

## Program Description

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Case Id: 107943

Name: FY24 LDC Application - LFY2024

Address: \*No Address Assigned

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### Program Description

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Please review the following information



### Local Development Council Video Lottery Terminal Grant FY 2024 Community Grant Guidelines & Application

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

#### OVERVIEW

Community 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 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 2021, 2022, and 2023) are NOT eligible to apply for funds this year.

**Community Grant applications must be submitted by 11:59pm on Monday, December 19, 2022.**

#### GENERAL INFORMATION

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

- **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.
- **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.
- **Equipment and Supplies.** If the 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.
- **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.

**NOTE: Grantees must follow an ACDS approved procurement process. Do not procure equipment or construction work you plan to fund with LDC funds prior to your award.**

## STRATEGIC PRIORITIES

All applicants must describe in detail how the program/project will benefit the community and residents within a **three-mile radius of the Live! Facility** ([3-MILE RADIUS MAP](#)), and how it relates to the following LDC funding priorities:

- **Supporting human services for success**
- **Beautifying and revitalizing communities**
- **Enhancing educational outcomes.**

A more detailed description of these priorities is attached as [Exhibit V](#).

## REVIEW PROCESS

The grant review process will proceed as follows:

- Grant applications will initially be screened for compliance by ACDS staff, then reviewed by the LDC Grant Subcommittee. Incomplete grant applications will not be considered, nor will any applications submitted after the deadline.
- Grant finalists who are selected by the LDC Grant Committee may be asked to make an in-person or virtual presentation to the entire LDC.  
No more than 5 minutes will be allotted for the presentation, and PowerPoints should be limited to no more than 10 slides. *If you have previously received LDC funding, be sure to list the results and outcomes you have achieved.*
- The LDC will make final recommendations for each award and funding amount.
- LDC recommendations for grant awards will then be reviewed, considered and approved by the County Executive as part of the Anne Arundel County FY 2024 budget.
- All applicants will be notified in writing of grant decisions sometime in June or July.

## FULL PROGRAM DESCRIPTION

Please [CLICK HERE](#) to download a copy of the full program description.

☐

I acknowledge that I have clicked the above link and reviewed all program documentation.

Questions? Please contact Laura Shaffer from ACDS at 410-222-3964 or [lshaffer@acdsinc.org](mailto:lshaffer@acdsinc.org)

## A. Contact Information

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### A. Contact Information

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Please provide the following information.

#### AGENCY INFORMATION

A.1. Full Legal Name of Organization (as shown in Articles of Incorporation)

A.2. Year Founded

A.3 Name of Program/Project for which you are applying

A.4. Address

A.5. Employer Tax ID#

A.6. Website

A.7. Did you receive funding in previous Fiscal Years?

If Yes, when? FY

A.8 Amount of Funds Requested for FY 2024

\$0.00

#### AUTHORIZED SIGNATORY (PLEASE PROVIDE EVIDENCE IN THE REQUIRED DOCUMENTS SECTION)

A.9. First Name

A.10. Last Name

A.11. Title

A.12. Phone

A.13. Email

#### PRIMARY CONTACT

A.14. First Name

A.15. Last Name

A.16. Title

A.17. Phone

A.18. Email

## B. Project Category

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### B. Project Category

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

☐ **Capital Grant – Provide funding to non-profit organizations or community associations to make physical or capital improvements such as renovation, purchase/installation of fixed equipment, remodeling, or restoration of a building. (Complete “Capital Projects” portion of the attached Budget.) Attach estimate of project costs to the budget. The estimate should be from a qualified vendor/contractor and/or should demonstrate how you arrived at the cost estimate. Describe briefly (100 words or less) how Local Development Council Grant funds will be used:**

☐ **Non-Capital Grant – Provide funding to non-profit organizations to help build their capacity, increase their impact and operate more efficiently and effectively to improve and enrich the lives of residents and communities within the LDC’s target area. (Complete “Program, Operating, Equipment” portion of the attached Budget.)**  
**Select One**  
  
**Describe briefly (100 words or less) how Local Development Council Grant funds will be used:**

## C. Eligibility & Priorities

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### C. Eligibility & Priorities

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Please provide the following information.

#### ELIGIBILITY

CHECK ALL THAT APPLY. THIS ORGANIZATION:

- ☐ is a non-profit, tax-exempt, as defined under section 501(c)(3) of the United States Internal Revenue Code
- ☐ is in Good Standing with MD State Department of Assessment & Taxation (SDAT)
- ☐ is located in or provides a service to the residents in the vicinity (3 mile radius) of Live! Casino ([3-MILE RADIUS MAP](#))
- ☐ has filed IRS Form 990 and/or has audited financials in FY22
- ☐ has an established and active Board of Directors

#### LDC STRATEGIC PRIORITIES ([EXHIBIT V](#))

CHECK ALL THAT APPLY. THIS ORGANIZATION:

- ☐ provides a human service to help people residing in the LDC target area to succeed
- ☐ beautifies and/or revitalizes communities in the LDC target area
- ☐ enhances educational outcomes for students in the LDC target area

## D. Equity, Diversity and Inclusion

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### D. Equity, Diversity and Inclusion

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Please provide the following information.

#### What are equity, diversity and inclusion?

**Equity:** Recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equitable outcome.

**Diversity:** Socially, it refers to the wide range of identities. It broadly includes race, ethnicity, gender, age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, veteran status, physical appearance, etc. It also involves different ideas, perspectives and values.

**Inclusion:** The act of creating an environment in which any individual or group will be welcomed, respected, supported and valued as a fully participating member. An inclusive and welcoming climate embraces and respects differences.

**D.1. Does your organization consider equity, diversity and inclusion (EDI) when designing, implementing and evaluating your programs? If so, how?**

**D.2. Would you like access to additional resources or training related to EDI?**

## E. Program/Project Information

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### E. Program/Project Information

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Please provide the following information.

#### PROGRAM INFORMATION

**E.1. 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.

**E.2. 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 Local Development Council's Priorities?

**E.3. Population Served.** Describe the population and the geographic area the organization will serve. Area should generally be within a three-mile radius of the Live! Facility. If your program also impacts beneficiaries outside of the three-mile radius, what percentage of beneficiaries reside within three-mile radius?

**E.4. Number of individuals or households expected to benefit from, or be served by this request.**

**E.5. Specific Location of Project.**

## F. Program/Project Design

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### F. Program/Project Design

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Please provide the following information.

#### F.1. Goals, Objectives, Outcomes, Impacts

Please use the chart below to describe one-three goals, objectives, outcomes and expected impacts of your program. Explanation of each term, as well as examples of how to write them, are available below.

**Goal:** A broad statement about the long-term expectation of what should happen as a result of your program. Our aim is to reduce student school absences to below the national average by SY 2024-2025.

**Objective:** Statement describing the results to be achieved, and the manner in which they will be achieved. Is tied directly to one of your goals.

By SY 2023-2024, we will implement our Family Support Program at 50% of the elementary schools in the Meade Cluster.

**Outcome:** Specifies a change that has happened as a result of your intervention.  
5 elementary schools implemented the Family Support Program as of SY 2023-2024.

**Impact:** The broader changes in a community as a result of multiple outcomes.  
Student absence rates have reduced by 10% between SY2022-2023 and SY2023-2024.

**NOTE:** Each goal may have multiple objectives, outcomes, impacts.

Goal	Objective	Outcome	Impact
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#### F.2 Challenges

Describe any potential challenges you may encounter and alternative approaches and solutions to these challenges.

#### F.3 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.

#### F.4 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 funds is only partially funded. Describe how the organization would address the challenge of partial funding.





## G. Partnerships & Community Support

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### G. Partnerships & Community Support

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Please provide the following information.

**G.1. Collaborative projects are preferred, but are not required for funding. List the partner organizations involved with the proposed project, if applicable. Describe their involvement and the type of resources/support they will provide to this particular project. Include in this application one (1) Letter of Partnership validating the collaboration with original signature from a partnering organization, if applicable.**

A Letter of Support from an agency, organization, community and/or other entity demonstrating support and indicating there is a need for your program or project is required. For programs that work to meet the LDC's priority to improve education in the area, you must submit a letter of support from a member of the administration of the school or schools that you are serving.

**\*\*\*IMPORTANT:** If this grant request supports an AACPS school or program, please contact Chuck Yocum, Senior Manager of Business and Community Partnerships, at 410-691-2094 or cyocum@aacps.org to discuss prior to submitting the application.

Any AACPS school or organization submitting a grant request on behalf of a school (i.e. PTA, Athletic Boosters, etc.) must follow the AACPS Grant Process, including completing the Intent to Apply form. A completed copy of the Intent to Apply form, available below, must be attached. \*\*\*

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### Documentation

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☐ Letter of Partnership validating the collaboration with original signature from a partnering organization, if applicable.

*\*\*No files uploaded*

☐ Letter of Support with signature from an agency, organization, community leaders and/or other entity demonstrating support and indicating there is a need for your program or project. For programs that work to meet the LDC's priority to improve education in the area, you must submit a letter of support from administration of the school or schools that you are serving. **\*Required**

*\*\*No files uploaded*

☐ [Intent To Apply Form](#)

*\*\*No files uploaded*

Printed By: Laura Shaffer on 8/10/2023



## H. Capacity and Qualifications

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### H. Capacity and Qualifications

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Please provide the following information.

**H.1. Organizational Capacity.** Please provide your organization's Mission Statement. Please also 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

**H.2. Similar Organizations.** In your geographical area, what organizations are most similar to you? Describe how this program/project differs from what they offer or how it meets a need that they cannot.

**H.3. Financial Management.** Describe the written financial management policies that your organization has in place to ensure the responsible use of grant funds.

**H.4. Procurement Policy.** Does your organization have a written, Board approved procurement policy? NOTE: If not, you will be required to create one or agree to abide by ACDS's procurement policy prior to going under agreement for Local Development Council grant funds.

## I. Program Budget

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### I. Program Budget

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Please provide the following information.

Please complete the following budget chart for this Project, including all budget items, the total budget for each item, and what funds are being requested for each line item.

#### Project Budget

Budget Item	Total Budget	Funds Requested
	\$0.00	\$0.00

Please also attach any relevant cost estimates/quotes for your program/project.



Cost Estimates

\*\*No files uploaded

## J. Leveraging & Funding

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### J. Leveraging & Funding

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Please provide the following information.

**J.1. Have you applied or do you intend to apply for funding from other sources for this project?**

Please provide a copy of any applicable commitment letters.



Commitment Letter

*\*\*No files uploaded*

**J.2. Please identify all of the sources of funds available for the Project being recommended and if the funds will be provided to the organization in the form of a loan or grant.**

Source of Funds	Grant/Loan	Status	Amount
			\$0.00

If the organization will use volunteers or in-kind contributions for this Project, please explain.

**J.3. Do you anticipate needing additional funds from the Local Development Council for this project in future years?**

## K. Required Documents

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### K. Required Documents

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Please provide the following information.

Please download and review the following Exhibits.

[Exhibit II - Good Standing](#)

[Exhibit III - Sample W-9](#)

[Exhibit VII - ACDS Procurement Policy](#)

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### Documentation

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☐ **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 \*Required**

*\*\*No files uploaded*

☐ **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 Exhibit II. \*Required**

*\*\*No files uploaded*

☐ **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. \*Required**

*\*\*No files uploaded*

☐ **Organization’s By-Laws. Include a copy. \*Required**

*\*\*No files uploaded*

☐ **Please upload the section of your By-Laws that designate the authorized signatory for your organization. If your By-Laws do not specifically designate a person/position within your organization that is authorized to sign grant-related documents, please download, complete and upload the Corporate Resolution linked [here](#). \*Required**

*\*\*No files uploaded*

☐ **Organization's Mission Statement. Include the Mission Statement. \*Required**

*\*\*No files uploaded*

☐ **Board of Directors/Trustees List – Include a list of your organization's Board of Directors/Trustees, including names and individual terms of office. \*Required**

*\*\*No files uploaded*

☐ **Financial Statements – Include previous year Financial Audit Report or federal tax returns. If your organization has both, please submit the Financial Audit Report. \*Required**

*\*\*No files uploaded*

☐ **Job Description – If you are requesting VLT funds for a staff position, include a Job Description for each position you are requesting support.**

*\*\*No files uploaded*

☐ **Conflict of Interest Policy- Include a copy of your organization's written Conflict of Interest's policy and procedures. \*Required**

*\*\*No files uploaded*

☐ **Form-W9- Signed (within the last year) Request for Taxpayer-Identification Number & Certification. Complete attached Form (Organization name on the W-9 must match the name in the Articles of Incorporation). \*Required**

*\*\*No files uploaded*

☐ **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. For programs that work to meet the LDC's priority to improve education in the area, you must submit a letter of support from administration of the school or schools that you are serving. \*Required**

*\*\*No files uploaded*

☐ **Please upload a copy of your organization's procurement policy. If your organization does not have a procurement policy, please upload a copy of ACDS's procurement policy for grant recipients, available above as Exhibit VII. \*Required**

*\*\*No files uploaded*



## Certifications

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### Submit the Application

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

By authorizing the submission of this application, I certify I have read and agree to the policies outlined in the following Exhibits:

[Exhibit I - Disclosure Protection](#)

[Exhibit IV - Insurance Requirements](#)

[Exhibit VI - Faith-Based Guidelines](#)

☐ **Conflict of Interest.** By checking this box, I agree 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.

☐ **Disclosure Protection.** By checking this box, 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 (Exhibit I)

☐ **Insurance Requirements.** By checking this box, I certify 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 term of the grant agreement as a condition of receiving the award. (Exhibit IV)

☐ **Financial Statements.** By checking this box, 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.

☐ **Faith-Based Guidelines.** By checking this box, I agree to abide by the Local Development Council's Guidelines on Funding Faith-Based Organizations & Related Activities during the terms of the agreement as a condition of receiving the award. (Exhibit VI)

☐ I am requesting for the requirement that my report be prepared by an independent auditor be waived.

**NOTE: If the organization would like to request a waiver for the requirement that the organization's audit report or financial statement 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.**

Please explain:

☐ **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.

**Authorized Personnel Signature**

*\*\*Not signed*

**Date Submitted**