



FY 2024 Community Grants Training

December 14, 2022

AGENDA

- I. Welcome and Introductions
- II. LRCIF Grant Eligibility and Strategic Priorities
- III. Application Process
- IV. Grant Requirements- once funds have been awarded

Arundel Community Development Services, Inc.

- ▶ Nonprofit housing & community development agency established in 1996
- ▶ Housing rehabilitation, affordable rental development, housing counseling, financial empowerment, accessibility modifications, public facilities, and energy & weatherization improvements
- ▶ Experienced grant administrator & manager of capital projects



LRCIF Community Grants

- ▶ Laurel Race Course Impact Fund (LRCIF) Community Grants are funded through fees and taxes generated from the operation of the Laurel Race Course.
- ▶ The amount available varies each year depending on revenues. Last year, the LRCIF awarded \$332,000 in Community Grants.
- ▶ Awards are typically for between \$10,000 and \$50,000, and requests should be for a minimum of \$10,000

Eligible Grant Applicants

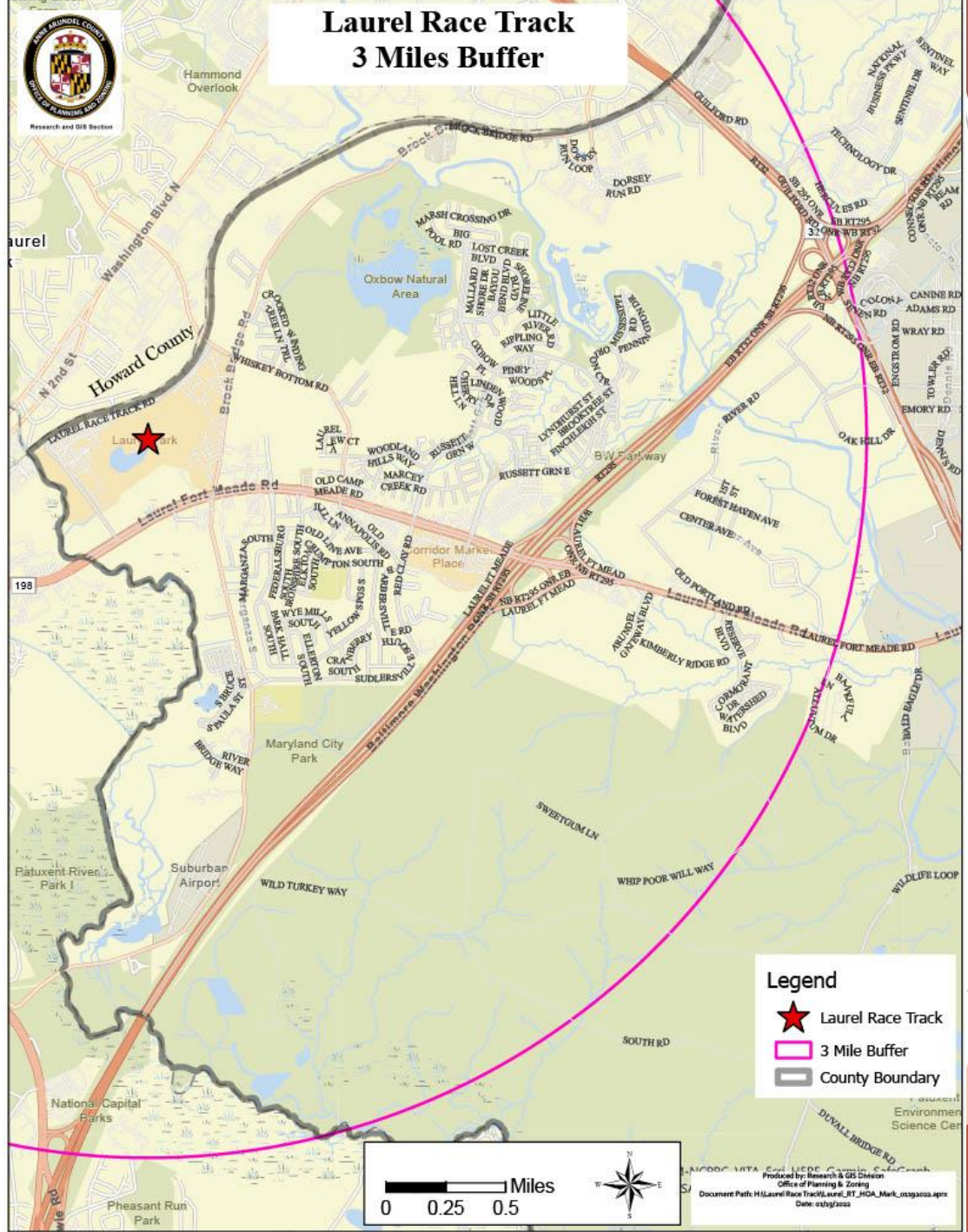
- ▶ **Applicant organization must have must have 501(c)(3) or 501(c)(4) status (Nonprofit)**

AND

- ▶ Located in Anne Arundel County within 3 miles of the Laurel Race Course. *Applications from organizations outside the three mile radius will be considered if they demonstrate significant impacts for those who live and work within the 3 mile area.*



Laurel Race Track 3 Miles Buffer



Legend

- ★ Laurel Race Track
- 3 Mile Buffer
- County Boundary

Miles

0 0.25 0.5

Produced by: Research & GIS Division
Office of Planning & Zoning
Document Path: H:\Laurel Race Track\Laurel_Race_Track_Map_03092020.aprx
Date: 03/09/2020

Eligible Activities

- Grant funding can be used to purchase equipment, related supplies, or to make small capital improvements such as renovation, remodeling, or restoration/beautification of buildings or public community spaces.
- Funding can be used to expand existing services or pilot test new programs, but CANNOT be used for general or recurring operating expenses.



Application Review Criteria

Funding decisions are made based on, but not limited to, the following criteria:

- ▶ Program/project is responsive to specific problems or needs of communities in Anne Arundel County within three miles of the Laurel Race Course. Organizations that provide services beyond the three mile radius MUST demonstrate how funds will be used in the target communities.
- ▶ Demonstrated need for the program/project.
- ▶ Organizational capacity and previous grant management experience.
- ▶ Community support for the project.
- ▶ Completeness and clarity of grant application form.

LRCIF Grant Timeline

FY 2024 LRCIF Grant Applications are available now on our Neighborly Portal

January 17, 2023

Community Grant Applications due to ACDS

February 2023

Advisory Committee reviews applications and invites selected Community Grant applicants to make presentation at the February Committee meetings (Feb. 21, 22 @ 7pm, virtual)

March 2023

LRCIF Advisory Committee makes final Community Grant award Recommendations to County Executive

June 2023

FY 2024 Budget approved by County Council, applicants notified of award decisions

Summer 2023

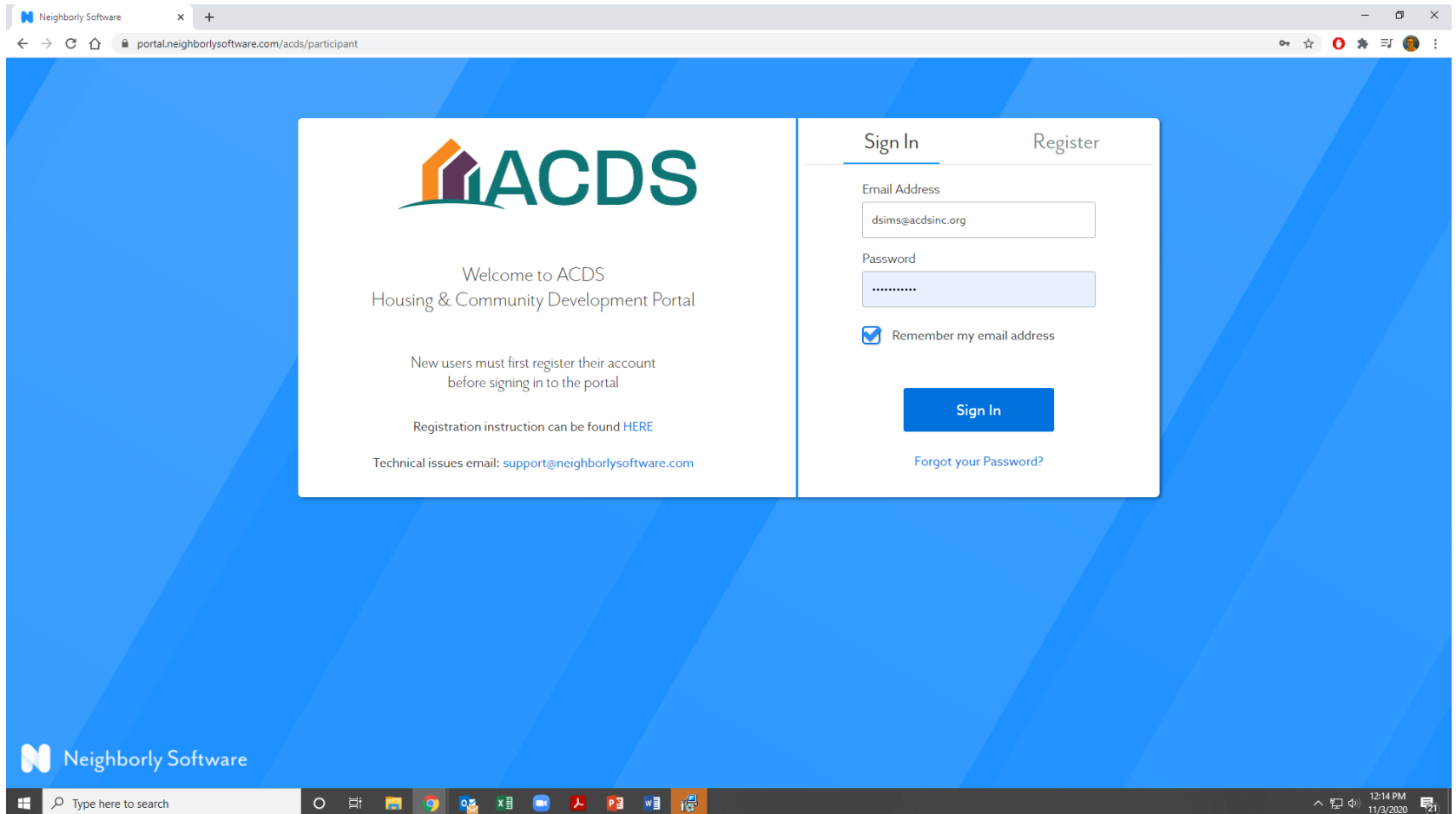
Grantees meet final grant award requirements and execute award agreements

FY2024 awards will be for grant terms of July 1, 2023 – June 30, 2024.

Grantees should not expend funding until agreements are executed by both parties and they speak to their ACDS grant manager.

Application Process

This year, all applications will be submitted through ACDS's Neighborly Portal. <https://portal.neighborlysoftware.com/acds/participant>



The screenshot shows a web browser window with the URL portal.neighborlysoftware.com/acds/participant. The page features a blue background with a white central box containing the ACDS logo and login/register options. The ACDS logo consists of a stylized house icon in orange and purple, followed by the text "ACDS" in green. Below the logo, the text reads "Welcome to ACDS Housing & Community Development Portal". A message states: "New users must first register their account before signing in to the portal". A link for registration instructions is provided: "Registration instruction can be found [HERE](#)". A technical issues email is listed: "Technical issues email: support@neighborlysoftware.com". On the right side of the white box, there are two tabs: "Sign In" (selected) and "Register". Under the "Sign In" tab, there are input fields for "Email Address" (containing "dsims@acdsinc.org") and "Password" (masked with dots). A checkbox labeled "Remember my email address" is checked. A blue "Sign In" button is below the password field. A link "Forgot your Password?" is at the bottom right of the sign-in section. The "Register" tab is also visible. The browser's address bar and various icons are visible at the top. The Windows taskbar is at the bottom, showing the search bar and several application icons. The system clock in the bottom right corner indicates 12:14 PM on 11/3/2020.

Neighborly Software

portal.neighborlysoftware.com/acds/participant

ACDS

Welcome to ACDS
Housing & Community Development Portal

New users must first register their account
before signing in to the portal

Registration instruction can be found [HERE](#)

Technical issues email: support@neighborlysoftware.com

Sign In Register

Email Address
dsims@acdsinc.org

Password
.....

☒ Remember my email address

Sign In

[Forgot your Password?](#)

Neighborly Software

Type here to search

12:14 PM
11/3/2020

GRANT REQUIREMENTS

The background features abstract geometric shapes in various shades of orange and brown, creating a modern, layered effect. The shapes are primarily located on the right side and bottom of the frame, with some extending towards the center. The overall aesthetic is clean and professional.

Going Under Agreement

- ▶ Required documents
 - ▶ Current Insurance certificate
 - ▶ Comprehensive General Liability: \$2 million general aggregate, \$1 million per occurrence
 - ▶ Auto - \$1 million combined single limit
 - ▶ Workers' Comp
 - ▶ *Note: You may request a waiver for Auto, Workers' Comp, as applicable*
 - ▶ Updated budget
 - ▶ Direct deposit forms
 - ▶ Authorized signatory confirmation
 - ▶ Signed, executed agreement

Insurance Requirements

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE [MM/DD/YYYY] 08/08/2019						
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER [Redacted] [Redacted] [Redacted]		CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL: ADDRESS:		INSURER(S) AFFORDING COVERAGE						
INSURED [Redacted] [Redacted] [Redacted]		INSURER A: [Redacted] INSURER B: [Redacted] INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]						
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSUR LTR	TYPE OF INSURANCE	ADD. RISK	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	ACP BPOM 5113143815	03/13/2019	03/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) [Redacted] MED EXP (Any one person) [Redacted] PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD AGG \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PERIOD <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:									
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS X Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos					X	ACP BAF 5113143815	03/13/2019	03/13/2020	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAMS-MADE <input checked="" type="checkbox"/>					X	ACP CAF 5113143815	03/13/2019	03/13/2020	EACH OCCURRENCE \$ [Redacted] AGGREGATE \$ [Redacted] \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/ADMINISTRATOR/CLERICAL (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ACP WC 5113143815	03/13/2019	03/13/2020	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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 Corporation whom shall be named as an additional insured in all insurance policies on a primary basis.									
CERTIFICATE HOLDER			CANCELLATION							
ARUNDEL COMMUNITY DEVELOPMENT SERVICES INC 2666 RIVA ROAD STE 210 ANNAPOLIS MD 21401			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [Redacted]							

Capital Project Additional Insured

POLICY NUMBER: 1902X0036

BUSINESSOWNERS
BP 04 50 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Invoicing

- ▶ ***IMPORTANT: Do Not Start Spending money until you are under contract and you have talked to your grant rep about how to invoice***
- ▶ All invoicing will be completed in your Neighborly portal
- ▶ Awards are paid out on a **reimbursement basis (except some Capital projects)**
- ▶ ACDS strives to make payment within 30 days of receipt of a **complete** invoice
 - ▶ Signed Cover letter
 - ▶ Summary of expenses
 - ▶ Documentation of expenses (receipts, timesheets, payroll, etc.)

Reporting

- ▶ Program/Project Grants
 - ▶ Quarterly Reports & Final Report
 - ▶ Financial Review – Independent review of the organization finances as a whole
 - ▶ Monitoring – contact Tracey Mullery, tmullery@acdsinc.org, to schedule a monitoring visit during program implementation
 - ▶ Pictures!
- ▶ Capital Grants
 - ▶ Capital Grants – site inspection
 - ▶ Final Report
 - ▶ Pictures!

QUESTIONS

Public Service - Tracey Mullery,
tmullery@acdsinc.org