

MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMMUNITY SERVICES GRANTS PROGRAM
SUPPORTING EQUIPMENT AND OTHER CAPITAL PURCHASES FOR
HEALTH AND HUMAN SERVICE PROGRAMS
FISCAL YEAR 2017

GENERAL INFORMATION

Montgomery County Department of Health and Human Services is pleased to announce the availability of grants of up to \$10,000, to support health and human service projects that promote a safe, healthy and self-sufficient community. The Community Services Grants program provides one-time only grants to non-profit organizations serving Montgomery County residents. The program provides reimbursement to funded organizations for approved equipment and other capital purchases.

I. PURPOSE AND DEFINITION

Funded purchases will include capital improvements and/or equipment. Such purchases should directly contribute to the following service priorities:

- 1) **Safety net services**
- 2) **Healthy Montgomery**

Vehicles, salaries, conferences, training or operating costs, labor and/or delivery costs or funds to apply to deficits and/or losses in other funding sources are not eligible expenses under this grants program.

Grant awards are distributed via reimbursement, upon receipt of proof of payment and other required documentation verifying the purchase of approved items.

All funded programs must initiate and complete purchases between July 1, 2016 and December 31, 2016.

II. ELIGIBILITY

All not-for-profit agencies, organizations, institutions, or associations providing services in Montgomery County and incorporated under 501(c) (3) of the Internal Revenue Code, and offering health and human services activities consistent with the outcomes listed in Section I (Purpose and Definition) are eligible to apply.

In order to optimize the availability and use of funding to support this priority, organizations which have received awards under this program during fiscal years 2014, 2015 or 2016 are NOT eligible to apply for funding during the Fiscal Year (FY) 2017 award period.

III. DEADLINE AND CALENDAR

- A. **Deadline for application is 3:00 p.m. on Friday, December 11, 2015. Incomplete applications will not be considered, and will be returned to the applicant. Applications received after 3:00 p.m. on Friday, December 11, 2015 will not be accepted. To ensure fairness to all applicants, there will be no exceptions to the deadline.**
- B. **All Applications must be hand-delivered, and must be received by 3 p.m. Friday, December 11, 2015:** Deliver all applications, including requested attachments, to the following location:

Department of Health and Human Services
Office of the Director
401 Hungerford Drive, 5th Floor
Rockville, Maryland 20850
ATTN: Alma Laxa

Applications will be accepted on the 5th Floor of 401 Hungerford Drive only, and not at any other departmental office building or County location.

- C. Grant applications will be reviewed by the Department of Health and Human Services (DHHS) and funding to selected organizations will be available for use beginning July 1, 2016.

Funded projects and expenditures of monies must occur between July 1, 2016 and December 31, 2016.

IV. APPLICATION AND FUNDING

- A. Applications must be typed and submitted on the appropriate forms with the required attachments. Failure to adhere to Grants Program Guidelines or provide the required attachments will result in rejection of the application.
- B. Applicants are encouraged to identify in-kind services and or matching funds that are available and will be used to augment the proposed project.
- C. An organization may submit only one application per grant period and per organization. Only one group or organization may apply per year, including different branches, divisions, locations and/or units of same organization.
- D. Applicants must provide six (6) collated copies of the following information as attachments to their applications:
1. Proof of applicant's not-for-profit and incorporation status (IRS not-for-profit designation);
 2. Financial statement for applicant's last complete fiscal year;
 3. Complete project budget, including all needed equipment, quantities, specifications, manufacturer's details, drawings, photographs or other renderings.

4. Complete organizational budget for applicant's current fiscal year;
5. Current list of applicant's Board of Directors, including addresses and telephone numbers of each individual;
6. Grant Application Checklist, which should be attached as the cover page of each copy.

All attachments should be numbered, stapled and included in each copy of the grant application.

- E. Narrative should clearly list all proposed items to be purchased, explain nature and purpose of items, and provide brief explanation of how the proposed purchase will contribute to the outcomes delineated in Section I, Purpose and Definition.

All materials should be on 8 1/2" x 11" paper.
Do not submit in folders, plastic covers, binders, etc.

V. OTHER CONSIDERATIONS

- A. The requested award should not duplicate or supplant funding for any existing activities or efforts.

VI. SUPPORT RESTRICTIONS

- A. Grants will be awarded for projects implemented in Montgomery County only. Organizations must operate in, and provide direct service to residents of Montgomery County. Organizations may have headquarters and/or administrative offices outside of Montgomery County, so long as the organization demonstrates that client populations to be served by the award reside in Montgomery County.
- B. The program will NOT fund:
 1. Projects that have an existing deficit from a previous year or a previous project.
 2. Organizations that received previous awards, and did not comply with the terms of the award, including submission of project reports and/or participation in a monitoring visit.
 3. Projects that will require more than a one-time grant award.
 4. Projects of an ongoing nature.
 5. Projects that are implemented before the start or after the close of the granting period.
 6. Vehicles, personnel, operating or salary expenses of the organization, including training and conferences.
 7. Labor, delivery costs and related fees associated with the proposed purchase.
 8. Replacement of lost and/or reduced Federal, State, United Way or other funding.
 9. Organizations that have an outstanding contractual obligation with the Department and/or the County.

VII. EVALUATION CRITERIA

Applications will be reviewed against the following criteria:

- Applications will be judged on how well the grant funds will contribute to the outcomes identified in Section 1, Purpose and Definition.
- Requested funds must be used for a capital expenditure (renovations, equipment, or technology improvements) or purchase of goods.

- Applicants must demonstrate the proposed project will impact the priority areas, and the organization's experience, capability and strategy for implementing the proposed project.
- Applicants must demonstrate the effective use of volunteers.
- Applicants must provide a program overview which indicates how the agency's services fit into the overall health and human services delivery system of Montgomery County and maintain a funding base which does not rely solely on County grant funds.
- Applicants must demonstrate sound financial management and effective resolution of any problem identified in previous financial audits.

VIII. REVIEW PROCESS

Applications are subject to the following levels of review:

- A. Acceptance – All applications will be subject to an initial review, including:
1. Completeness of application.
 2. Legibility and clarity.
 3. Compliance with applicable guidelines, including the one-time only nature of the project.
 4. Fiscal accuracy.
- Incomplete applications will be returned to the applicant without consideration.
- B. Grants Review Panel – The Grants Review Panel includes public and private representatives. The Panel will be chaired by the Director of the Department of Health and Human Services or a designee. The Review Panel will review applications based on the Evaluation Criteria listed in Section VII.
- C. Recommendations to the County Executive – The Review Panel will present recommendations for awards to the Montgomery County Executive, who determines final approval and inclusion in the FY17 Recommended Operating Budget, based on the availability of funds. The final determination of awards is subject to County Council approval during its annual review of the FY17 budget.

IX. CONDITIONS OF AWARD

- A. Awardees will be required to:
1. Submit an organizational invoice, requesting reimbursement of funds, along with documentation confirming payment and receipt of the approved items.
 2. Assure the County that the organization is compliant with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin or handicap.
 3. Acknowledge Montgomery County in all publicity and in all promotional or informational materials used in connection with the funded project, i.e., programs, handbills, posters, radio and TV spots, etc.

4. Submit to the County within 30 days of the completion of the project, a brief (not more than 3 pages) summary of how the grant award was used and how the award contributed to the stated outcomes.
5. Assure item(s) will be used solely for purpose outlined in application for a period up to two years following the award of funds.
6. If the awardee fails to comply, the Department and/or the County may seek return of all items purchased under this award.

X. OTHER INFORMATION

- A. All questions concerning guidelines and eligibility should be directed to Montgomery County Health and Human Services well in advance of application deadline. For more information, please contact Stuart Venzke at 240-777-1211.
- B. Applicants must submit six (6) complete, collated copies of the application. Applicants are encouraged to retain one additional complete copy for their files and reference.
- C. Grant applications will be reviewed and grants announced by July 1, 2016.
- D. Grant funds will be disseminated consistent with the terms listed previously. No funds will be available prior to July 1, 2016. If your agency is funded, you are not permitted to be reimbursed for purchases made prior to July 1, 2016, even if those items are consistent with requests made in your organization's grant application.

GRANT APPLICATION

MONTGOMERY COUNTY
Department of Health and Human Services

COMMUNITY SERVICES GRANTS PROGRAM
SUPPORTING CAPITAL PURCHASES FOR
HEALTH AND HUMAN SERVICE PROGRAMS
FISCAL YEAR 2017

APPLICATION COVER SHEET

Organization/Agency Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number(s):	
Fax Number (s):	
Executive Director/CEO:	
Email address:	
Application contact (if not the Executive Director)	
Email address:	
Organizational website (URL)	
Amount of Funding Requested	

Brief summary of the request (10 sentences or less):

Submitted by an authorizing official of the organization

Signature & Title

Date

APPLICATION NARRATIVE

Please limit your narrative responses to 10 pages (not counting the attachments). Please number all pages, and ensure that the narrative and relevant attachments are included in each of the six (6) copies submitted for consideration.

1. Which priority area will be addressed by the proposed project?
 - a. Safety net services
 - b. Healthy Montgomery
2. What population will be served by the proposed project?
3. Describe your organization's mission and goals related to the priority area. Include details regarding the programs, services and populations served by your organization, and describe how these services fit into the health and human services delivery system in Montgomery County.
4. Describe the project for which these funds will be used. Clearly describe the goals, strategies and timeline for implementation, and how the proposed project will address the priority area identified in number 1.
5. List the outcomes anticipated from expenditure of these funds, and describe how your organization will measure, monitor and report these outcomes.
6. Describe how the project will expand access to and/or availability of services to the targeted population?
7. Describe how your organization will use volunteers under the proposed project (if applicable).
8. Describe new partnerships and service innovations associated with the proposed project (if applicable).
9. Describe how this funding request fits into your overall agency budget.
10. How would you implement the project with a 50% reduction in the requested amount of funding?
11. Has your organization requested funding for this project from other sources? If yes, please list other solicitations under consideration.

PROJECT BUDGET

The following budget information pertains to only the project for which you are requesting funds. This should not be your organization's total operational budget. Plans and cost estimates for renovation projects must be attached. Equipment must be delineated by the number, type and unit cost of the equipment by equipment category and attached to this page.

Organization/Agency Name: _____

Item (Description & Quantity)	FY17 Community Services Grants Requested	Organizational Contributions	Total
Total Community Grants Request		Total Costs	

ATTACHMENTS

Per guidelines, **six (6) copies** of the items listed below must be included with your application.

1. As applicable:
 - A. Proof of applicant's incorporation status issued by the State Department of Assessment and Taxation. (Application submitted to the State is not sufficient)
 - B. Proof of applicant's not-for-profit status issued by the Internal Revenue Service, Department of the Treasury. **(Application submitted to the IRS is not sufficient)**
 - C. Copy of the lease or letter from the owner of the facility approving any renovation project (if applicable).
2. Financial statement for applicant's last complete fiscal year.
3. Complete budget for applicant's current fiscal year (total organization budget).
4. Current list of applicant's Officers and Board. (If your organization acts as a subsidiary without a separate Board, include Board list of parent organization). The list must include address and telephone numbers, and tenure information.

ASSURANCES

If the grant is awarded, the applicant assures that:

1. The applicant will administer all grant funds.
2. Funds received under this grant will not be used to supplant any budgeted funds.
3. Funds received will be used solely for the documented activities and that those activities are of a one-time-only nature.
4. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
5. The applicant organization is in compliance with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

By my signature, I certify that I am officially and fully authorized by the Board of Directors to submit this request for funding and to represent the organization in this process.

Signature

Printed Name and Title

Date

MONTGOMERY COUNTY

Department of Health and Human Services

COMMUNITY SERVICES GRANTS PROGRAM SUPPORTING CAPITAL PURCHASES FOR HEALTH AND HUMAN SERVICE PROGRAMS Fiscal Year 2017

Name of Organization: _____
Funding Requested: _____

APPLICATION CHECKLIST

Please ensure the following information is included in your application:

Application Criteria	Included in the Packet?		Page #
	Yes	No	
Contact Information			
Cover page			
Complete address			
Phone number			
Fax number			
Contact person			
Executive Director			
Brief summary included			
Signature of authorized official			
Application Copies			
Six collated copies			
Checklist attached to each copy			
Other requests for funding for the proposed project			
Is there another grants program in Montgomery County government that would consider this request?			
Has your organization applied elsewhere for support of this project? If yes, where and for how much in funding?			

Location			
Is your organization located in Montgomery County?			
Please list the zip codes served by the proposed project			

Budget Information			
Complete organizational budget for the current fiscal year			
Project Budget form included			
Line item budget consistent with total dollar amount requested			

Application Criteria	Included in the Packet?		Page #
	Yes	No	
Attachments			
Assurances page is attached			
Proof of incorporation status (Articles of Incorporation Certificate issued by the State Department of Assessment and Taxation)			
Proof of not for profit status issued by the Department of the Treasury, Internal Revenue Service			
Copy of lease or letter from owner of facility approving project for renovation (if applicable)			
Certified financial statement for applicant's last complete fiscal year (copy of audit preferred)			
Current list of Officers and Board of Directors, including addresses, telephone numbers, and terms			
Application Narrative			
Application addresses all 10 narrative areas			

Applicant Certification

I attest that all of the above items/attachments have been included with this grants application. I understand that failing to provide any or all of the above documents will render this application ineligible.

_____ Signature	_____ Printed Name and Title	_____ Date
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For HHS Use Only

Application status:

_____ Complete

_____ Incomplete (date returned to applicant:_____)

Reviewer:_____ Date _____