CV1R2 and CDBG-CV3R BUDGET (Use this form ONLY)

Do not add additional lines, points for the budget may be decreased, Please refer to the CDBG-CV1R2 and CDBG-CV3R Instructions.

1. Funding recipients must meet federal audit requirements as outlined in OMB Omni Circular 2CFR 200. Federal funds may be used to help pay for such an audit. [http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/)
2. The purchase of equipment, fixtures, motor vehicles, furnishings, or other personal property not an integral structural fixture is generally ineligible. (OMB Omni Circulars – 2CFR Part 215, 220, 225 and 230)

### IMPORTANT NOTICE FOR APPLICANTS

*Every year, the demand for CDBG funds exceeds the amount of money available. Prince George's County is therefore committed to funding projects that are ready to proceed immediately after funds are available and those prepared to spend the approved funds within a twelve-month period. Unspent funds remaining at the end of the subgrantee agreement term may be recaptured. Plan your projects accordingly.*

*Please be aware that even if your project is approved, it may be recommended at a lower level of funding than requested. Please develop contingency plans for smaller CDBG awards.*

*Finally, these funds, if awarded, are NOT an ongoing source of operating support. Even if your organization receives funding in year one, there is no guarantee that approved projects will receive funding in subsequent years.*

*Note: Duplication of Benefits (DOB) Federal requirement that any person or entity receiving CDBG assistance (including subrecipients and direct beneficiaries) must agree to repay assistance that is determined to be duplicative.*

**[THIS SECTION INTENTIONALLY LEFT BLANK]**



Note: Federal requirement that any person or entity receiving CDBG-CV1R2 and CDBG-CV3R assistance (including subrecipients and direct beneficiaries) must agree to repay assistance that is determined to be duplicative.

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## PART X - Activity Schedule

Provide Projected Implementation and Drawdown Schedules. Show expenditures of CDBG-CV1R2 and CDBG-CV3R Funds, only. Do Not Show expenditures

	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
<b>Funds Expended</b>												
<b>List of Tasks</b>												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												

# CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and Local law prohibits employees and public officials of the Prince George's County Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant COVID-19 Reprogramming funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would create conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the Prince George's County Council?

Yes  No

If yes, please list the names(s) below:

_____	_____
_____	_____

2. Will the CDBG-CV1R2 and CDBG-CV3R funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the Prince George's County Council?

Yes  No

If yes, please list the name(s) below:

_____	_____
_____	_____

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a Prince George's County employee, consultant, or a member of the Prince George's County Council?

Yes  No

If yes, please list the name(s) below:

_____	_____
_____	_____

If you have answered "YES" to any of the above, a disclosure notice must be submitted to the DHCD Office to determine whether a real or apparent conflict of interest exists.

## CONFLICT OF INTEREST QUESTIONNAIRE (continued)

This shall include the member's business or other affiliations, family and/or significant other, employer, or close associates who may stand to receive a financial benefit or gain. Further, members, officers and/or executive directors of sub-recipients may not enter into contracts with companies they are affiliated with through employment of, or ownership by, themselves or their relatives. Each individual shall disclose to the Prince George's County Department of Housing and Community Development (DHCD) Housing and Community Development Division\* the existence or potential existence of a conflict or interest, such as an overlap in public duties and private interest, affiliations that may create a future conflict, as well as all personal interest which he or she may have in any matter pending before the organization.

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

Name of Applicant's Authorized Official: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

**\* Reviewing Agency is the Prince George's County Office of Law.**

# Community Development Block Grant COVID-19 Reprogramming

CDBG-CV1R2 and CDBG-CV3R

## Exhibits

**EXHIBITS:** *(Provide information concerning plans to provide opportunities for Section 3 persons or businesses, if construction provide photos of site as evidence of site control, if for sale housing, market value/comps, if rental—a Summary of target tenant population; If street improvement – before streetscape photos)*

### Exhibit 1-B Section 3 Action Plan Form

**SECTION 3 FORM**

**Department of Housing and Community Development  
Section 3 Action Plan for Sub-recipients, Contractors and Subcontractors**

The Section 3 Action Plan identifies the goals, objectives, and actions that will be implemented to ensure compliance with the requirements of Section 3. Provide detailed information on the following items below which describes how you will achieve your Section 3 goals.

1. How many Section 3 businesses does your company anticipate working? What strategies will your company use for contracting with Section 3 business concerns? (Specify the efforts to be taken, and dates, etc.)
  
2. How many Section 3 new hires does your company anticipate making? What strategies will your company use for reaching out to and hiring Section 3 residents? (Specify the efforts to be taken and dates, how effective have these strategies been in the past?)
  
3. What efforts will your company use to conduct aggressive outreach and notification to Potential Section 3 residents and businesses regarding contracting and employment opportunities? (How effective have these strategies been in the past?)

**Please note: company includes: nonprofit organizations, municipal governments and subcontractors awarded federal fund**