



**Town of Bladensburg
COMMUNITY GRANT PROGRAM
Fiscal Year 2024 (FY24) Grant Application and Guidelines**

- A. For the purpose of this section, an “operating grant” shall provide support for the day-to-day costs of running the non-profit organization. A “capital grant” shall provide funds to nonprofit organizations to purchase equipment and related supplies or to make capital improvements (renovations, remodeling, etc.).
- B. Subject to the availability of funds, the Town will consider funding an operating and/or capital grant to a non-profit organization with an application submission that meets one of the following criteria:
 - 1. Provides services that sustain and empower youth, families, and individuals to move towards an improved quality of life and self-sufficiency.
 - 2. Provides programs that preserve and enhance a community’s character;
 - 3. Provides programs that contribute to a vibrant economy; or
 - 4. Promotes programs that are integral to community revitalization, economic development, and environmental sustainability.
- C. A committee shall be convened to review and evaluate applications submitted to the Town of Bladensburg.
 - 1. The Committee shall consist of the Mayor’s designated staff person, the Treasurer, the Town Administrator, and up to two at-large staff persons.
 - 2. The Grant committee will make recommendations that will be approved at the July 15, 2024, Mayor and Council Work Session and Meeting.
 - 3. Committee recommendations to the Mayor and Council will have the following order of preference:
 - a. Organizations directly serving Town residents.
 - b. Organizations directly serving Port Towns residents.
 - c. Organizations indirectly serving Town and Port Town residents.
- D. Application qualification criteria:
 - 1. Applicant shall have the administrative and financial capacity to carry out the project successfully and shall be in good standing with the Maryland Department of Taxation;
 - 2. The project shall help meet the criteria outlined in paragraph B of this section;
 - 3. The applicant shall demonstrate that the proposed activity shall provide maximum public benefit in relation to cost and
 - 4. The applicant shall demonstrate the ability to leverage additional funds.

Guidelines and Instructions

Applications must be received by **July 3, 2024, at 3:00 PM. Applications received after this date and time will not be considered, and extensions will not be permitted.**

Please submit online or by email to jamaya@bladensburgmd.gov.

Grant applications will be available for download on the Town's website at www.bladensburgmd.gov.

Please complete all forms and answer all questions in the application. The application form does not limit the number of words in each section. However, please answer the questions concisely in the space provided.

Incomplete applications will be returned to the applicant without further consideration.

Limited funding available, maximum grant funding available per requesting applicant will be up to \$2,000 based on the final FY24 approved budget.

REQUIRED DOCUMENTS

The following documents are required and must be included in all applications:

1. **Federal Tax-exempt IRS determination letter:** Copy of most recent IRS determination letter under Section 501 (c) (3) indicating evidence of tax-exempt status.
2. **Good Standing Status:** Include the most recent copy (2017) of the organization's general entity information showing that it is currently in good standing with the State Department of Assessment & Taxation (SDAT)
3. **Articles of Incorporation:** Include a copy of the Articles of Incorporation.
4. **Organizations' Bylaws:** Please include a copy of your organizational bylaws.
5. **Board of Directors:** Please list all board members and terms.
6. **Mission Statement** – Include the organization's Mission Statement.
7. **Copy of the last audit or financial statements**—If audited financials are unavailable, please provide a copy of the organization's most recent IRS 990 tax return.
8. **Organization budget for the current year:** Provide a copy of the most recent budget, including income, expenses, and debts.
9. **Form-W9:** Signed request for Taxpayer's Identification Number and Certification.
10. **Insurance Requirement:** Proof of Insurance.
11. **Letter of Support:** Include at least one (1) Letter of Support with an original signature from a community group, PTA/PTO, or church located within the radius as evidence of community need.

If this request includes partner organizations, please provide a copy of a Memorandum of Understanding, support letters, or a description of each organization's roles and responsibilities that is signed by all parties. If you have any questions or concerns, please get in touch with Jessica Amaya at 410-927-7048 or by email at jamaya@bladensburgmd.gov.



Community Grant Application
Deadline July 3, 2024
3:00 P.M.

Organization Name: _____

Executive Director/Officer _____

Address _____

Phone Number: _____ Email: _____

Federal ID# _____

Incorporation Date _____ 501 (c) (3) Registration Date _____

Project Title _____

Project Location (s) _____

Amount Requested \$ _____

RESIDENCE OF CLIENTS SERVED (*Preference will be given to agencies serving Bladensburg residents – Check all that apply*)

- ☐ Town of Bladensburg
☐ Prince George's County
☐ Port Towns (Edmonston, Cottage City, Colmar Manor)

EXECUTIVE SUMMARY - Provide a brief summary of your project. Please include the following items: the purpose of the project, the number of people living in the Town of Bladensburg to be served, and how the Town grant funds will be used.

PROGRAM INFORMATION - Describe the overall or general purpose of your agency

COMMUNITY NEED/POPULATION BEING SERVED: Describe the issue or community that need to be addressed. Provide the demographic data and geographic information used to determine the extent of the problem or the need not being addressed.

PROJECT DESCRIPTION- Please provide a detailed description of the program you are proposing. Please include the group of people you plan to serve, the number of expected participants, the activities or services you will provide, and the location of the program/project.

METHODOLOGY- Describe the methodology (or approach) for the proposed program/project, e.g., the procedures, tasks, techniques, or tools you will use to develop the program.

FUNDING SOURCES - What efforts have you made to obtain funding from other sources, including fundraising, dues, and any requests for other county/state programs?

ORGANIZATION CAPABILITIES - Describe the organization's ability to implement the program/project

IMPACT - Describe the Town funds' impact on your program/project.

Obtaining a printout of Good Standing Status
From the Maryland Department of Assessments and Taxation

The Maryland State Department of Assessments and Taxation (SDAT) website provides information about business entities.

Go to <https://egov.maryland.gov/BusinessExpress/EntitySearch>. Under “Business Name Search”, enter the name or 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 printout of entity details 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 Town of Bladensburg until the forfeiture or lack of good standing is resolved.

Attachments to be included with the Grant Application
Identify each document alphabetically

DOCUMENT CHECKLIST

Please ensure you have attached the required documents before submitting your grant application.

- ☐ **ATTACHMENT- A** – Federal Tax-Exempt IRS Determination Letter.
(The organization's Name must match the SDAT Records)
- ☐ **ATTACHMENT- B** - Good Standing Status with the State of Maryland
(The organization's Full Legal Name must match the SDAT records)
- ☐ **ATTACHMENT- C** - Articles of Incorporation
(The organization's Full Legal Name must match the SDAT records)
- ☐ **ATTACHMENT- D** - Organizations By-Laws
(The organization's Full Legal Name must match the SDAT records)
- ☐ **ATTACHMENT- E** – Board of Directors with names, addresses, and terms of office
- ☐ **ATTACHMENT- F** - Organization Mission Statement
- ☐ **ATTACHMENT-G** - Financial Statements
- ☐ **ATTACHMENT - H** – Copy of budget for the current year
- ☐ **ATTACHMENT-I** - Signed For W-9 Request for Taxpayer-Identification Number & Certification (The Organization’s Full Legal Name must match SDAT records)
- ☐ **ATTACHMENT-J** – Insurance requirements/proof of insurance
- ☐ **ATTACHMENT K** – Letter(s) of Support

CERTIFICATION

"I certify that I have reviewed this application and that, to the best of my knowledge, all statements and figures contained herein are true, accurate, and complete. If your organization does not have a Board of Directors, please indicate "NA" on the signature line and have the organization director sign.

Signature of Chief Executive Officer

Date

Print Name _____ Title _____

Address _____

Phone _____ Email _____