

## **SAMPLE APPLICATION**

### **Maryland Department of Housing and Community Development**

#### **FY23 Community Safety Works: CRIME AND VIOLENCE INTERVENTION AND PREVENTION APPLICATION**

**The system WILL NOT allow more than one application to be submitted by an applicant.**

**By completing and submitting this application, you certify that the statements and answers within are true and accurate to the best of your knowledge and that you are authorized to apply for these funds on behalf of the applicant organization.**

**Applicants will be responsible to comply with any State or federal reporting requirements related to Community Safety Works.**

**Additionally, DHCD may be required to disclose information about Community Safety Works applicants and awardees to the Board of Public Works and the Maryland General Assembly and may desire to disclose such information to other State officials or their staff, local government officials or their staff, and other lenders and funding sources. DHCD is also required to disclose information in response to a request for information made pursuant to §4-101 et seq. of the Public Information Act of the General Provisions Article, Annotated Code of Maryland. Community Safety Works grant awards will be based on :**

#### **1) APPLICANT INFORMATION:**

**Legal Name:**

**Trade Name:**

**READ CAREFULLY:** *Your organization's legal name must be typed in this application as it appears on your Certificate of Good Standing (CGS) from the Maryland Department of Assessment and Taxation (SDAT). However, only capitalize the first letter of each word unless your official name includes more capitalization. Also, please use the exact spelling of suffixes (such as Inc. or Incorporation) and type the precise abbreviation and punctuation exactly as it appears on the SDAT CGS. Being attentive to this will help ensure your application is complete and correct and so processed in the order received. (For More Information on the SDAT CGS:*

*<https://egov.maryland.gov/BusinessExpress/EntitySearch>)*

**IRS W-9 Taxpayer Identification Number and Certification (if applicable)**

**READ CAREFULLY:** The organization name on your W-9 must be your organization's legal name exactly as it appears on your Certificate of Good Standing (CGS) from the Maryland Department of Assessment and Taxation (SDAT). Although the name on your CGS is written in all capitals, your organization's name on the W9 can include capitals only where appropriate. In addition, the Federal ID# and mailing address on the W-9 must be the same as is typed into this application. Please carefully review and ensure that these items are correct before submitting. **Being attentive to this will help ensure your application is complete and correct and so processed in the order received.**

Upload a copy of your **SIGNED and DATED W-9 Taxpayer Identification Number and Certification** <<UPLOAD>>

**Federal ID #:**

**READ CAREFULLY:** *This FederalID# MUST be the same as listed on the W-9 submitted with this application. Please carefully review and ensure that these items are correct before submitting.*

**Mailing Address:**

**READ CAREFULLY:** *This mailing address MUST be the same as listed on the W-9 submitted with this application. Please carefully review and ensure that these items are correct before submitting.*

Street:  
City:  
State:  
Zip:  
County:

**Web Address:**

**Please provide Social Media addresses for:**

**Facebook:**

**Twitter**

**Instagram:**

**Contact Information:** Please provide the primary contact person for this application.

Name:

Title:

Phone:

Cell Phone:

E-mail:

## **2) APPLICANT ELIGIBILITY:**

**To be eligible to apply, an applicant must meet the following criteria:**

- A tax-exempt nonprofit organization
  - Nonprofit organizations will be required to provide an IRS Determination Letter of tax-exempt status

**What is your organization's official mission statement and purpose: (500 characters)**

### **IRS Determination Letter of Tax-Exempt Status:**

**Please upload a copy of your IRS Determination Letter of Tax-Exempt Status.**

**Upload your IRS Letter of Determination**

**<<UPLOAD>>**

### **Maryland State Department of Assessments and Taxation (SDAT) Good Standing:**

**DIRECTIONS:** Upload a DATED screen shot from the Maryland State Department of Assessments and Taxation (SDAT) website showing the applicant's good standing status.

**Upload a DATED screen shot indicating Good Standing Status or Business Registration-  
Date Shown Must NOT be older than September 1, 2022**

**<<UPLOAD>>**

***NOTE:*** You do not need to purchase an official Certificate of Good Standing. However, the uploaded screen shot, or if you already have a purchased official Certificate of Good Standing, must show a date not older than September 1, 2022.

### **3) GRANT NARRATIVE:**

Please provide clear and concise answers for **EACH** of the following:

#### **1. Organizational Summary:**

(a) Describe the applicant's recent accomplishments (2021 thru 2022) in the community that would be served by this application. **(Total max characters: 1,000)**

(b) Describe the applicant's current financial condition and ability to continue operations as well as manage and maintain projects and activities for which you are requesting Community Safety Works funding **(Total max characters: 1,000)**

#### **2. Crime and Violence Prevention and Intervention Strategy:**

*Eligible grant requests will be for a comprehensive strategy that includes a set of partnerships and coordinated activities that go beyond physical changes and enhanced security services and instead directly engage people at-risk of becoming involved with or affected by violence and crime and avoid incarceration. Evidence-based interventions will provide restorative life choices for at-risk individuals; activities will aim to remove illegal activities from communities and interrupt the cycle of violence that can result from such activities.*

##### **(a) Current Situation and Statistics:**

Describe the need to deter crime and promote community safety within specific target area(s), i.e. "hot spots", in the business district and/or neighborhood where violent crime and other illegal activity is occurring (such as open air drug markets).

Please cite specific locations and issues and/or incidents that have impacted the business district and/or neighborhood.

Please provide specific crime statistics related to the violent crime and other illegal activity as you have described.

**(Total max characters: 2,500)**

**CRIME STATISTICS EXAMPLE:** Statistics and data should be similar to information provided by the Maryland Statistical Analysis Center, within the Governor's Office of Crime Control and Prevention (<http://goccp.maryland.gov/crime-statistics/>), report *Violent Crime & Property Crime by Municipality*: <https://opendata.maryland.gov/Public-Safety/Violent-Crime-Property-Crime-by-Municipality-2000-/2p5g-xrcb>

**Total max characters: 2,000)**

(b) **Projected Outcomes:**

What are the anticipated outcomes for the award you are requesting? What would success look like? How will you track progress and evaluate the anticipated outcomes? Be specific. (It is fine to list projected outcomes as bullet points instead of/or in addition to a narrative) **(Total max characters: 2,000)**

(c) **Strategies/Activities/Partnerships:**

Describe the partnerships and services (specifically state which partners/organizations will do what), including restorative approaches to avoiding incarceration, that will directly reach and divert individuals involved in illegal activity such as but not limited to public drug sales. These strategies should be evidence-based and include but not necessarily be limited to “on the street” outreach and intensive wrap-around case management provided by teams of "credible messengers" and social workers respectively in collaboration with local nonprofit, public and private sector stakeholders and anchor institutions.

How will you track progress and evaluate the services and activities provided by each partner?  
**(Total max characters: 2,500)**

(d) **Budget Narrative:**

Describe the significant budget line items for how the applicant would utilize any awarded funds based on the outcomes, actions and strategies explained above for the target areas/”hot spots”. Include specific dollar amounts/costs for items and activities as well as a timeframe for implementing and maintaining the proposed project activities.  
**(Total max characters: 2,000)**

**PREVENTION AND INTERVENTION - UPLOAD:** Please upload any plans, studies, community presentations, mapping or crime data, support letters or other information that supports your overall crime and violence prevention and intervention strategy and request for funds. This is not required but encouraged if available and relevant.

Upload safety plan/studies, community crime data, crime “hot spots” maps to support crime and violence prevention and intervention strategy and request for funds

<<UPLOAD>>

**4) GRANT REQUEST:**

The maximum grant request amount is \$250,000

What is the amount of your grant request? \$ \_\_\_\_\_

**6) USE OF FUNDS REQUESTED/ BUDGET:**

*Eligible grant requests will be for a comprehensive strategy that includes a set of partnerships and coordinated activities that go beyond physical changes and enhanced security services and instead directly engage people at-risk of becoming involved with or affected by violence and crime and avoid incarceration. Evidence-based interventions will provide restorative life choices for at-risk individuals; activities will aim to remove illegal activities from communities and interrupt the cycle of violence that can result from such activities.*

**In alignment with your Budget Narrative above, list separately each item/activity, including the dollar amount, which will be supported by this grant request. Be specific DO NOT write “Misc Expenses” or “Other”.**

BE SURE LINE ITEMS TOTAL THE SAME AMOUNT YOU ENTERED ABOVE IN THE GRANT REQUEST SECTION AND DESCRIBED IN THE GRANT NARRATIVE SECTION.

ITEM \$ \_\_\_\_\_ Allow for additional line items/dollar amounts to be added – up to 10 items

**TOTAL REQUESTED AMOUNT:** \$ \_\_\_\_\_ Calculate the dollar amount of each line item listed above

**DHCD Email Opt-in**

Opt-in for email communication and updates from The Maryland Department of Housing and Community Development.