



Arundel Community Development Services, Inc.

FY 2026 Grantee Training

Wednesday, June 25, 2025

&

Thursday, June 26, 2025

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

- 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)
- **NEW!** Community Reinvestment & Repair Commission Grant (CRRC)

Grant Management

ACDS uses Neighborly for all grant management:



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

Grant Timeline – CSG, LDC, LRCIF, & CDBG

June/July/August 2025

Work with your ACDS grants administrator to submit required documents and execute your agreement for FY26 funds.

July 1, 2025 – June 30, 2026

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

NEW!! January 15 & July 15

Due date for reports in Neighborly.

June/July 2026

Work with ACDS staff to submit all closeout documents and close out report pertaining to your grant. Grant manager will be in touch to arrange a program monitoring session.

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

QUESTIONS?

Grant Award Process

- Your Grant Manager will contact the Primary Grant contact indicated on your application.
- Your Grant Manager 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 — e.g. your award is less than what was requested)
 - Determine goals and accomplishments
 - Procurement Policy (if not using ACDS' procurement policy)
 - Authorized signatory confirmation
 - Direct Deposit/Voided Check
 - Signed, executed agreement

Grant Process

- Budget Modifications/ Amendments
 - All budget modification requests must be submitted on company letterhead, clearly explaining the need for the adjustment and specifying the amounts to be moved to and from each category. Additionally, the requested changes must ensure that the overall budget is not exceeded.
- Monitoring
 - All *New* Grantees will be prioritized for monitoring in person.
 - All Federal and State grantees will undergo annual monitoring, which may include a desk review of client files and a site visit to observe the program in action. *Neighborly will be used as the platform for uploading client files.*
 - Risk Assessments will be required for all grantees at the beginning of the grant cycle if you have not already completed an assessment as part of your application.

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

- 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)
07/12/2021

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] [REDACTED] [REDACTED] [REDACTED]	CONTACT NAME: [REDACTED]	FAX: [REDACTED]
	PHONE (A/C No. Ex): [REDACTED]	
INSURED [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	E-MAIL: [REDACTED]	
	ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: [REDACTED]	NAIC #: [REDACTED]
	INSURER B: [REDACTED]	
	INSURER C: [REDACTED]	
	INSURER D: [REDACTED]	
	INSURER E: [REDACTED]	
	INSURER F: [REDACTED]	

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	[REDACTED]	08/09/2021	08/09/2022	MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$ 2,000,000	
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
						\$	
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 1,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	X	[REDACTED]	08/09/2021	08/09/2022	AGGREGATE \$ 1,000,000
							\$
	DED <input checked="" type="checkbox"/> RETENTION \$0						WC STATUTORY LIMITS OTHER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT \$ 100,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			E.L. DISEASE - EA EMPLOYEE \$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 500,000	

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.

CERTIFICATE HOLDER

Arundel Community Development Services, Inc. 2666 Riva Road Suite 210 Annapolis, MD 21401 Fax: (410)222-7619	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] <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

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 FY25, 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.

Arundel Community Development Services, Inc.

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.

Section 1: Process Type

Enrollment ☐ Modification ☐

Type of Modification:

Bank Account ☐ Address ☐ Other ☐

Section 2: Payee Information

Payee Name (as it appears on W-9)

Payee Address

Tax ID # ☐ or SSN # ☐

Payee Phone #:

Payee Email Address:

Section 3: Bank Account Information

Bank Name:

Account Type:

Checking ☐ Saving ☐

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

For Internal Use Only

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

- EVERY grantee will be required to complete a risk assessment at the start of the FY26 grant period in the event they did not complete one as part of the application process. 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 of 2024, 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?

Neighborly (New User Registration & Completing Tasks)



User Guide

Draw Requests

Draw Requests

- 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

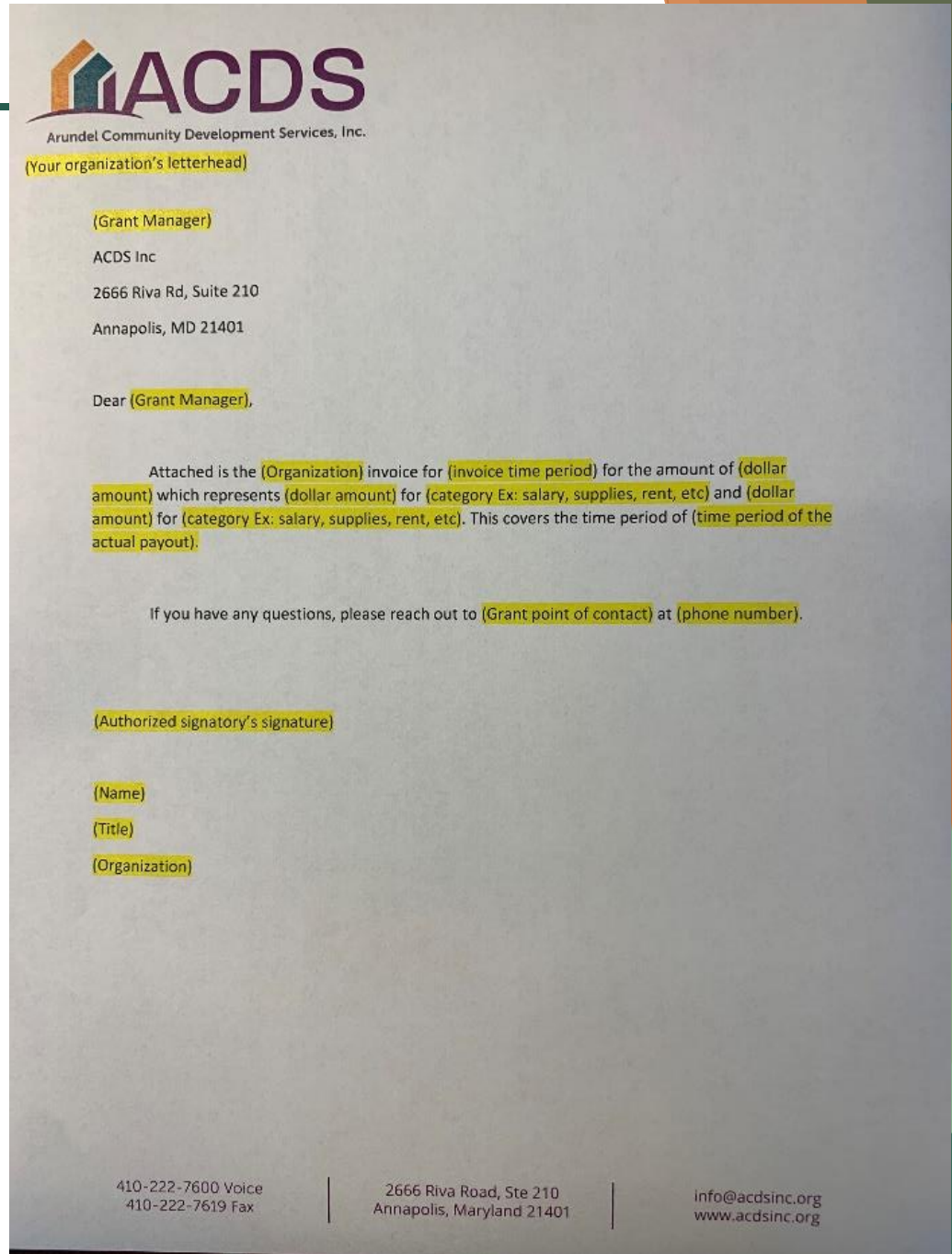
- According to your individual budget, if you're seeking reimbursement for supplies/general operations be sure to have:
 - Invoice
 - Date
 - Amount
 - Invoice number
 - Evidence of invoice payment
 - Paid invoice
 - Bank statement
 - Copy of a cancelled check
- Cover letter or Invoice


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

A letter template for ACDS (Arundel Community Development Services, Inc.). The template includes a header with the ACDS logo and name, followed by a placeholder for the organization's letterhead. The main body contains a placeholder for the grant manager, the ACDS Inc. address (2666 Riva Rd, Suite 210, Annapolis, MD 21401), and a placeholder for the grant manager's name. The body also includes a paragraph about an invoice, a placeholder for the grant point of contact and phone number, and a section for the authorized signatory's signature, name, title, and organization. The footer contains contact information for ACDS, including phone numbers, fax, address, and website.


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)

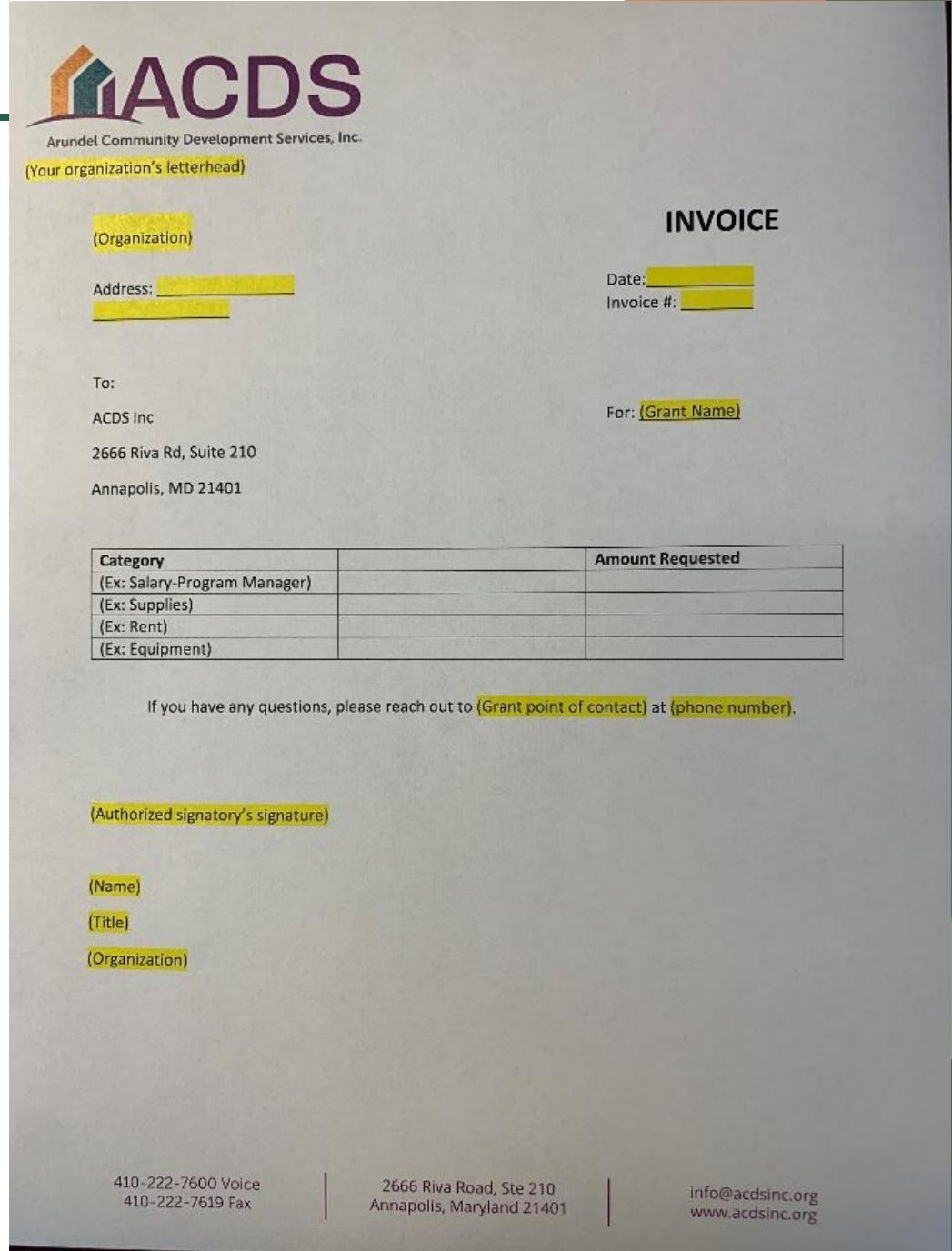
410-222-7600 Voice
410-222-7619 Fax

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 printed invoice template for ACDS (Arundel Community Development Services, Inc.). The template includes fields for organizational information, a table for requested amounts, and a signature section. Placeholder text is highlighted in yellow.

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

- Signed timesheets indicating hours worked on approved programs

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						
Total Week Hours		24.00	6.00			30.00	

Employee signature _____ Date _____

Manager signature _____ Date _____

QUESTIONS?

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. 2025 – Dec. 2025”
- 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 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 review, approval, and signatures before making its way to Finance.
- Finance will process the direct deposit.
- **We commit to processing your draw request within 30 days of a complete and accurate submission.**
- 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?

Reporting

NEW! Midyear 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

- 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.

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



Grants Management Team

<p><u>Hannah Breakstone</u> CoC, ESG, HSP, HOME-ARP, ARPA, EHP</p> <p>•Hbreakstone@acdsinc.org •410-222-3968</p>
<p><u>Elisha Harig-Blaine</u> Assistant Planning Director</p> <p>•eharig-blaine@acdsinc.org •410-222-3236</p>
<p><u>Rahnisha Marshall</u> CSG</p> <p>•Rmarshall@acdsinc.org •410-222-3967</p>
<p><u>Tracey Mullery</u> CDBG, CSG, LRCIF, & LDC</p> <p>•Tmullery@acdsinc.org •410-222-3961</p>
<p><u>Bobbie Sullivan</u> CSG, CDBG, AHTF, County & LDC</p> <p>•bsullivan@acdsinc.org •410-222-3964</p>
<p><u>Margaret Staudenmaier</u> CSG, CRRC, HOPWA</p> <p>•mstaudenmaier@acdsinc.org • 410-222-7653</p>