

Program Overview

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Case Id: 100313

Name: ACDS Test - LFY2023

Address: *No Address Assigned

Program Overview

Please review the following information



Federal Public Services/Capital Application

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

Applications are due by **4:00 p.m. Monday, November 15, 2021.**

Please review all guidelines and instructions before beginning the application

- [Public Service Application Guideline and Instructions](#)
- [Capital Project Application Guideline and Instructions](#)

All activities must meet a Goal identified in our Consolidated Plan in order to receive funding. **All agencies who are awarded grant funds must show evidence that they are able to comply with requirements outlined in Exhibit III.** Please read these requirements and contact us if you have any questions prior to applying for funds.

Please mark your calendar for the following dates to be part of the Budget Process for Local Fiscal Year 2023:

1st Public Hearing – Thursday, October 28, 2021, 5:00 p.m.

- Report of prior year
- Gather Information on housing, community development, and service needs for the FY 2023 Budget Process

2nd Public Hearing – Thursday, February 17, 2022, 5:00 p.m.

Printed By: David Sims on 10/4/2021

- ACDS Staff will make FY 2023 Budget recommendations to the ACDS Board
- The public will have an opportunity to make public comments in response to the recommendations.

All meetings will be held virtually. **Please RSVP to Ms. Arica Smith at asmith@acdsinc.org or 410-222-3961** and meeting links will be provided prior to the Public Hearing. When you RSVP, please indicate if you wish to speak. Each individual or organization will be provided with two (2) minutes to make public comments if desired.

If you wish to attend and require a special accommodation (e.g. interpreter for deaf and hard of hearing or for persons with limited English proficiency) please contact ekarpewicz@acdsinc.org or 410-222-3957 not later than 7 business days prior to the public meeting.

To discuss whether a specific activity may be eligible or to learn more about the application requirements, please contact Arica Smith at 410-222-3961 or e-mail asmith@acdsinc.org. **Those submitting a new recommendation are strongly encouraged to contact us to discuss their proposal before submitting an application.**

A. Organization Information

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A. Organization Information

Please provide the following information.

ORGANIZATION INFORMATION

A1 Full Legal Name of Organization (as shown in Articles of Incorporation)

A2 Organization Address

A3 Website Address (if applicable)

A4 DUNS #

A5 Employer Tax ID#

A6. Incorporation Date:

A7. Incorporation Sate

A8. 501(C)(3) Registration Date:

CONTACT INFORMATION

A9. First Name

A10. Last Name

A.11 Contact Person Title

A12 Phone Number

A13 Fax Number

A14 Email

AUTHORIZED SIGNATORY INFORMATION

A.15. First Name

A.16. Last Name

A.17. Authorized Signatory Title

A.18. Phone Number

A.18. Email

B. Project Location and Beneficiaries

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B. Project Location and Beneficiaries

Please provide the following information.

If you are applying for funding to support a public service activity, please complete questions 1-8 in this section. If you are applying for funding for a Capital Project, please complete only questions 4-6.

B.1. Project Location

B.2 Primary service area(s) for this Project?

Service Area Map

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B.3. Is there another Project providing the same service in the same service area?

If yes, please explain why both projects are needed in order to meet a need.

B.4. How many people will directly benefit from this Project?

a. Please provide a brief narrative justification describing how you arrived at this number.

b. Of those, how many are low and moderate income?

c. What percentage of total beneficiaries are low and moderate income?

B.5. How will you document participant(s) income (if required)?

B.6. Please identify the target population that this project will serve, if applicable.

Persons who are homeless

Printed By: David Sims on 10/4/2021

Persons with physical disabilities

Persons with mental illness

Persons with HIV/AIDS

Elderly persons

At-risk children and youth

Other (please specify)

C. Executive Summary & Description of Need

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C. Executive Summary & Description of Need

Please provide the following information.

EXECUTIVE SUMMARY

C.1 Please provide a brief summary of your project. Please be sure to address the following items: the purpose of the project, how many people will be served, and how the funding will be used.

DESCRIPTION OF NEED

C.2 Describe how your project or program meets an unmet housing and community development need. Please provide census data, waiting list information, statistics and any other data that will help document the need for the activity you are recommending.

D. Project Goals

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D. Project Goals

Please provide the following information.

D.1. What is the goal of your program or activity? (Example: Increase the quality of life for residents of the targeted neighborhood through lower incidences of juvenile crime and better economic opportunities for area youth)

D.2. What strategy are you implementing to meet your goal? (Example: Provide a quality after-school program that provides safe and interesting opportunities to area youth; ensure that each participant is provided with academic assistance and/or job readiness training.)

D.3. Using this strategy described in D.2, how many outputs or people will be served? (Example: Serve 100 at risk youth per year.)

D.4. What are the program outcomes you want to achieve? (Example: 100 youth will improve academic standing and/or job readiness while the incidence of juvenile crime in the area will decrease.)

D.5. How will you measure the outcomes? (Example: Collection of school data and participant employment data via follow up survey; area crime data via the County Police Department.)

E. Organization Experience and Capacity

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E. Organization Experience and Capacity

Please provide the following information.

If you are applying for a Capital Project you may skip this section.

E.1. What is your organizations number of paid staff?

Total Full Time Staff Members

Total Part Time Staff Members

E.2. What is your organizations number of Volunteer staff?

E.3. What is your organization's current annual operating budget?

\$0.00

E.4. Please Provide the organization's major funding sources.

Source of Funding	Amount
	\$0.00

E.5. Does the organization currently receive funding, or are you applying to receive funding, through other County agencies?

E.6. If the answer to E.6 was yes, please provide the information of your funding source below.

Agency Name:

Agency Contact Person:

Amount Requested:

\$0.00

Program Receiving Funding:

E.7. Describe your organization's mission, activities currently being undertaken, and how your proposed project furthers that mission and current activities.

E.8. Describe your organization's most recent key accomplishments.

F. Sponsors

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F. Sponsors

Please provide the following information.

Please complete this section only if you are applying for a Capital Project.

F.1. Describe the capacity and experience of the project sponsor/owner and/or development team. Include similar past projects, staff resumes, financial statements for the past three years, and references.

F.2. Describe your organization's most recent key accomplishments.

G. Property Information

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G. Property Information

Please provide the following information.

Please complete this section only if you are applying for a Capital Project.

G.1. Where is the project located or to be located? (If the project is to be located at a specific location, please give the address.)

G.2. Please describe the current use of the proposed location for the project.

G.3. Is there another project providing the same service in the same service area?

G.4. If yes, please explain why both projects are needed in order to meet a need.

G.5. If the proposed project is for a specific location, do you have site control (deed, contract of sale)

G.6. If no, please describe plans for obtaining site control with an estimated date for when you plan to have site control.

G.7. If the proposed project is for a specific location, what is the current zoning for the site?

G.8. Please demonstrate how the proposed project is in compliance with local zoning codes and land use designations or describe any zoning or land use challenges currently being reviewed that may affect the project.

G.9. Have you received financing from ACDS for this project or site? Does ACDS currently have a lien on the property?

G.10. If Yes, are you current or in good standing with your loan with ACDS?

H. Project Information

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H. Project Information

Please provide the following information.

Please complete this section only if you are applying for a Capital Project.

H.1. Describe the proposed project and how the funds you are requesting will be used. (If the project involves acquisition, rehabilitation, or construction please include the type of development, the proposed structure(s), the layout of the structure, amenities, and access to public utilities. If a housing project, please describe the number and size of bedrooms/units, staffing, and services that will be provided on- and off-site to residents.)

H.2. 2. Once completed, describe how the property or project will be maintained and managed (include an estimated operating budget and how those costs will be covered).

H.3. Please give a time line for completing the proposed project including all major milestones.

I. Project Budget

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I. Project Budget

Public Service Only: 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.

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I.1. Project Budget

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

Capital Only: Complete the detailed budget below which specifically outlines the sources and uses of all project funds, and how the funds will be used to cover total project costs. Please add to the spreadsheet as necessary.

I.2. Sources and Uses

Uses: List all uses of funds for the Project such as acquisition, design, rehabilitation, etc.

Uses	Dollar Amount
	\$0.00

I.3. Sources: List all sources of funds for the Project.

Sources	Amount Requested
Total Sources for the Project	\$0.00

J. Leveraging & Funding

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J. Leveraging & Funding

Please provide the following information.

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

If no, why not?

If yes, where have you applied?

Please provide a copy of the commitment letter.

Commitment Letter

***No files uploaded*

Is the funding:

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	Loan/Grant	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 ACDS for this project in future years?

If yes, how many years do you anticipate applying for funds?

J.4. How will the project be continued in the future if federal funds are not available?

J.5. Do you have experience implementing programs with federal funds?

If yes, please describe.

J.6. What steps has the organization taken to secure other sources of funds for this Project to ensure the continuation of this Project? Provide details as to a fundraising plan to ensure the project's long term success. (Please consider any actions taken within the past five years when answering this question.)

K. Required Documents

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Please provide the following information.

Documentation

501(C) 3 documentation ***Required**

***No files uploaded*

Bylaws ***Required**

***No files uploaded*

Current list of Board of Directors ***Required**

***No files uploaded*

Current (within 6 months) Certificate of Good Standing ***Required**

***No files uploaded*

Organizational Chart ***Required**

***No files uploaded*

Evidence of Insurance ***Required**

***No files uploaded*

Current W-9 ***Required**

***No files uploaded*

Most recent Audit or Financial Statement ***Required**

***No files uploaded*

Articles of Incorporation ***Required**

***No files uploaded*

L. Application Certification & Submission

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L. Application Certification & Submission

Please provide the following information.

Fair Housing (Housing Related Public Services Only) As a recipient of federal funds being administered by Anne Arundel County, all subrecipients sponsoring housing related projects are required to promote and affirmatively market your services to ensure fair housing choice for all persons, regardless of race, color, religion, sex, familial status, disability and national origin. While exceptions may exist for programs tailored to a specific special needs clientele, all housing related public services required to comply with the federal Fair Housing Act.

If your program/activity involves housing related activities (e.g. supportive services at a rental housing development, emergency assistance for tenants, or operating and/or support services at the emergency shelter), please describe how you will work to affirmatively further fair housing in your program/activity delivery.

Applicant Certification "I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true. By signing this application, I understand that ACDS may take photographs of the project or activity described in this application and I further acknowledge that ACDS owns all rights to the photographs and may use these photographs for advertising or promotional purposes."

Signature of Authorized Representative

***Not signed*

Date

Admin Approval

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Admin Approval

Do not click "Complete and Submit" if applicant is ineligible.

**The subrecipient/participant may now begin
uploading post-approval documents.**

Signature

***Not signed*

Post-Approval Documents

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Post-Approval Documents

Please provide the following information.

Documentation

Revised Budget (if applicable)

**No files uploaded

Other Requested Documents

**No files uploaded

COVID-related loss of income affidavit (if applicable)

**No files uploaded

Recent W9 *Required

**No files uploaded

Insurance Certificates *Required

**No files uploaded

Procurement Policy

**No files uploaded