

# **Local Development Council Video Lottery Terminal Grant**

## **FY 2020 Application Packet**

Arundel Community Development Services, Inc.  
2666 Riva Road, Suite 210  
Annapolis, MD 21401  
410.222.7600



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## MARYLAND LIVE! CASINO LOCAL DEVELOPMENT COUNCIL

### FY 2020 COMMUNITY GRANT APPLICATION GUIDELINES & INSTRUCTIONS

*Please read all instructions before beginning the application.*

- I. The Local Development Council (LDC) offers the following two types of grants funded through the County's Video Lottery Facility Tax (VLT) fund.
  - A. **Invitation Only Grants.** These grants are available to nonprofit and community organizations serving the community and residents within a three mile radius of the Maryland Live! Facility ("eligible applicants") and are invited by the LDC to submit an application. Invitation Only grantees may be awarded operating support for more than three consecutive years. The LDC invitation to apply will be based upon (i) identified needs within the eligible area; and (ii) presentations made by potential eligible applicants throughout the year. The LDC will issue this invitation before the end of January 2019. Due dates for these applications will be included in your invitation to apply.
  - B. **Community Grants.** These grants are available on a competitive basis to nonprofit organizations and community associations serving the community and residents within a three mile radius of the Maryland Live! Facility. Eligible applicants may apply for a maximum of \$40,000. Please note organizations who have received VLT funds for the last three consecutive fiscal years (FY 2017, 2018, and 2019) are NOT eligible to apply for funds this year. **Community Grant applications must be submitted by 4:00pm on Wednesday, December 19, 2018.**
  - C. Both Invitation Only and Community Grant Applications should complete the attached application and submit to Arundel Community Development Services, Inc. as follows:
    - (i) one (1) original with all supporting documentation and one (1) copy to:

David Sims, Project Planner  
Arundel Community Development Services, Inc.  
2666 Riva Road, Suite 210  
Annapolis, MD 21401
    - (ii) one (1) electronic copy to [dsims@acdsinc.org](mailto:dsims@acdsinc.org) with "FY 2020 LDC Grant- [YOUR ORGANIZATION NAME]" in the subject line.
- II. All applicants must describe in detail how the program/project will benefit the community and residents within a three-mile radius of the Maryland Live! Facility, how it relates to the LDC funding priorities to create excellent schools, beautify & revitalize the communities, and how the program/project will create sustainable opportunities for individuals & families. A more detailed description of these priorities is attached as Exhibit V.

All applicants must include evidence of the organization's tax exempt status with the application. If organization is a nonprofit organization, please include a copy of the organization's IRS tax exempt letter. If you are a community organization (e.g. HOA, Condominium Association) please include a copy of the most recent federal tax return (federal form 1120 or 990).

III. Be sure to indicate which grant type your organization is applying (Invitation or Community Grant).

IV. Applicants may apply for any of the following types of grants:

A. **General Operating Support.** If the organization is applying for funds to pay for basic operating costs, whether for a new or existing program, the application must demonstrate how the grant will help build capacity; increase impact and/or help the organization operate more efficiently and better serve the community.

B. **Program Support.** If the organization is applying for funds to support a specific program, the organization must demonstrate how this program will help the organization better serve the community.

C. **Equipment and Supplies.** If organization is applying for funds to purchase equipment or supplies, the application should describe how the equipment or supplies will help achieve a specific goal and better serve the community.

D. **Physical Improvements/Capital Projects.** Funds can be requested for demolition, construction, rehabilitation, renovation, alterations, or any other type of physical community improvements or improvements to organizational facilities that will help your organization better serve the community.

V. If the program/project requires additional funding other than VLT funds to be completed or successful, the application should demonstrate that at least 50 percent of the funding needed to complete the project/program has been secured. If in-kind support is being leveraged, it must be indicated how the organization determined the value of the goods or services being provided.

VI. In making the awards, the LDC is often unable to meet the entire grant request. The application should describe how the organization will prioritize the expenditure of LDC funds if the full amount requested is not awarded.

VII. The grant review process will proceed as follows:

A. Grant applications will be initially screened for compliance then reviewed by the LDC Grant Subcommittee. Incomplete grant applications will not be considered, nor will any applications submitted after the deadline.

B. Grant finalists who are selected by the LDC Grant Subcommittee will be required to make an in-person presentation to the entire LDC. Presentations will be scheduled for the following dates:

March 20<sup>th</sup>, 2018

April 17<sup>th</sup>, 2018  
May 15<sup>th</sup>, 2018

No more than 10 minutes will be allotted for the presentation, and PowerPoint presentations should be limited to no more than 10 slides. *If you have received LDC funds before, be sure to list the results and outcomes you have achieved.*

- C. The LDC will make final recommendations for each award and funding amount.
- D. LDC recommendations for grant awards will then be reviewed and confirmed by the County Executive and approved by the County Council as part of the Anne Arundel County FY 2020 budget.
- E. All applicants will be notified in writing of grant decisions.

Applicants who are selected to receive a VLT Grant will be required to enter into a grant agreement with Arundel Community Development Services, Inc. (ACDS), the agency under contract to administer the grants on behalf of the LDC. This grant agreement will define the organization's responsibilities and a payment schedule for the award received. Awardees may be required to attend an information session with ACDS staff. ACDS staff will contact the main contact person to begin processing the grant award and ensure the organization has submitted all required grant documents, including an Insurance Certificate naming ACDS as an additional insured and a board resolution or other organization document stating that the grant signatory is authorized to sign grant agreements on behalf of the organization.

If the organization is awarded funds, do not begin incurring expenses until the organization has a written agreement with ACDS. ACDS is not liable for any expenses incurred before the grant agreement is executed.

Once funds are awarded, grantees must:

1. follow ACDS invoicing procedures, including submittal of request for payments on organizational letterhead signed by an authorized representative with supporting back up material (original receipts, invoices);
2. submit progress reports and a final report once the project/program is complete; and
3. schedule a monitoring visit with ACDS staff while the program/project is in progress or completed. As part of the monitoring process, the Grantee will be required to share an organization-wide financial statement or an audit conducted by an independent accountant or a financial statement prepared in a manner approved by ACDS staff.

Questions? Please contact David Sims from ACDS at 410-222-3236 or [dsims@acdsinc.org](mailto:dsims@acdsinc.org).

**LOCAL DEVELOPMENT COUNCIL  
VIDEO LOTTERY TERMINAL GRANT  
FY 2020 APPLICATION**

Invitation-Only Grant

Community Grant

Full Legal Name of Organization: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Name of Program/Project for which you are applying: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Employer ID#: \_\_\_\_\_

Did you receive funding in previous Fiscal Years?  No  Yes If Yes, when? FY: \_\_\_\_\_

**Amount of LDC Funds Requested for FY 2020: \_\_\_\_\_**

## **I. Project Category**

Please select one of the following categories to describe the project, as well as one subcategory where applicable.

- General Operating Support – Support for the basic operations of the organization. (Complete Budget Forms A and B below. Complete Budget Form C if the organization is requesting to use VLT funds for equipment.)
- Program Support – Support for a specific program operated by the organization. (Complete Budget Forms A, B, and C if applicable.)
  - New Program
  - Existing Program
  - Expansion of Existing Program
- Equipment and Supplies– Purchasing supplies to aid the organization’s mission. (Complete Budget Form C only.)

**Physical Improvements/Capital Projects** – Funds for physical community improvements, or facility renovations and rehabilitations, and/or building new facilities. (Complete Budget Form D. If the request is over \$40,000, also complete Budget Form E.) **Attach estimate of project costs at end of application.**

Under \$40,000

Over \$40,000

Describe briefly (100 words or less) how LDC funds will be used:

## II. Eligibility

Check either box that applies to this organization to ensure the organization's eligibility for this grant. If the organization cannot check either box, the organization is not eligible for VLT funds.

**Nonprofit Organization** as evidenced by an IRS letter establishing the organization as a 501(c)(3) corporation.

**Community Association** as evidenced by the organization filing an 1120 or 990 tax return.

If the organization is applying for a Community Grant, the organization is not eligible to apply if the organization has received VLT funds for the last three years.

## III. Program Information

A. **Describe the proposed program/project in detail.** (Example: "The program will provide a twelve-week financial literacy class to ten individuals living in a homeless shelter, to gain knowledge, learn to live within a budget, and have increased financial stability to obtain housing on his/her own."). If the organization is applying for general operating support, describe how the funds will help the organization build capacity, increase impact, and operate more effectively and efficiently. Be specific.

B. **Population Served/Outcomes.** Describe the population and the geographic area the organization will serve. Area should generally be within a three-mile radius of the Maryland Live! Facility. What specific, realizable and measurable outcomes do you expect as a result of the implementation of this program? What percentage of the funding will support residents within the three-mile radius?

Number of individuals expected to benefit from, or be served by this request: \_\_\_\_\_

Is your organization's building or facility accessible to people with disabilities/special needs?

Yes  No

Please explain.

- C. **Community Need.** Describe the need for the proposed program/project/activities and how your organization will meet a community need. Describe how the general operating costs/specific program/project will help the organization meet this community need. How does this project meet one of the LDC Priorities listed in the attached Exhibit V.

#### **IV. Program/Project Design**

- A. **Timeline.** Give a timeline for implementation of the program/project for which your organization is requesting funding. Include a start date, end date and milestones in between.
- B. **Eligibility Requirements.** Are there any eligibility requirements for individuals to access this particular program/project? If yes, please explain.
- C. **Budget Priorities.** Indicate in detail, which items in the grant budget are of the highest priority. Indicate whether or not the organization will be able to carry out the proposed program/project if the request for LDC funds is only partially funded. Describe how the organization would address the challenge of partial funding from the LDC or other pending funding requests.

#### **V. Organization's Capacity and Qualifications**

- A. **Organization Capacity.** Explain and describe your organization's mission and your capacity and ability to implement the program for which you are seeking funds.



- B. **Organization Qualifications.** Describe any similar programs undertaken by your organization in the past that have been successfully implemented. Describe your organization's qualifications that demonstrate your ability to successfully complete the project/program. If you received LDC funds in the past, what specifically were the results?

*(Remainder of Page Intentionally Blank)*

## VI. Budget Information

A. Only complete this page if you are applying for Operating Support or Program Support.

### Budget Form A

Budget Category INCOME	<b>THIS REQUEST**</b> **it should match the County funding request on page 1	Total FY 2020 Income for this Program/Project Budget	Indicate if the funding is in hand, committed or an application is pending
1. AA County LDC Grant Funds	\$	\$	Application pending; awards announced in June 2019
2. Foundations	\$	\$	--
3. Corporations	\$	\$	--
4. Individual Contributions	\$	\$	--
5. Fundraising Events	\$	\$	--
6. Membership Income	\$	\$	--
7. In-Kind Support	\$	\$	--
8. Investment Income Revenue	\$	\$	--
9. Government Contracts	\$	\$	--
10. Earned Income (fee for services, etc.)	\$	\$	--
11. Other (Specify)_____	\$	\$	--
12. Other (Specify)_____	\$	\$	--
13. Total Income	\$0.00	\$0.00	
Budget Category EXPENSES	<b>THIS REQUEST**</b> How Anne Arundel County funding will be used?	Total FY 2020 Expenses for this Program/Project Budget	Indicate if the funding is in hand, committed or an application is pending
1. Salaries & Wages Breakdown by individual position, indicate full time or part time position and % of share)	\$	\$	
% Share	Position	FT/PT	
a.		--	\$
b.		--	\$
c.		--	\$
1.1 Salaries & Wages Subtotal	\$0.00	\$0.00	--
2. Insurance, Benefits, & Other Related Taxes	\$	\$	--
3. Consultants and Professional Fees	\$	\$	--
4. Business Travel/Transportation	\$	\$	--
5. Equipment (Specify in Budget Form D)	\$	\$	--
6. Supplies	\$	\$	--
7. Printing and Copying	\$	\$	--
8. Telephone/Internet/Web	\$	\$	--
9. Postage and Delivery	\$	\$	--
10. Rent & Utilities	\$	\$	--
11. Other (Specify): _____	\$	\$	--
12. Other (Specify): _____	\$	\$	--
13. Total Expenses	\$0.00	\$0.00	

\*\*\* Please also complete Budget Form C (all) and D (if applicable) \*\*\*

**B. Physical Improvements/Capital Projects**

Complete this budget form for capital projects that include demolition, construction, rehabilitation, renovation, alterations or any other type of physical community improvements or improvements to organization's facility. Do not complete if Budget Form A was completed.

**Budget Form B**

SOURCE OF ALL FUNDS RELATED TO YOUR FACILITY IMPROVEMENTS	THIS REQUEST** **it should match the VLT funding request on page 1	Amount of Other Funds	Indicate if the funding is in hand, committed or an application is pending
1. AA County LDC Grant Funds	\$	\$	Application pending; awards announced in June 2019
2. Foundations	\$	\$	--
3. Corporations	\$	\$	--
4. Individual Contributions	\$	\$	--
5. Federal	\$	\$	--
6. State	\$	\$	--
7. In-Kind Support	\$	\$	--
8. Other (Specify)	\$	\$	--
9. Total Sources of Funds	\$0.00	\$0.00	--

Itemize your anticipated expenses for your community/facility improvement in the table below. Please make sure the total expense equals the total sources of funds shown above.

EXPENSES RELATED TO YOUR FACILITY IMPROVEMENTS	List all VLT Funded Expenses (total must equal the amount of grant application)	Identify All Other Expenses	Briefly Describe Your Activity
1. Real Property Acquisition	\$	\$	
2. Consultant and Professional Fees	\$	\$	
3. County and Regulatory Fees	\$	\$	
4. On and Off Site Improvements	\$	\$	
5. Demolition	\$	\$	
6. Existing Building Renovation, Alternation or Addition	\$	\$	
7. New Construction	\$	\$	
8. Facility Equipment (Specify in Budget Form D)	\$	\$	
9. Furnishings	\$	\$	
10. Construction Management	\$	\$	
11. Other (Specify)	\$	\$	
12. Total Expenses	\$0.00	\$0.00	

\*\*\* Please also complete Budget Form C (all) and D (if applicable) \*\*\*

### C. Narrative

Complete Budget Form C if you are requesting VLT funds for any category. Provide a narrative description for each applicable category, e.g. "Education Coordinator, \$32,640 – FT – \$17.00/hr, 40hr/week, \$680.00 x 48. Will spend 20 percent of their time supporting this program/project".

#### In-Kind Requirements:

If in-kind support is being leveraged, you must indicate how you arrived at the value of the goods or services being provided.

If you have committed a cash match, copies of invoice and cancelled checks to substantiate the cash spent on the defined project will be required.

If you have committed an in-kind match, it is necessary to substantiate the materials or services donated for the defined project. For donated materials, an invoice for materials or a signed statement from the donor is required. For donated professional services, a signed statement from the donor, including the donor's customary hourly rate and number of hours donated, is required. For volunteer services, a timesheet signed by the grantee for each volunteer is required. The hourly rate for volunteer time is valued based on the rate for Maryland noted on the Independent Sector website ([http://www.independentsector.org/volunteer\\_time](http://www.independentsector.org/volunteer_time)).

Please note that any member of your organization's Board of Directors (or similar) can ONLY donate time at the volunteer rate, NOT at their customary hourly rate for professional services.

It is necessary for all matching funds provided by the grantee to be in place and accessible when the project begins. Payment of LDC funds will be disbursed on pro-rated disbursements basis as a means to ensure accountability for those goods and services. A project disbursement schedule must be approved by ACDS prior to execution of the agreement.

### Budget Form C

Budget Category	Estimated Costs	Provide a Budget Narrative.	Type of In-Kind Support, description
1. Salaries & Wages			
a.	\$		
b.	\$		
c.	\$		
Salaries & Wages Subtotal	\$0.00		
2. Insurance, Benefits & Other Related Taxes	\$		
3. Consultant & Professional Fees	\$		
4. Business Travel/Transportation	\$		
5. Equipment (Specify in Budget Form D)	\$		
6. Supplies	\$		
7. Printing/Copying	\$		
8. Telephone/Internet	\$		
9. Postage & Deliveries	\$		
10. Rent & Utilities	\$		
11. Other:	\$		
12. Other:	\$		
13. Other:	\$		
14. Other:	\$		
15. Total Expenditures	\$0.00 Should Match Request		

D. Equipment

Use this form if requesting VLT funds for purchasing equipment. Provide a detailed description of the equipment to be purchased using VLT funds, including all estimated costs.

**Budget Form D**

Description	Estimated Costs
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Estimated Cost	\$0.00

## E. Sustainability

For Physical Improvements/Capital Projects over \$40,000, please briefly describe how the project will be sustainable after the work is complete. The description of the project must include, as applicable: (i) an explanation of how the facility will be managed; (ii) an identification of funding sources to be utilized for building operating expenses including repair and maintenance expenses; (iii) an identification of the annual replacement reserve account payment with a description of how this account will be funded and managed; and (iv) other pertinent information that demonstrates the long term viability and sustainability of the facility.

## **Budget Form E**

## VII. Certifications

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

All certifications listed below must be signed by the organization's authorized signatory.\*

### A. Conflict of Interest

Grantee agrees to maintain in full force and effect a written conflict of interest policy addressing conflicts of interest of its officers and board members. Grantee further agrees to make each of its officers and board members aware of the need to disclose, in accordance with the Grantee's conflict of interest policy, any financial or business transactions between such officer or director and Anne Arundel County, Maryland.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

### B. Disclosure Protection

I agree to adopt and maintain any and all policies and procedures necessary to provide my employees with Disclosure Protection consistent with § 6-2-107 of the Anne Arundel Code (see Exhibit I).

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

### C. Insurance Requirements

I have read and understand the insurance requirements included as Exhibit IV and agree that my organization will adhere to the insurance requirements during the terms of the grant agreement as a condition of receiving the award.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

### D. Financial Statements

I agree to provide an organization-wide audit report or financial statement prepared by an independent accountant or auditor, in accordance with accounting principles and auditing standards generally accepted in the United States of America.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: If the organization would like to request a waiver for the requirement that the organization's report be prepared by an independent auditor, please check the box below and provide a justification in the allotted space on the next page. All grantees must submit a financial report. The decision to waive the requirement for an independent auditor will be made by ACDS on a case-by-case basis.*

I am requesting for the requirement that my report be prepared by an independent auditor be waived. (Please explain on the following page).

*\* At time grant agreement is issued, the organization will be required to provide evidence of the authorized grant signatory.*



**E. Authorization**

I affirm that I am authorized to execute this application on behalf of this organization. I also certify that the information contained in this application, including all attachments, is true and correct. I will notify the ACDS of any changes in organizational status or structure, or in the material contained herein within ten (10) days of any changes.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

*(Remainder of Page Intentionally Blank)*

## APPLICATION AND ATTACHMENT CHECKLIST

In order for the application to be complete, all items under the Attachment Checklist must be included in the application submitted to ACDS.

- One (1) **original** FY20 grant application with **original** signature **and** accompanying documents.
- One (1) copy of the complete grant application.
- One (1) electronic copy of the completed application emailed to [dsims@acdsinc.org](mailto:dsims@acdsinc.org).

*Accompanying Documents to be attached with the original grant application:*

- FEDERAL tax-exempt IRS determination Letter** - Copy of most recent IRS determination letter under Section (501(c)(3) indicating evidence of tax-exempt status, if applicable. If organization is not a 501c3, please include your 1120 or 990 tax return. (Attach as Attachment A)
- Good Standing Status** – Include most recent copy of the organization’s general entity information showing that it is currently in good standing with the State Department of Assessment & Taxation (SDAT). (Attach as Attachment B) Be advised that if the organization/entity is listed as « forfeited » or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved. Refer to *Obtaining a Printout of Good Standing* instructions (Exhibit II). (Attach as Attachment B).
- Articles of Incorporation** – Include copy of 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. (Attach as Attachment C)
- Organization’s By-Laws**. Include a copy. (Attach as Attachment D)
- Organization’s Mission Statement**. Include the Mission Statement. (Attach as Attachment E)
- Board of Directors/Trustees List** – Include a list of your organization’s Board of Directors/Trustees, including names and individual terms of office. (Attach as Attachment F)
- Financial Statements** – Include **previous year** Financial Audit Report or federal tax returns. If your organization has both, please submit the Financial Audit Report. (Attach as Attachment G)
- Job Description** – If you are requesting VLT funds for a staff position, include a Job Description for each position you are requesting support. (Attach as Attachment H)
- Conflict of Interest Policy**- Include a copy **of your organization’s** written Conflict of Interest’s policy and procedures. (Attachment I)
- Form-W9**- Signed Request for Taxpayer-Identification Number & Certification. Complete attached Form. (Attach Attachment J) See Appendix, Exhibit III for an example.
- Letter of Support**. Include one (1) Letter of Support with signature from a community group, PTA/PTO, or church located within the radius, as evidence of community need. (Attach as Attachment L)

## EXHIBIT I

### Disclosure Protection

Grantee shall adopt and maintain any and all policies and procedures necessary to provide its employees with Disclosure Protection consistent with § 6-2-107 of the Anne Arundel Code. Below are guidelines to use when preparing policies.

- (a) **Definition.** In this section, a “personnel action” means an act, a refusal to act or an omission by an appointing authority which has a significant adverse impact on the employee or a change in the employee’s responsibilities which is inconsistent with the employee’s grade and salary.
- (b) **Action by appointing authority.** Unless a disclosure is specifically prohibited by law, an employee may not be subject to a personnel action by an appointing authority as a reprisal for seeking any remedy under this section or for a disclosure to a federal, State or County official or employee, that the employee reasonably believes, in good faith, demonstrates evidence of:
  - (1) retaliation for a refusal to obey an instruction of an appointing authority or supervisor involving an illegal act or a refusal to participate in an illegal act;
  - (2) an illegal action in County government;
  - (3) an unauthorized use of County funds; or
  - (4) a substantial and specific danger to public health or safety.
- (c) **Other action authorized.** This section does not prohibit a personnel action that otherwise would have been taken regardless of the disclosure.
- (d) **Disclosures to State officers.** An employee has the same protections provided in subsection (b) of this section regarding a disclosure that is specifically prohibited by law, if the disclosure is made to the Office of the State’s Attorney, the Office of the Attorney General of Maryland, or the Office of the Maryland State Prosecutor.
- (e) **Other remedies.** This section does not preclude the aggrieved employee from seeking any legal action or other remedies available.

(Bill No. 17-11)

## EXHIBIT II

Obtaining a printout of Good Standing Status from the Maryland Department of Assessments and Taxation

Information about business entities can be found at the Maryland State Department of Assessments and Taxation (“SDAT”) website.

Go to [www.dat.state.md.us](http://www.dat.state.md.us). From the center of the home page, select “Business Data Search”. From the menu in the second block, select “Business Entity Information”. Under “Name Search”, enter the name or a part of the name of the entity. There should be no spaces between words, and you should not include the words “the” or “and”. Also, do not include any “tail” such as “Inc.” or “LLC”. If you only search part of the name, follow the part with “%” for a wildcard search.

It will give you the entity’s name, status with the SDAT, and whether the entity is in good standing with SDAT.

A paid SDAT Certificate is not required.

A printout of entity detail from the Maryland Department of Assessments and Taxation webpage indicating the organization’s good standing is acceptable.

***Please note that if the entity is listed as “forfeited” or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.***

## EXHIBIT III

### Sample Form W-9

Form <b style="font-size: 1.5em;">W-9</b> (Rev. November 2017) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b> <p style="text-align: center;">▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	<b>Give Form to the          requester. Do not          send to the IRS.</b>																				
<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Community Foundation, Inc.</b></p>																						
<p><b>2</b> Business name/disregarded entity name, if different from above</p>																						
Print or type. See Specific Instructions on page 3.	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC             <input checked="" type="checkbox"/> C Corporation             <input type="checkbox"/> S Corporation             <input type="checkbox"/> Partnership             <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____       </p>																					
<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>																						
<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>123 Main St.</b></p>		<p>Requester's name and address (optional)</p>																				
<p><b>6</b> City, state, and ZIP code  <b>Annapolis, MD 21401</b></p>																						
<p><b>7</b> List account number(s) here (optional)</p>																						
<p><b>Part I Taxpayer Identification Number (TIN)</b></p>																						
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>																						
		<p style="text-align: center; margin: 0;"><b>Social security number</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> <p style="text-align: center; margin: 0;"><b>OR</b></p> <p style="text-align: center; margin: 0;"><b>Employer identification number</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">9</td> </tr> </table>											1	2	-	3	4	5	6	7	8	9
1	2	-	3	4	5	6	7	8	9													
<p><b>Part II Certification</b></p>																						
<p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</p> <p>3. I am a U.S. citizen or other U.S. person (defined below); and</p> <p>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>																						
<p><b>Sign Here</b></p>	<p>Signature of U.S. person ▶ <i>John Doe</i></p>	<p>Date ▶ <i>1-1-2017</i></p>																				
<p><b>General Instructions</b></p>																						
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.</p> <p><b>Purpose of Form</b></p> <p>An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.</p> <ul style="list-style-type: none"> <li>• Form 1099-INT (interest earned or paid)</li> <li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>• Form 1099-S (proceeds from real estate transactions)</li> <li>• Form 1099-K (merchant card and third party network transactions)</li> <li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>• Form 1099-C (canceled debt)</li> <li>• Form 1099-A (acquisition or abandonment of secured property)</li> </ul> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p><i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</i></p>																						
<p style="text-align: center;">Cat. No. 10231X <span style="float: right;">Form <b>W-9</b> (Rev. 11-2017)</span></p>																						

## EXHIBIT IV

### FY 2020 LDC Grants

#### Insurance Requirements for Awarded Organizations

Grantee shall comply with the following insurance requirements governing the LDC/VLT and provide the Grant Administrator, at the time of execution of the grant agreement, with an active Certificate of Liability Insurance evidencing type of insurance, effective and expiration dates and the coverage limits. Grantee shall purchase and maintain the following insurance policies and amounts while grant agreement is in effect.

#### INSURANCE REQUIREMENTS

**Grantee Insurance Requirements** – All Grantees must carry the following insurance coverage.

- Comprehensive General Liability - All Grantees must carry commercial general liability with minimum limits of coverage at \$1,000,000 Each Occurrence (Bodily Injury or Property Damage), \$2,000,000 General Aggregate that applies on a per project basis, \$2,000,000 Products/Completed Operations Aggregate and \$1,000,000 Per Person or Organization (Personal and Advertising Injury).

In addition, ACDS must be provided with an additional insured for number CG 20 10 11 85 or a relative equivalency for all liability policies, except for worker's compensation and automobile liability policies. Additional insured status to remain in effect for the term of the contract, including the warranty period.

- Property/Fire Insurance – All Grantees must carry property/fire insurance on any building or structure that is to be improved utilizing LDC/VLT funds. Insurance coverage must be in an amount not less than the value of the improvements,
- Automobile Liability Insurance – As applicable, all Grantees must carry automobile liability insurance coverage with least \$1,000,000 combined single limit coverage to include owned, non-owned and hired automobiles
- Directors and Officers Insurance – Grantees receiving LDC/VLT over \$100,000 must carry directors and officers insurance in an amount not less than One Million Dollars (\$1,000,000), and
- Workers' Compensation Insurance – As applicable, all Grantees must carry worker's compensation insurance coverage for all of its employees in compliance with the Workers' Compensation laws of the State of Maryland.

**Contractors/Consultant Insurance Requirements** – All Contractors and Consultants hired by the Grantee utilizing LDC/VLT funds must carry the following insurance coverage.

- Comprehensive General Liability - All Grantees must carry commercial general liability with minimum limits of coverage at \$1,000,000 Each Occurrence (Bodily Injury or Property Damage), \$2,000,000 General Aggregate that applies on a per project basis, \$2,000,000 Products/Completed Operations Aggregate and \$1,000,000 Per Person or Organization (Personal and Advertising Injury).

In addition, ACDS must be provided with an additional insured for number CG 20 10 11 85 or a relative equivalency for all liability policies, except for worker's compensation and automobile liability policies. Additional insured status to remain in effect for the term of the contract, including the warranty period.

- Property Insurance – Contractors and Consultants must carry property/fire insurance on any building or structure that is to be improved utilizing LDC/VLT funds. Insurance coverage must be in an amount not less than the value of the improvements,
- Automobile Liability Insurance – As applicable, all Contractors and Consultants must carry automobile liability insurance coverage with least \$1,000,000 combined single limit coverage to include owned, non-owned and hired automobiles,
- Workers' Compensation Insurance – As applicable, all Contractors and Vendors must carry worker's compensation insurance coverage for all of its employees in compliance with statutory benefits as required by the laws of the State of Maryland and employee's liability coverage with limits of at least \$100,000 each accident, \$100,000 employee disease, and \$500,000 disease policy limits,
- Builder's Risk Insurance – For all capital improvement projects over \$250,000 the Contractor or Grantee must carry builder's risk insurance in an amount equal to the value of the improvements, and
- Errors and Omission Insurance – For all capital improvement projects over \$250,000 the Consultant must carry errors and omission insurance in an amount not less than \$1,000,000.
- Umbrella Insurance – For all capital projects over \$1,000,000 the Contractor must carry umbrella insurance in an amount of not less than \$2,000,000.

## **INSURANCE CERTIFICATE AND ADDITIONAL INSURED REQUIREMENTS**

Grantee Insurance Certificates – The Grantee must furnish Arundel Community Development Services, Inc. with certificates evidencing the type, amount, class of operations and effective dates of expiration of the insurance policies except for worker's compensation and automobile policies. The insurance coverage certification shall include substantially the following statement: "The insurance covered by this certification shall not be canceled or materially altered, except after thirty (30) consecutive calendar days from when a written notice has been delivered to the Arundel Community Developments Services, Inc.", whom shall be named as an additional insured in all insurance policies except for workers compensation and automobile liability policies.

Contractor and Consultant Insurance Certificates – The Grantee must furnish ACDS with insurance certificates from all Contractors and Consultants evidencing the type, amount, class of operations

and effective dates of expiration of the insurance policies except for worker's compensation and automobile policies.

## **INSURANCE WAIVER REQUEST**

A request for a waiver for not carrying a specific type of required insurance must be made on applicant's official letterhead to Arundel Community Development Services, Inc. at the time of submission of the grant application, with appropriate supporting documentation if applicable, including a description of circumstances sufficient to show why compliance is impossible. Grantee shall submit: a) certificate of insurance; and b) a letter requesting a waiver if certificate does not show evidence of a particular required insurance. Upon review/evaluation, Arundel Community Development Services, Inc. will inform the applicant of the approval or denial of a waiver request, or request additional information or documentation as necessary.



## **EXHIBIT V**

### **STRATEGIC PRIORITIES FOR LOCAL DEVELOPMENT COUNCIL FY 2019 FUNDING (COMMUNITY GRANTS AND INVITE ONLY GRANTS)**

Local Development Council (LDC) funding is a valuable resource serving communities within a 3 mile radius of the Maryland Live! Casino. The LDC is tasked with making funding award recommendations to Anne Arundel County through small grants (“Community Grants” up to \$40,000) and larger grants (“Invitation” grants over \$40,000). These grants bring hope and make a significant difference in our communities through community revitalization and beautification, education, workforce development, transportation, and social service programs.

While there are many worthy partners in the community who apply for grants to improve community life, the total requests and needs continually outpace available funding. Recognizing this, the LDC would like to establish funding priorities and guiding principles to help direct future grant making activities. While the LDC anticipates going through a larger strategic planning process to analyze data and receive broad community input in the future, the guiding principles and funding strategies below will guide our work for the next fiscal year.

#### **GUIDING PRINCIPLES**

LDC funds should be spent on the programs that will produce the biggest return on investment in communities within the three-mile radius of the Maryland Live! Casino. Below are three major areas the LDC would like to have impact.

- (1) schools and educational institutions;
- (2) communities in need of beautification and improvement; and
- (3) human service programs that help individuals succeed

LDC priorities within each of these three areas described below.

#### **SPECIFIC FUNDING OPPORTUNITIES**

##### ***Schools & Educational Institutions***

The overarching goal is to deploy resources for schools where it will make the greatest impact.

The LDC will focus on projects having the largest impact, in terms of both number of students and where the greatest need is.

The LDC will work with AACPS to develop a “needs” list for schools within the three-mile radius that have had little or no LDC support to date and (a) may not have the internal support necessary to generate such a list on their own; and/or (b) may have substandard or inadequate facilities.

Educational initiatives submitted for LDC funding should be beyond what the Board of Education (not the LDC) should be funding and not increase the County's maintenance of effort obligations.

LDC funding should not be replacing funding that is available from other resources.

The LDC will ensure that AACPS supports the proposed project or initiative. These proposals will be shared with AACPS staff to ensure there is a need for LDC resources and there are not alternative sources that could support the project or initiative.

The LDC will work to identify and fund, either partially or entirely, key projects that may help to transform the schools within the three mile radius into an excellent educational experience (i.e. Red-Blue Attack Cyber Security Initiative at Meade High School)

### ***Human Success & Sustainability***

The overarching goal is to deploy resources for services that will have the greatest impact on people's lives – not just in terms of number of people served, but also to the extent, the service creates opportunities for success and self-sufficiency.

1. Focus on initiatives that provide positive outcomes around:
  - Transportation (empower accessibility)
  - Help with child care (empower people to work)
  - Recreation & Youth Development (after school programs, mentoring, police programs, Boys & Girls Clubs)
  - Food and nutrition assistance (support a holistic food program)
  - Increase employability programs (jobs skills training but also soft skills)
  - Case management & support (to help people get on their feet in a sustainable way)
2. Support a regional Boys & Girls Center (similar to Bates) to provide youth programs, perhaps childcare, and other needed programs as feasible (e.g. job training, wellness programs, prevention, policy and youth outreach). The Boys & Girls Center will also provide a meeting space for community groups as they tackle tough issues to try to build capacity.

### ***Community Beautification and Neighborhood Revitalization***

The overarching goal is to invest in capital improvements in communities and public lands located within the three-mile radius of Maryland Live! Casino who are:

- (1) greatest impacted by the Casino; and
- (2) greatest need for revitalization.

Priorities include:

Beautification Programs  
Property Repair Programs