



FY 2025 Community Grants Training

December 7, 2023

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 1993
- ▶ 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 \$393,000 in Community Grants.
- ▶ Awards are typically for between \$10,000 and \$50,000, and requests should be for a minimum of \$10,000

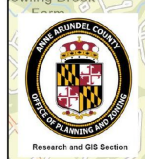
Eligible Grant Applicants

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

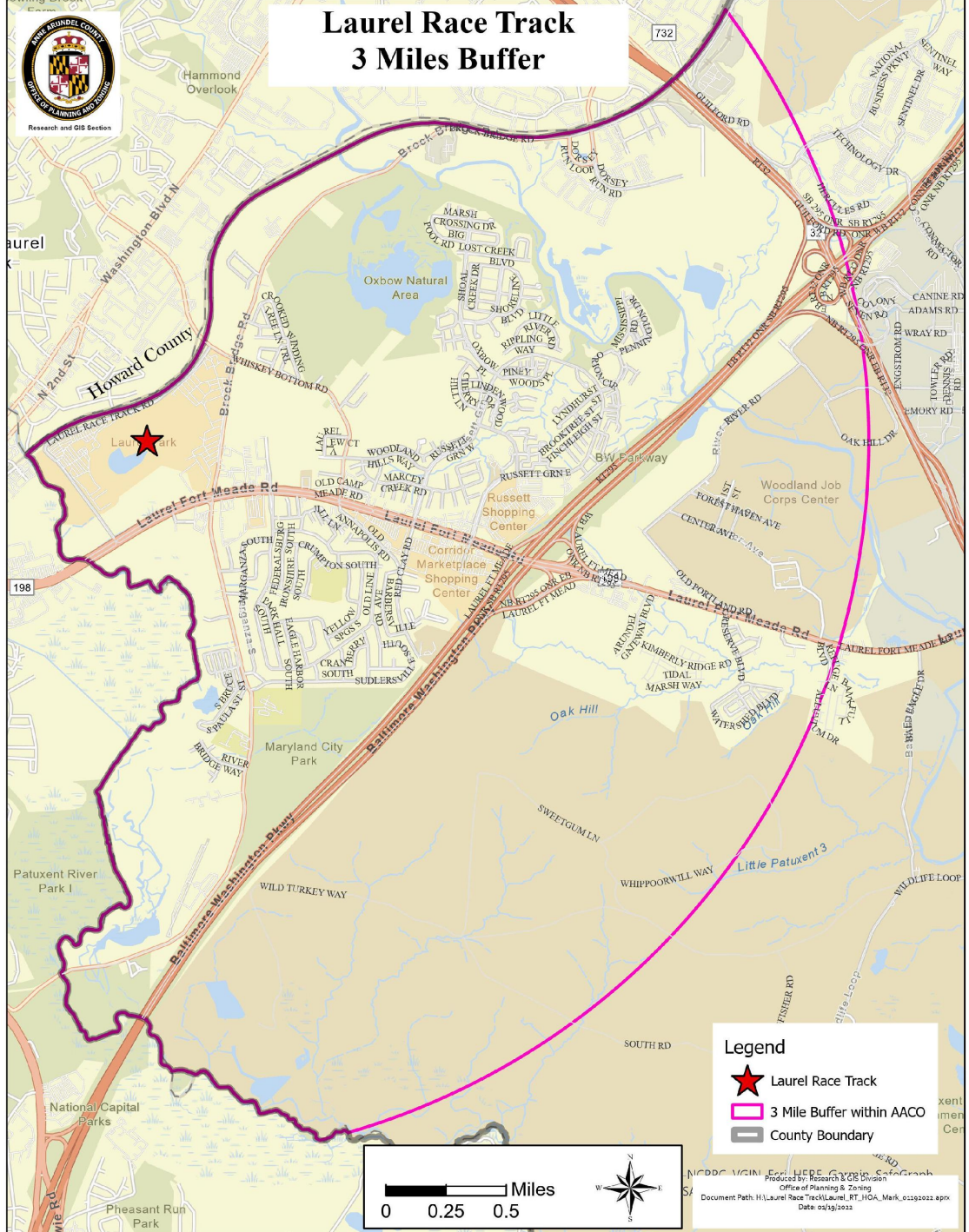
AND

- ▶ 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 three-mile area.

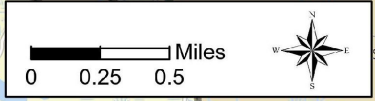


Laurel Race Track 3 Miles Buffer



Legend

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



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 for organizations located within the three-mile radius in Anne Arundel County.
- Funding can be used to expand existing services or pilot test new programs



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 – Part 1

FY 2025 LRCIF Grant Application is available now on our Neighborly Portal

Tuesday, January 16, 2024

Community Grant Applications due to ACDS

February 2024

Advisory Committee reviews applications and invites selected Community Grant applicants to make a presentation at the March Committee meetings (Monday, March 11 & Tuesday, March 19 @ 6:30 pm, virtual)

March 2024

Selected applicants will present at March Meetings. LRCIF Advisory Committee makes final Community Grant award Recommendations to County Executive

LRCIF Grant Timeline- Part 2

FY 2025 LRCIF Grant Application is available now in our Neighborly Portal

June 2024

FY 2025 Budget approved by County Council and applicants notified of award decisions.

Summer 2024

Grantees meet final grant award requirements and execute award agreements

FY2025 awards will be for grant terms of July 1, 2024 – June 30, 2025.

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

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 the ACDS logo (a stylized house icon) and the text "ACDS Housing & Community Development Portal". Below the logo, it says "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 is provided: "Registration instruction can be found [HERE](#)". At the bottom left, it says "Technical issues email: support@neighborlysoftware.com". On the right side, there are two tabs: "Sign In" (active) and "Register". The "Sign In" form includes an "Email Address" field with the value "dsims@acdsinc.org", a "Password" field with masked characters, and a checked checkbox for "Remember my email address". A blue "Sign In" button is located below the form. A link "Forgot your Password?" is positioned below the button. The Neighborly Software logo is visible in the bottom left corner of the page. The Windows taskbar at the bottom shows the search bar, taskbar icons, and system tray with the time 12:14 PM and date 11/3/2020.

GRANT REQUIREMENTS



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: [Redacted] PHONE (A/C, No, Ext): [Redacted] FAX (A/C, No): [Redacted] E-MAIL ADDRESS: [Redacted]																
INSURED [Redacted] [Redacted] [Redacted]	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A:	NAIC #	[Redacted]	[Redacted]	INSURER B:		[Redacted]	[Redacted]	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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.

INSTR. LTR.	TYPE OF INSURANCE	INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> FREQ. LIMIT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		ACP BPOM 5113143815	03/13/2019	03/13/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 OTHER \$
							AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER	X		ACP CAF 5113143815	03/13/2019	03/13/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFIT OR SHAREHOLDING EXCLUSIVE OFFICERS/MEMBERS EXCLUSIVITY (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 STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL 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 ARUNDEL COMMUNITY DEVELOPMENT SERVICES INC 2666 RIVA ROAD STE 210 ANNAPOLIS MD 21401	CANCELLATION 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]
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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 funds until you are under contract and you have talked to your grant administrator 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

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