

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

## **FY 2019 Application Packet**

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



## TABLE OF CONTENTS

<b>Guidelines and Instructions .....</b>	<b>2</b>
<b>Application .....</b>	<b>4</b>
<b>Attachment Checklist.....</b>	<b>13</b>
<b>Exhibits .....</b>	<b>14</b>



## MARYLAND LIVE! CASINO LOCAL DEVELOPMENT COUNCIL

### FY 2019 COMMUNITY GRANT APPLICATION GUIDELINES & INSTRUCTIONS

*Please read these 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. 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. 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 to \$40,000. Please note organizations who have received VLT funds for the last three consecutive fiscal year (FY 2016, 2017, and 2018) are NOT eligible to apply for funds this year. **Community Grant applications must be submitted by 4:00pm on Friday, January 26, 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:

Jack Patterson, Development Assistant  
Arundel Community Development Services, Inc.  
2666 Riva Road, Suite 210  
Annapolis, MD 21401
    - (ii) one (1) electronic copy to [jpatterson@acdsinc.org](mailto:jpatterson@acdsinc.org) with "FY 19 LDC Grant- [YOUR ORGANIZATION NAME]" in the subject line.
- II. All applicants must describe in their application how the program/project will benefit the community and residents within a three mile radius of the Maryland Live! Facility.
- III. All applicants must include evidence of their tax exempt status with their application. If your organization is a nonprofit, please include a copy of your IRS tax exempt letter. If you are a community organization (e.g. HOA, Condominium Association) please include a copy of your most recent federal tax return (federal form 1120-H).

- IV. Be sure to indicate on the application for which grant type you are applying (Invitation or Community Grant).
- V. Applicants may apply for any of the following types of grants:
- A. **General Operating Support.** If you are applying for funds to pay for basic operating costs, whether for a new or existing program, your application must demonstrate how the grant will help build capacity, increase your impact and /or help your 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 you are applying for funds to purchase equipment or supplies, your 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.
- VI. If your program/project requires additional funding other than VLT funds to be completed or successful, application should demonstrate that they have secured at least 50 percent of funding needed to complete the project/program.
- VII. In making the awards, the LDC is often unable to meet the entire grant request. Your application should describe how you will prioritize the expenditure of LDC funds if the full amount you requested is not awarded.
- VIII. 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 21<sup>st</sup>, 2018
    - April 18<sup>th</sup>, 2018
    - May 16<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.

- C. After the presentations, the full LDC will make final recommendations about each award and funding amount. The LDC reserves the right to reject applications that do not include all required documents and information, as well as those that are deemed non-responsive to LDC area needs.
- D. LDC recommendations for grant awards will then be reviewed and confirmed by the County Executive.
- 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 your organization's responsibilities and a payment schedule for your award. ACDS staff will contact you to begin processing your grant award, and funds for complete applications should be available by August 31, 2018, assuming all required documents have been submitted and a grant agreement has been executed.

Questions? Please contact Jack Patterson from ACDS at 410-222-3236 or [jpatterson@acdsinc.org](mailto:jpatterson@acdsinc.org).

**LOCAL DEVELOPMENT COUNCIL  
VIDEO LOTTERY TERMINAL GRANT  
FY 2019 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 19: \$ \_\_\_\_\_**

## **I. Project Category**

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

General Operating Support – Support for the basic operations of your 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 your 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 your 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 your request is over \$40,000, also complete Budget Form E.)

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 your eligibility for this grant. If you cannot check either box, you are not eligible for VLT funds.

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

**Community Association** as evidence by your organization’s filing of an 1120-H tax return.

If you are applying for a Community Grant, you are not eligible to apply if you have 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 classes to ten individuals living in a homeless shelter, to gain knowledge, learn to live within a budget, and having increased financial stability to obtain housing on his/her own.”). If your organization is applying for general operating support, describe how to funds will help the organization build up their capacity, increase impact, and operate more effectively and efficiently. Be specific.

**B. Population Served/Outcomes.** Describe the population and the geographic area you 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?

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 your proposed program/project/activities and how your program will meet a community need. Describe how the general operating costs/specific program or project will help you meet this community need.

## IV. Program/Project Design

**A. Timeline.** Give a timeline for implementation of the program/project for which you are 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 your grant budget are of the highest priority. Indicate whether or not you will be able to carry out your program or project if your request for LDC funds is only partially funded. Describe how you 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.

## 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 2019 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 2018
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			\$	\$	
Budget Category EXPENSES			<b>THIS REQUEST**</b> How Anne Arundel County funding will be used?	Total FY 2019 Expenses for this Program/Project Budget	Indicate if the funding is in hand, committed or an application is pending
1. Salaried & 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			\$	\$	
2. Insurance, Benefits, & Other Related Taxes			\$	\$	
3. Consultants and Professional Fees			\$	\$	
4. Business Travel/Transportation			\$	\$	
5. Equipment (Specify)			\$	\$	
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			\$	\$	

**B. Narrative**

Complete this form if you are requesting funds VLT funds for any category listed below. 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".

**Budget Form B**

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

C. Equipment

Use this form if requesting VLT funds for purchasing equipment only. If Item Number 5-Equipment was filled out in either Budget Form A and/or B, provide a detailed description of the equipment to be purchased using VLT funds, including all estimated costs.

**Budget Form C**

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

**D. 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 D**

SOURCE OF ALL FUNDS RELATED TO YOUR FACILITY IMPROVEMENTS	<b>THIS REQUEST**</b> **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 2018
2. Foundations	\$	\$	
3. Corporations	\$	\$	
4. Individual Contributions	\$	\$	
5. Federal	\$	\$	
6. State	\$	\$	
7. In-Kind Support	\$	\$	
8. Other (Specify)	\$	\$	
9. Total Sources of Funds	\$	\$	

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	\$	\$	
9. Furnishings	\$	\$	
10. Construction Management	\$	\$	
11. Other (Specify)	\$	\$	
12. Total Expenses	\$	\$	

**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

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

### A. Conflict of Interest

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 Arundel Community Development Services, Inc.

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. 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: \_\_\_\_\_

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

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

## 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** FY19 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 [jpatterson@acdsinc.org](mailto:jpatterson@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-H 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).
- 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 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>W-9</b> (Rev. November 2017) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the          requester. Do not          send to the IRS.</b>										
<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>												
<b>2</b> Business name/disregarded entity name, if different from above												
Print or type. See Specific Instructions on page 3.	<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.											
	<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) ▶ _____		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>										
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>123 Main St.</b>		<b>Requester's name and address (optional)</b>										
<b>6</b> City, state, and ZIP code <b>Annapolis, MD 21401</b>												
<b>7</b> List account number(s) here (optional)												
<b>Part I Taxpayer Identification Number (TIN)</b> 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. <small>Note: 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.</small>												
		<b>Social security number</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
		<b>OR</b> <b>Employer identification number</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">-</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> </tr> </table>	1	2	-	3	4	5	6	7	8	9
1	2	-	3	4	5	6	7	8	9			
<b>Part II Certification</b> Under penalties of perjury, I certify that:												
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 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.												
<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.												
<b>Sign Here</b>	Signature of U.S. person ▶ <i>John Doe</i>	Date ▶ <i>1-1-2017</i>										
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <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> . <b>Purpose of Form</b> 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.												
<ul style="list-style-type: none"> <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> Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. <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>												
Cat. No. 10231X <span style="float: right;">Form <b>W-9</b> (Rev. 11-2017)</span>												

## EXHIBIT IV

### FY 2019 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 comprehensive general liability insurance coverage in an amount not less than One Million Dollars (\$1,000,000),
- 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
- Worker's 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 - Contractors and Consultants must carry comprehensive general liability insurance coverage in an amount not less than One Million Dollars (\$1,000,000),
- 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,
- Worker’s 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.