

**Deadline:  
June 15, 2018  
12 noon**



Department of Recreation and Parks

Application Cover Sheet for  
FY2019 Recreation and Parks Community Support Grant  
July 1, 2018 to June 30, 2019

Non-Capital Grant

- Full Legal Name of Organization: \_\_\_\_\_ Year Founded: \_\_\_\_\_
- Organization Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ e-mail : \_\_\_\_\_ Website: \_\_\_\_\_
- Employer ID#: \_\_\_\_\_ Conflict of Interest Policy in place:  Yes  No
- Amount of FY18 Grant Award Received: \$

| Total Organization Annual Budget<br><small>(Should match the total on<br/>A.-Budget Form-Column 3)</small> | This FY19 Program Budget<br><small>(Should match the total on<br/>A.- Budget Form-Column 2)</small> | Amount Requested from AACo.<br><small>(Should match the total on<br/>A.-Budget Form-Column 1)</small> |
|--|---|---|
| \$   | \$  | \$  |

- Categories:
 

|                                   |                             |
|-----------------------------------|-----------------------------|
| ___ Food/Nutrition                | ___ Family Services         |
| ___ Education/Training/Job Skills | ___ Youth/Children Services |
| ___ Community Development         |                             |
| ___ Other: _____                  |                             |

- Number of individuals expected to benefit from or be served by this funding request: # \_\_\_\_\_
- Geographical Area Served:  County-wide  North County  East County  
 South County  West County  Annapolis only
- Brief (no more than 100 words) description of your proposed program including expected numeric outcomes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you affirm that you are authorized to execute this application on behalf of this organization and that the information contained in this application, including all attachments, is true and correct.

Signature  Title  Printed Name  
 Date  Phone #  E-mail

**Incomplete applications or submissions not received by deadline will not be considered for funding.**

FY19  
NON-CAPITAL  
Grant Application



Department of Recreation and Parks

**FY19 COMMUNITY SUPPORT GRANTS**  
**NON-CAPITAL GRANT APPLICATION**

*Non-Capital Grants provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.*

INCOMPLETE APPLICATION OR SUBMISSION NOT RECEIVED BY DEADLINE  
WILL NOT BE CONSIDERED FOR FUNDING  
DO NOT MODIFY THE FORMAT OF THIS APPLICATION

**I. Grantee Information.** If a section or question is not applicable to your grant, please indicate "n/a".

a. Organization/Entity Full Legal Name:

\_\_\_\_\_  
(Write it exactly as shown on SDAT Records) Employer ID #

Organization's Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Attachment A. Copy of the determination letter from the IRS showing your organization is exempt from Federal income tax as an organization described in section 501 (c)(3) of the Internal Revenue Code.**

***STOP HERE IF YOU DO NOT HAVE PROOF OF YOUR ORGANIZATION'S IRS TAX-EXEMPT STATUS.***

b. ***FY19 Funding Request: (Maximum request accepted \$15,000)*** \_\_\_\_\_

c. ***The use of this grant is:***

To cover general operating expenses  To support a job position

To purchase training/instructional materials

Other: (describe) \_\_\_\_\_

*Preference will be given to projects/programs, rather than operating expenses.*

d. Does your program/project require matching funds?:  No  Yes How much?: \_\_\_\_\_%

If Yes, what is the funding source?: \_\_\_\_\_

**II. Program/Project Information.** (If using additional sheets, please identify each item clearly)

**a. Executive Summary** (It should briefly cover the core aspects of this **particular project** and address the need. (Maximum 300 words).

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**b. Program/Project Category.** Please mark **all** appropriate boxes that best apply to your grant application.

● Categories:

\_\_\_ Food/Nutrition

\_\_\_ Community Development

\_\_\_ Education/Training/Job Skills

\_\_\_ Youth/Children’s Services

\_\_\_ Family Services

Other: \_\_\_\_\_

**c. Purpose of this Request** Describe the purpose of your proposed project (maximum 150 words)

|  |
|--|
| The requested funds will _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|

**d. Describe the Need** (specific economic, cultural, or geographic issues) that will be the focus of your project.

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**e. Goals and Objectives**

What are your program/project goals? Describe how this grant request will help you meet your goals in order of priority:

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**f. Outcomes.** What specific, realistic measurable outcomes do you expect as a result of the implementation of this particular program/project? \_\_\_\_\_



***IV. Partnerships.*** Partners are those groups with whom your organization collaborates.

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a. List the partner's organizations with whom you have an existing working relationship. \_\_\_\_\_

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***b. How will partners be involved?*** Describe their involvement and the type of resources/support they will provide to this particular project/program: \_\_\_\_\_

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***c.*** Include in this application one (1) ***Letter of Support*** with ***original signature*** from a partnering organization.

Letter of Support with original signature. (Attachment M.)

***V. Organization's Capacity***

a. In your geographical area, what are the three organizations that are most similar to you?

Three similar organizations: (300 characters maximum)

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b. What makes you different?: (150 characters maximum)

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c. Please summarize your stronger achievements in the past 3 years, meaning those who have benefited from your program/project: \_\_\_\_\_

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**VI. FY19 Budget:**

*Other Income*

**Other income sources for this FY19 program/project.** (List ALL other income sources, grants, & public donations, etc.) Refer to Budget Form-Column 2

Has your organization received/expect to receive funding for Fiscal Year 2019?  Yes  No

If Yes, please list sources, amounts and dates:

| Funder's Name | Amount Provided/ Requested | Date when provided/requested | Projected | Pledged | Secured | Anticipated Approval Date |
|---------------|----------------------------|------------------------------|-----------|---------|---------|---------------------------|
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |
|               |                            |                              |           |         |         |                           |

**e. General Annual Operating Budget:** Is it Audited?  Yes  No

Do not leave any question unanswered.

**VII. Signing the grant agreement.**

Let us know who is going to be signing the Grant Agreement:

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

\_\_\_\_\_  
Title

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

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


**VIII. Certifications**

**a. Conflict of Interest**

**Attachment K.**  
(Your organization’s Conflict of Interest policy)

I agree to maintain in full force and effect written policies and procedures prohibiting conflicts of interest of its officers and board members in the activities of this organization and restrictions of interested director transactions.

I further agree to maintain in full force and effect written policies and procedures prohibiting any financial or business transactions between this organization's officers and directors and this entity.

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

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

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


Today's Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

### **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.

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

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

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

Today's Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

### **c. Certification**

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 Department of Recreation and Parks 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: \_\_\_\_\_

Today's Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Organization's Full Legal Name (Write it exactly as shown on SDAT Records)

**VI. FY19 BUDGET FORM.** Program/Project & Organization Budget

**a. INCOME SOURCES.** Enter Whole Dollar Amount      *Column 1*      *Column 2*      *Column 3*

| BUDGET CATEGORY                            | THIS REQUEST**<br>**(It should match the county funding request on page 1) | Total FY19 for this Program/Project Budget | Total FY19 Projected Organization Budget |
|--|--|--|--|
| 1. AACO. GOVERNMENT GRANT                  | \$   | \$   | \$                                       |
| 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                           | \$   | \$   | \$                                       |

**b. EXPENSES.** Enter Whole Dollar Amount

| BUDGET CATEGORY  | THIS REQUEST<br>How AACo. funding will be used? | Total FY19 Expenses for this Program/Project Budget | Total FY19 Projected Organization Budget for ALL programs |
|--|---|---|---|
| 1. SALARIES & WAGES.<br><br>(Break down by individual position, indicate Full or Part Time position and % of Share)<br>% Share                      Position                      FT or PT |   |   |   |
| a.   | \$  | \$  |   |
| b.   | \$  | \$  |   |
| c.   | \$  | \$  |   |
| d.   | \$  | \$  |   |
| 1.1 SALARIES & WAGES SUBTOTAL  | \$  | \$  | \$  |
| 2. INSURANCE, BENEFITS, & OTHER RELATED TAXES  | \$  | \$  | \$  |
| 3. CONSULTANTS AND PROFESSIONAL FEES   | \$  | \$  | \$  |
| 4. BUSINESS TRAVEL/TRANSPORTATION  | \$  | \$  | \$  |
| 5. EQUIPMENT (Specify)   | \$  | \$  | \$  |
| 6. SUPPLIES  | \$  | \$  | \$  |
| 7. PRINTING & COPYING  | \$  | \$  | \$  |
| 8. TELEPHONE/INTERNET/WEB  | \$  | \$  | \$  |
| 9. POSTAGE & DELIVERY  | \$  | \$  | \$  |
| 10. RENT & UTILITIES   | \$  | \$  | \$  |
| 11. OTHER (Specify)  | \$  | \$  | \$  |
| 12. OTHER (Specify)  | \$  | \$  | \$  |
| 13. OTHER (Specify)  | \$  | \$  | \$  |
| 14. TOTAL EXPENSES   | \$  | \$  | \$  |

Budget must be submitted in one page. Do not modify this format

Please make sure all columns are added correctly



|                     |
|---------------------|
| For Office Use Only |
| # _____             |
| FY19                |

Organization's Full Legal Name: \_\_\_\_\_

**VI.c. FY19 Budget Narrative Summary.** Grantee must provide a budget narrative fully describing the specific costs outlined in the budget page detail.

Please explain each calculation and provide a budget narrative that is only relevant to those items for which funding is requested from the previous page (b. Expenses/Column 1.) Do not leave any blanks without an explanation. If N/A, write "N/A". If handwritten, please print legibly.

|     | Budget Category                           | Request                   | Provide a FY19 Budget Narrative. If N/A, write "N/A" (Use font size 8)  |
|-----|---|---------------------------|---|
|     |   |                           | (i.e. a.Education Coordinator \$32,640- -FT- \$17.00/hour/40 hs. \$680.00 /week x 48. Will spend XX % of his/her time supporting this program/project.) |
| 1.  | Salaries & Wages                          | \$                        |   |
|     | a.  | \$                        |   |
|     | b.  | \$                        |   |
|     | c.  | \$                        |   |
|     | d.  | \$                        |   |
|     | Salaries & Wages Subtotal                 | \$                        |   |
| 2.  | Insurance, Benefits & Other Related Taxes | \$                        |   |
| 3.  | Consultant & Professional Fees            | \$                        |   |
| 4.  | Business Travel/Transportation            | \$                        | This organization is reimbursed at \$ /mile.  |
| 5.  | Equipment (Specify)                       | \$                        |   |
| 6.  | Supplies                                  | \$                        |   |
| 7.  | Printing & Copying                        | \$                        |   |
| 8.  | Telephone/Internet/Web                    | \$                        |   |
| 9.  | Postage & Delivery                        | \$                        |   |
| 10. | Rent & Utilities                          | \$                        |   |
| 11. | Other (Specify)                           | \$                        |   |
| 12. | Other (Specify)                           | \$                        |   |
| 13. | Other (Specify)                           | \$                        |   |
| 14. | Total Expenditures                        | \$<br>Shall match request |   |

## Program Logic Model

II. h.1.

*Program Name:*

*Target Population:*

*Program Goal:*

| Inputs<br>(Resources for program) | Activities<br>(Services) | Outputs<br>(# of activities; participants) | Outcomes (How will the client change because of this program?) |              |             |
|-----------------------------------|--------------------------|--|--|--------------|-------------|
|                                   |                          |  | Initial  | Intermediate | Longer-Term |
|                                   |                          |  |  |              |             |

## Outcomes Measurement Framework

II.h. 2.

*Program:*

*Target Population:*

| <b>Outcome(s)</b><br>(From the Program Logic Model) | <b>Indicator(s)</b><br>(How will you know (in measurable terms that the outcome was achieved?)) | <b>Benchmark</b><br>(Baseline) | <b>Data Source</b><br>(Where/how will you get the data?) |
|---|---|--------------------------------|--|
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |

## Program Logic Model

**SAMPLE:** This Sample does not need to be submitted as part of the application

**Program Name:** Safe Way for Families

**Target Population:** Families who experience Domestic Violence

**Program Goal:** Families are safe from domestic violence.

| Inputs<br>(Resources for program)  | Activities<br>(Services)   | Outputs<br>(# of activities; participants)  | Outcomes (How will the client change because of this program?)  |  |   |
|--|--|---|---|--|---|
|  |  |   | Initial   | Intermediate   | Longer-Term                                 |
| House – undisclosed location<br><br>Funding – <ul style="list-style-type: none"> <li>• Tiger Woods Foundation Grant</li> <li>• AA County</li> <li>• Fundraising</li> </ul> Partnerships – <ul style="list-style-type: none"> <li>• County Hotline</li> <li>• AA Sheriffs</li> <li>• AA Hospital</li> <li>• Humane Society</li> <li>• Community Advisory Council</li> </ul> | <ul style="list-style-type: none"> <li>• Women/children shelter</li> <li>• Case Management of shelter families</li> <li>• Pet Respite</li> <li>• Prevention Education</li> </ul> | 45 families sheltered/year<br><br>1825 family shelter days/year<br><br>900 referrals for community services<br><br>600 pet days/year<br><br>100 psycho-social groups/ year in shelter | Families have safe alternative housing to avoid violence.<br><br><br><br><br><br><br><br><br><br>Families are not deterred from seeking safety by concern for their pets. | Families have access to healthcare, employment and schools | Sheltered women avoid violent relationships |

## Outcomes Measurement Framework

**SAMPLE:** This Sample does not need to be submitted as part of the application

**Program:** Safe Way for Families

**Target Population:** Families who experience Domestic Violence

| <b>Outcome(s)</b><br><i>(From the Program Logic Model)</i>               | <b>Indicator(s)</b><br><i>(How will you know, in measurable terms, that the outcome was achieved?)</i>                                       | <b>Benchmark</b><br><i>(Baseline)</i>  | <b>Data Source</b><br><i>(Where/how will you get the data?)</i> |
|--|--|--|---|
| Families have safe alternative housing to avoid violence.                | Safe shelter beds are available within 24 hours to at least 90% of DV families seeking shelter.  | In 2004, beds were available within 24 hours to 85% of DV families seeking shelter.                        | Police reports, hotline logs, shelter records                   |
| Families are not deterred from seeking safety by concern for their pets. | 10% or fewer DV complainants cite concern about pets as the reason for staying in violent home.  | New outcome. In 2004, 28% of DV complainants cited concern about pets as the reason for declining shelter. | Police reports.   |
| Families have access to healthcare, income and schools                   | Within 30 days of admission, at least 60% shelter families have established healthcare, children's school enrollment and a source of income. | In 2004, 52% of families had healthcare, income and school enrollment by the 30 day milestone.             | Case management records, proof of income documents.             |
| Sheltered women avoid violent relationships                              | At least 90% of families report at discharge that they are moving to a violence-free home.   | In 2004, 92% of families reported at discharge that they were leaving for a violence-free situation.       | Discharge records.  |

**FY19 NON-CAPITAL GRANT APPLICATION****CHECKLIST & Required accompanying documents**

Use this checklist to assist you in preparing the right application. Please make sure it is complete before submission by checking the boxes to indicate that you have included the following required documents, even if you provided them in previous years. **Be advised that all items listed in this checklist must be included in your application.** One (1) copy of each of the following materials is required.

**Very Important: The organization must show the same full legal name in all required documents.**

- The **original** FY19 grant application with **original** signature **and** accompanying documents.
- One (1) complete copy** of the grant application and accompanying documents.

Accompanying Documents with the original grant application: (Include one (1) copy each).

- A. Federal Tax-Exempt IRS Determination Letter** - Copy of most recent IRS determination letter under Section (501(c)(3) indicating evidence of tax-exempt status.
- C. Good Standing Status** – Check to ensure your organization is currently in good standing with the State Department of Assessment & Taxation (SDAT).
- D. 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.
- E. Organization's By-Laws.** Include a copy.
- F. Organization's Mission Statement.** Include the Mission Statement.
- G. Board of Directors/Trustees List** – Include a list of your organization's Board of Directors/Trustees, including names and individual terms of office.
- H. 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.
- I. Job Description** - Include a Job Description for each position you are requesting support. (Attachment G.)
- J. Conflict of Interest**-Include a copy **of your organization's** written Conflict of Interest's policy and procedures
- K. Facts Sheet on Insurance Requirements.** Check *N/A* (on a grant less than \$15,000) or *Section D-is Marked* on second page (on a grant more than \$15,000).
- L. Letter of Support**- Include one (1) **Letter of Support** with **original signature** from a partnering organization.

- *This grant application, along with all accompanying documents, must be submitted by the deadline.*
- *Application will be denied based on incomplete application materials and failure to follow application guidelines.*
- *Submission does not guarantee approval.*
- *Do not submit additional information that is not specifically requested.*

*Please keep a copy of this grant application and supporting documents for your reference/files.*

FY18 Grant Applications Deadline:

**June 15, 2018**

**12 noon**

Submit this application to:

Lisa DiGiacinto, Business Administrator

Department of Recreation and Parks

1 Harry S Truman Parkway

Annapolis, Maryland 21401



Office of the County Executive

Department of Recreation and Parks Community Support Grants  
Fiscal Year 2018

## Insurance Requirements

For **Awarded** Organizations

### Non-Capital Grant:

Non-Capital Grant provides funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.

| Grant Type  | Grant Award    | Certificate of Liability Insurance Required | Good Standing Status Required |
|-------------|----------------|---|-------------------------------|
| Non-Capital | Up to \$15,000 | NO  | YES                           |
| Non-Capital | + \$15,000     | YES   | YES                           |

Non-Capital Grants **more than \$15,000** would require the following evidence of liability insurance, while the grant agreement is in effect:

For grants more than \$15,000, mark appropriate box in Section D- (Second Page) of this document.





## Insurance Requirements for Awarded Organizations

### Non-Capital Grants:

Non-Capital Grants provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.

| Grant Type  | Grant Award    | Certificate of Liability Insurance Required | Good Standing Status Required |
|-------------|----------------|---|-------------------------------|
| Non-Capital | Up to \$15,000 | NO  | YES                           |
| Non-Capital | + \$15,000     | YES   | YES                           |

Non-Capital Grants **more than \$15,000** would require the following evidence of liability insurance, while the grant agreement is in effect:

- *Commercial General Liability Insurance.*
- *Workers' Compensation Insurance.*
- *Business Automobile Liability Insurance.*
- *Directors and Officers Liability Insurance.*

**When awarded,** Grantee shall comply with the insurance requirements in the grant agreement governing the county funds and provide an active Certificate of Liability Insurance, evidencing type of insurance, effective and expiration dates and the coverage limits.

Grantee's insurance agent should be able to provide Grantee with the type of insurance required on Section 20 of Grantee's grant agreement.

**Important:** If Grantee cannot provide **complete** evidence of the insurance required, Grantee shall not submit a certificate of liability insurance *without first contacting his/her Grants Administrator to receive further instructions.*

### Section A-Type of Insurance-Coverage Limits

**Important:** Grantee shall purchase and maintain the following policies while the FY19 Agreement (July 1, '18 to June 30, '19) is in effect:

- Commercial General Liability Insurance*, at least \$1,000,000.
- Business Automobile Liability Insurance*, at least \$1,000,000.
- Workers' Compensation Insurance*, at least \$500,000 each accident, \$500,000 each employee disease, and \$500,000 disease policy limit.
- Directors and Officers Liability Insurance*, minimum coverage limit of \$1,000,000.

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Organization's Full Legal Name

### Section B- The Insured

**Full Legal Name of the Organization** awarded shall be printed as it appears with the Maryland State Department of Assessments and Taxation.

### Section C- Additional Insureds

The Insurance Certificate must name “*Anne Arundel County, Maryland, its servants, agents & employees.*” as additional insureds.

### Section D- To Determine Insurance Compliance

For a Grantee whose grant agreement requires evidence of insurance:

Can you provide **complete evidence of the insurance required**? Please mark the appropriate box.

Yes. Go to Sections F. & G. to receive complete information on the insurance process.

No. Continue with Section E.\*\* below.

**Important:** *Section E-* marked with \*\* is for Grantee who **cannot provide evidence of a particular type of insurance coverage.**

### Section E- Waiver Request Process\*\*

A request for a waiver for not carrying a specific type of required insurance must be made on official letterhead to the Grants Administrator, 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 from the county’s Office of Risk Management, Grant Administrator will inform Grantee of the approval or denial of a waiver request, or request additional information or documentation as necessary.

**Note:** Grantee shall not submit a certificate of liability insurance with incomplete evidence of the insurance required *without first contacting his/her Grants Administrator to receive further instructions.*

### Section F- Change in Coverage

**Important:** The certificate shall provide that the county be given *at least 30 days* written notice prior to any cancellation, intention not to renew, or material change in coverage. Grantee shall notify his/her Grants Administrator immediately on any issues related to this certificate.

### Section G- Contact Information

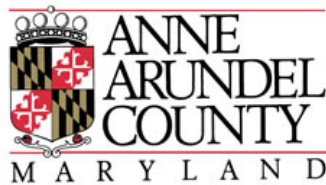
(Name of Grants Administrator)

(Address)

(Phone Number)

(Email Address)

***Do not include in the application***



*Do not include in the application*

## **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.**

(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)