



# **FY 2025 Grantee Training**

*June 20, 2024 & June 21, 2024*

# AGENDA

- I. Welcome and Introduction to ACDS
- II. General Policies
- III. Grant Award Process
- IV. Neighborly/Invoicing /Reporting

# Arundel Community Development Services, Inc.

- Nonprofit housing & community development agency established in 1993
- Eviction prevention, housing rehabilitation, affordable rental development, housing counseling, financial empowerment, accessibility to modifications, public facilities, and energy & weatherization improvements
- Experienced grant administrator & manager of capital projects
- The County contracts with us to administer its grants; such as the County Executive's Community Support Grant.



# Funding Sources

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- Community Development Block Grant (CDBG, CDBG-CV)
- Continuum of Care (CoC)
- Community Support Grant (CSG)
- Emergency Solutions Grant (ESG)
- Housing Opportunities for Persons with AIDS (HOPWA)
- Homelessness Solutions Program (HSP)
- Local Development Council Grant (LDC)
- Laurel Race Course Impact Fund (LRCIF)
- Affordable Housing Trust Fund (AHTF)

# ARDATH M. CADE SCHOLARSHIP FOR EMERGING LEADERS

- ▶ Applicants must be a leader or emerging leader working in and serving Anne Arundel County communities.

## ▶ AWARD GUIDELINES

- ▶ 1. Scholarship will be administered by an ACDS Committee consisting of including: the ACDS Chief Executive Officer or designee; and Scholarship Founder, Tara Clifford and Honoree Ardath Cade
- ▶ 2. Training must be identified before applying for the scholarship; scholarship funds must be expended within one year of scholarship commitment
- ▶ 3. Priority will be given to those applicants who plan to obtain certification and/or new credentials
- ▶ 4. Scholarship may be used only to cover costs for the training/course and/or associated travel, if applicable, and is reimbursable according to the ACDS Training and Professional Development Policies and Procedures
- ▶ 5. Recipient must provide a brief written summary of the value gained through the professional development opportunity and may be asked to share their experience during meetings with funders



# Grant Management

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ACDS uses Neighborly for all grant management:



*We strongly recommend that you use Google Chrome to access Neighborly.*

# Grant Timeline – CSG, LDC, LRCIF, & CDBG

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## ***June/July/August 2024***

Work with your ACDS grants administrator to submit required documents and execute your agreement for FY25 funds.

## ***July 1, 2024 – June 30, 2025***

This is the standard term for agreements – you may be reimbursed for eligible costs that were incurred by your organization during this time.

## ***October 15, January 15, April 15, July 15***

Due date for quarterly reports in Neighborly

## ***June/July 2025***

Work with ACDS staff to submit all closeout documents and close out report pertaining to your grant.

***\*\*\*Homeless grants vary by grant term, reporting frequency, and close-out requirements, all of which are specified in your agreements.\*\*\****

**QUESTIONS?**

The background features a series of overlapping, semi-transparent geometric shapes, primarily triangles, in shades of orange, green, and grey. These shapes are positioned on the right side of the slide, creating a modern, abstract design.



# Grant Award Process

- Your Grant Manager will contact the Primary Grant contact indicated on your application.
- Your Grant Manger will work with you to acquire the necessary documents and assist you with getting them into Neighborly.
- Neighborly Tasks will be added for an easy-to-reference checklist.

*\*\*\*Never hesitate to reach out to your Grant Manager to ask questions!*

# Grant Agreement Process

- County budget with award recommendations is voted on and award is finalized
- Going under contract
  - Risk Assessment
  - Insurance certificate
  - Signed and dated 2024 version of W-9
  - Updated budget (if applicable—award is less than what was requested)
  - Determine goals and accomplishments
  - Procurement Policy (if not using ACDS)
  - Authorized signatory confirmation
  - Direct Deposit/Voiced Check
  - Signed, executed agreement

# Grant Agreement Process Continued

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- Draw Requests
- Reports
- Budget Modifications
- Amendments
- Monitoring

# Required Documents



# Certificate of Insurance

- Comprehensive General Liability
  - \$2 million general aggregate per project
  - \$1 million per occurrence (Bodily Injury or Property Damage)
  - \$2,000,000 Products/Completed Operations Aggregate
  - \$1,000,000 Per Person or Organization (Personal and Advertising Injury)
- Workers' Comp
  - employee's liability coverage with limits of at least \$100,000 each accident
  - \$100,000 employee disease
  - \$500,000 disease policy limits
- Auto - \$1 million combined single limit to include owned, non-owned and hired automobiles

# Certificate of Insurance Continued

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- Note: You may request a waiver for Auto, Workers' Comp, as applicable
- Should contain this statement: "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 Arundel Community Development Services, Inc."
- The Corporation and its respective agents, employees and officers, shall be named as an additional insured in all insurance policies.

# Completed Certificate of Insurance



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/21/2021

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]	CONTACT NAME	[REDACTED]	FAX	[REDACTED]
	PHONE (Int., Nat., Ext.)	[REDACTED]	(Int., Nat., Ext.)	[REDACTED]
	E-MAIL ADDRESS	[REDACTED]		
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A	[REDACTED]		
	INSURER B			
	INSURER C			
	INSURER D			
	INSURER E			
	INSURER F			

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.

INSR LTS	TYPE OF INSURANCE	ADDL SUBR INSH. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	[REDACTED]	08/09/2021	08/09/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (See endorsement) \$ 100,000 MED EXP (Any one period) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMODITY \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		[REDACTED]	04/10/2021	04/10/2022	COMBINED SINGLE LIMIT (See endorsement) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	X	[REDACTED]	08/09/2021	08/09/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 0					\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY / OTH-ER \$ E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required):  
**Arundel Community Development Services, Inc. and their respective agents, employees and officers are additional insured in all insurance for General and Umbrella Liability policies. 30 day notice of cancellation applies.**

<b>CERTIFICATE HOLDER</b>  Arundel Community Development Services, Inc. 2666 Riva Road Suite 210  Annapolis, MD 21401  Fax: (410)222-7619	<b>CANCELLATION</b>  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] <LR>
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# Authorized Signatory

- Can have one or two people listed
- Must have the Board Secretary's signature
- If By-laws list a signatory, accompanying documents must show the person's name and title.

**CORPORATE RESOLUTION**

**RESOLVED**, that \_\_\_\_\_ be, and it is hereby authorized to do business, submit proposals, and enter into contracts and agreements with Arundel Community Development Services, Inc.

**RESOLVED**, that \_\_\_\_\_ and \_\_\_\_\_ who are respectfully the \_\_\_\_\_ and \_\_\_\_\_, or the duly authorized agent(s) of the \_\_\_\_\_ are authorized to submit bids, and sign contracts and agreements on behalf of the said Corporation.

**AND IT IS FURTHER RESOLVED**, that the authority to said officer(s) or agent(s) conferred by this Resolution shall remain open and good until revoked by a formal action of the Board of Directors of the Corporation and due notice of such revocation delivered to Arundel Community Development Services, Inc. in writing under the signature of the Secretary or Assistant Secretary of this Corporation, and this authority shall apply to any present or future incumbent of the aforesaid office.

**I HEREBY CERTIFY** that the above is a true copy of the Resolution of the Board of Directors of \_\_\_\_\_, passed at a meeting of said Board duly called and held on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at which meeting a quorum of said Board of Directors was present and voted.

\_\_\_\_\_  
**Secretary**

**SEAL**

k:\tree grant 2016\corp\delve\project materials\corporate resolution 2016.doc



# EFT Form and Voided Check

- EVERY grantee will be reimbursed through direct deposit.
- If you are a new recipient, or if you were reimbursed through a different method in FY24, or if your banking information has changed an EFT form and voided check must be provided in order set up direct deposit through our Finance Department.

EFT Setup Form

Complete all sections of this form and attach a voided check, the first page of a bank statement, or a letter signed by a bank representative confirming the account name, account number, and ABA/Routing number for payments. A current signed, W-9 form is required. **Note:** The setup cannot be processed without all required documentation.

<b>Section 1: Process Type</b>	
Enrollment <input type="checkbox"/> Modification <input type="checkbox"/>	Type of Modification: Bank Account <input type="checkbox"/> Address <input type="checkbox"/> Other <input type="checkbox"/>
<b>Section 2: Payee Information</b>	
Payee Name (as it appears on W-9)	
Payee Address	
Tax ID # <input type="checkbox"/> or    SSN # <input type="checkbox"/>	
Payee Phone #:	Payee Email Address:
<b>Section 3: Bank Account Information</b>	
Bank Name:	Account Type: Checking <input type="checkbox"/> Saving <input type="checkbox"/>
ABA/Routing Number	Account Number

**Section 4: Payee Signature**

I hereby authorize Arundel Community Development Services, Inc. (ACDS) to deposit payments directly into my checking or savings account. I agree that this authorization will remain in effect until officially notified in writing. I agree that if an overpayment is applied to my account, ACDS may debit the excess funds from the account designated on this form. I hereby affirm the accuracy of the information stated on this form.

\_\_\_\_\_  
Print Name of Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

<i>For Internal Use Only</i>	
_____ Name of Person reviewing the form	
_____ Signature of Person reviewing the form	_____ Date
Date Processed by Accounting & Initials of Processor	
Date	Initials of Processor

# Additional Required Documents

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- EVERY grantee will be required to complete a risk assessment at the start of the FY25 grant period. Please note, if you have received and submitted a risk assessment in the last two to three weeks, we will apply that to your current grant.
- In March, a new W-9 form was issued by the IRS. All grantees are required to submit and have on file a 2024 version of a W-9 before going under agreement.
- An updated budget is required if your grant was not funded in full.
- Measurable goals will need to be set for each grant as a metric of success over the course of the grant period.

**QUESTIONS?**

The background features a series of overlapping, semi-transparent geometric shapes, primarily triangles, in shades of orange, green, and grey. These shapes are arranged in a way that creates a sense of depth and movement, particularly on the right side of the frame. The overall aesthetic is clean and modern.

# Neighborly (New User Registration & Completing Tasks)

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## User Guide

# Draw Requests



# Draw Requests

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- Draw requests on your award are approved on a reimbursement basis.
- Draw requests can be made as often as once per month or as infrequently as once per quarter.
- **If for some reason you are unable to make a draw on the award within the first quarter, please communicate with your Grant Manager.**

# Draw Request – Backup Documentation

- According to your individual budget, If you're seeking reimbursement for supplies/general operations be sure to have:
  - Invoice
    - Date
    - Amount
    - Invoice number
  - Evidence of invoice payment
    - Paid invoice
    - Bank statement
    - Copy of a cancelled check
- Cover letter or Invoice


# Draw Request – Backup Documentation Continued

- According to your individual budget, if you're seeking reimbursement for payroll be sure to have:
  - Signed timesheets indicating hours worked on approved programs
  - Timesheets must show hours worked on the grant program or project
  - **Timesheets are not required only if the grant is funding the position in full.**
  - Paid payroll evidence includes paystubs, payroll reports noting the amount paid to employee(s), or a bank statement that shows debit for payroll expenses.



# Letter Template

- Organizational Letterhead
- Dollar amount requested
- Signature of authorized signatory



Arundel Community Development Services, Inc.  
(Your organization's letterhead)

(Grant Manager)  
ACDS Inc  
2666 Riva Rd, Suite 210  
Annapolis, MD 21401

Dear (Grant Manager),

Attached is the (Organization) invoice for (invoice time period) for the amount of (dollar amount) which represents (dollar amount) for (category Ex: salary, supplies, rent, etc) and (dollar amount) for (category Ex: salary, supplies, rent, etc). This covers the time period of (time period of the actual payout).

If you have any questions, please reach out to (Grant point of contact) at (phone number).

(Authorized signatory's signature)

(Name)  
(Title)  
(Organization)

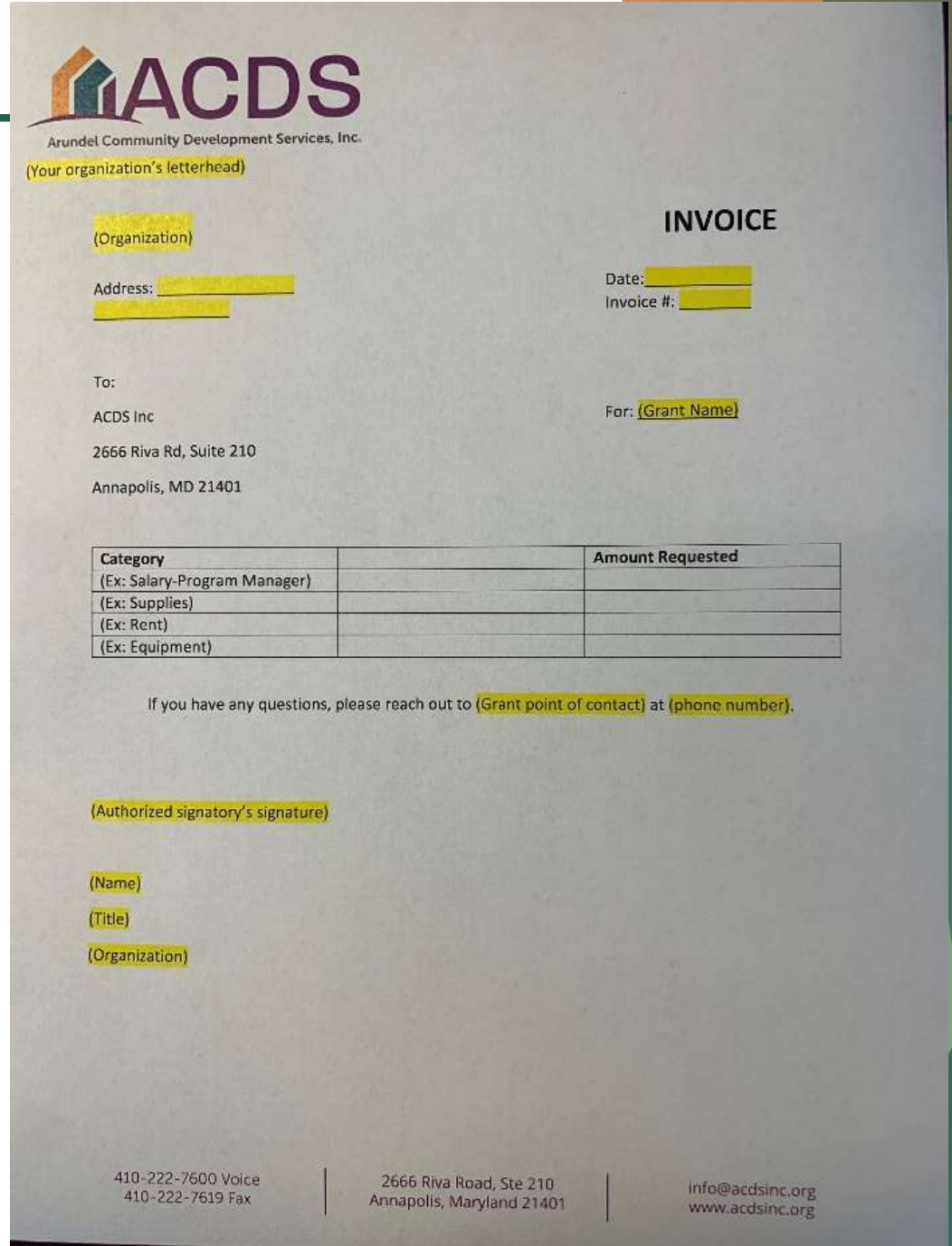
410-222-7600 Voice  
410-222-7619 Fax

2666 Riva Road, Ste 210  
Annapolis, Maryland 21401

info@acdsinc.org  
www.acdsinc.org

# Invoice Template

- Organizational Letterhead
- Dollar amount requested
- Signature of authorized signatory



The image shows a template for an invoice from Arundel Community Development Services, Inc. (ACDS). The header includes the ACDS logo and name. The main body of the form contains fields for the organization's name, address, date, invoice number, and recipient information. A table is provided for listing items with categories like Salary-Program Manager, Supplies, Rent, and Equipment, and a column for the amount requested. At the bottom, there are fields for the authorized signatory's signature, name, title, and organization, along with contact information for ACDS.

**ACDS**  
Arundel Community Development Services, Inc.  
(Your organization's letterhead)

**INVOICE**

(Organization)

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Invoice #: \_\_\_\_\_

To:  
ACDS Inc  
2666 Riva Rd, Suite 210  
Annapolis, MD 21401

For: (Grant Name)

Category	Amount Requested
(Ex: Salary-Program Manager)	
(Ex: Supplies)	
(Ex: Rent)	
(Ex: Equipment)	

If you have any questions, please reach out to (Grant point of contact) at (phone number).

(Authorized signatory's signature)

(Name)  
(Title)  
(Organization)

410-222-7600 Voice  
410-222-7619 Fax

2666 Riva Road, Ste 210  
Annapolis, Maryland 21401

info@acdsinc.org  
www.acdsinc.org

# Timesheet Template

Weekly Time Sheet

(Organization Name)

Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City \_\_\_\_\_

Employee: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Employee phone: \_\_\_\_\_  
Employee e-mail: \_\_\_\_\_

Week ending: 10/10/2021

Day		CSG	Other		Total	Activity Log
Monday	10/4/2021	3.00			3.00	
Tuesday	10/5/2021	7.00			7.00	
Wednesday	10/6/2021	3.00	1.00		4.00	
Thursday	10/7/2021	6.00	2.00		8.00	
Friday	10/8/2021	5.00	3.00		8.00	
Saturday	10/9/2021					
Sunday	10/10/2021					
<b>Total Week Hours</b>		34.00	6.00		30.00	

\_\_\_\_\_  
Employee signature Date


\_\_\_\_\_  
Manager signature Date

- Signed timesheets indicating hours worked on approved programs

**QUESTIONS?**

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# Neighborly Draw Request Process

- Log into  Neighborly Software
- Click “Draw Requests” on the left-hand side.
- Click “Add a Draw”
- Enter the date and description. The description will be something like, “First draw for \$2,000 from Supplies for expenses incurred from Sept. 2024 – Dec. 2024”
- Click “Add”
- You’ll see a new screen and you’ll click on the blue “Upload File” link to upload your documents (cover letter/invoice, payroll documentation, timesheets, invoices, receipts, etc.). **If you can scan them in as single PDF document and attach the one document rather than a bunch of separate files, that really helps us out!**
- Below the documentation section, you’ll see the boxes with dollar amounts. You’ll type the amount you are seeking in the box under “Amount Requested”
- Hit “Submit” and you’re done!

# ACDS Draw Request Process

- Neighborly sends your Grant Manager a notification that you have submitted a Draw Request.
- The Grant Manager will double check all the documents.
  - If additional information or clarification is needed, the request will be sent bac back to you. If that happens, you'll just amend the original draw request per the Grant Managers feedback (by scrolling all the way to the right and clicking the blue door with arrow), rather than starting a new one and RESUBMIT the draw request.
- The Grant Manager will reexamine the request and If everything looks good, Neighborly will send you a notification of the request's approval.
- Next, it travels across several desks for signatures before making its way to Finance.
- Finance will process the direct deposit.
- We commit to processing your draw request within 30 days. Generally, reimbursements in your account about 2 weeks after your draw request is approved by your Grant Manager. For quickest processing, please submit by Wednesday of any given week.

**QUESTIONS?**

The background features a series of overlapping, semi-transparent geometric shapes, primarily triangles, in shades of orange, green, and grey. These shapes are positioned on the right side of the frame, creating a modern, abstract design.

# Reporting

## Quarterly Reports – CSG, LDC, & LRCIF

- Goals – narrative update
- Numbers – specific to your funded program, unless they are for general operating funds. If general operating funds, use numbers from all programs.
  - Demographic and income requirements
  - **Be sure to only include NEW beneficiaries;** Neighborly will aggregate the reported numbers.
  - For example, Organization x served 50 individuals during Q1. In Q2, 30 of those served during Q1 continued to be served, but 10 new people were added. Organization X would only report 10 clients served during Q2.
- Narrative
- Pictures

## Midyear Reports – CDBG & CDBG-CV

- Grant Manager will add a task for the year-end report (unduplicated results)
- (Specific ACDS expectations will be communicated through your Grant Manager.)

## Final Reports - All Grants

- End of year financial statements, 990, Audit reports
- (Specific ACDS expectations will be communicated through your Grant Manager.)



# Grants Management Team

**Hannah Breakstone**

CoC, ESG, HSP, HOME-ARP, CDBG-CV, ARPA, EHP

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**Shawn Rice**

LDC & LRCIF (Capital Projects)

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