

SAMPLE APPLICATION

Maryland Department of Housing and Community Development

FY23 Community Safety Works: FACILITY AND COMMUNITY IMPROVEMENT APPLICATION

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

By completing 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.

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 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 such suffixes as Inc. or Incorporation and use exact abbreviation and punctuation as used in 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>)*

DIRECTIONS: Upload a 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**

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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.*

IRS W-9 Taxpayer Identification Number and Certification

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 listed in 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 #:

NOTE 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 for this application.

Name:

Title:

Phone:

Cell Phone:

E-mail

Address:

2) APPLICANT ELIGIBILITY:

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

- A tax-exempt nonprofit organization, including faith-based nonprofit organizations
 - Nonprofit organizations will be required to provide an IRS Determination Letter of tax-exempt status
 - Houses of Worship will be required to provide one of the following: an IRS Determination Letter of tax-exempt status **OR** Articles of Organization if a Limited Liability Corporation (LLC) **OR** Articles of Incorporation if a Corporation.

What is your official mission statement: (500 characters)

What category below best describes your organization? (choose one)

___ Tax-exempt nonprofit organization, including faith-based nonprofit

___ House of Worship

___ Other

If Tax-exempt nonprofit organization, including faith-based nonprofit is selected you will be prompted to upload IRS Determinations Letter

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

Upload your IRS Letter of Determination

<<UPLOAD>>

If House of Worship selected you will be prompted to upload IRS Letter, Articles of Corporation or Incorporation

Please upload a copy of either your IRS Determination Letter of Tax-Exempt Status OR OR Articles of Organization if a Limited Liability Corporation (LLC) OR Articles of Incorporation if a Corporation.

Upload your IRS Determination Letter of Tax-Exempt Status OR Articles of Organization OR Articles of Incorporation.

<<UPLOAD>>

3) ELIGIBLE PROJECTS & GRANT NARRATIVE:

Eligible Projects:

- Physical improvements and/or safety services for a facility and adjacent grounds
- Improvement for one or more specific community managed open space (i.e., turning a vacant blighted space into a safe gathering space for residents)
- Establishing or expanding community-led cleaning and greening activities such as ongoing litter prevention and beautification

Please provide answers for **EACH** of the following:

1. **Organizational Summary:** Provide a brief description of the following:

(a) Applicant's recent accomplishments (2021 thru 2022), including in locations targeted by this application. **(Total max characters: 1,000)**

(b) 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. **Safety Improvement Needs:**

(a) Summarize the need to deter crime and promote safety. Please cite specific issues and/or incidents that have impacted either the safety of your facility and/or the overall community
(Total max characters: 2,000)

(b) Describe the crime control and prevention strategies and activities to be used for the facility and/or the community project in order to improve public/visitor safety and sustain those efforts moving forward. **(Total max characters: 2,000)**

3. Budget Narrative:

Describe the budget line items for how the applicant would utilize any awarded funds for the facility and/or the community project, based on the improvements that are to take place to support the crime control and prevention strategy. Include specific dollar amounts/costs for items and activities as well as a timeframe for implementing the proposed project activities.
(Total max characters: 2,000)

4) GRANT REQUEST:

The minimum grant request is **\$10,000** and the maximum grant request amount is **\$25,000**

Eligible Projects:

- Physical improvements and/or safety services for a facility and adjacent grounds
- Improvement for one or more specific community managed open space (i.e., turning a vacant blighted space into a safe gathering space for residents)
- Establishing or expanding community-led cleaning and greening activities such as ongoing litter prevention and beautification

What type of project/activity are you requesting funds for:

Facility Improvement

Community Improvement

(This includes improvements to an open space and/or cleaning and greening activities)

Both Facility and Community Improvements

PLEASE NOTE: APPLICANTS THAT RECEIVED A FACILITY IMPROVEMENT AWARD IN THE FY22 COMMUNITY SAFETY WORKS ROUND ARE NOT ELIGIBLE TO APPLY FOR A FACILITY IMPROVEMENT PROJECT IN THIS ROUND, BUT ARE ELIGIBLE TO APPLY FOR A COMMUNITY IMPROVEMENT PROJECT.

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

IF YOU SELECT Facility Improvement THE FOLLOWING QUESTIONS APPEAR:

Have you previously received a FY22 Community Safety Works Facility Improvement grant?

Yes

No

ERROR CHECK: If YES then ERROR MESSAGE: You are not eligible to apply for a Facility Improvement project but are eligible to apply for a Community Improvement project.

Facility Address:

Please provide the address of the property that awarded funds would be used to improve

Street:

City:

State:

Zip:

County:

Do you rent or own the property? (select one)

Rent

Own

**If RENT is selected you will be prompted to upload Lease Agreement and Letter from Landlord
Please upload a copy of your SIGNED and DATED lease agreement**

Upload SIGNED and DATED Lease Agreement

<<UPLOAD>>

Please upload SIGNED and DATED letter from your landlord acknowledging you have applied for this grant and should you be awarded funds the landlord agrees to the proposed facility improvements.

Upload SIGNED and DATED Acknowledgement and Agreement Letter from Landlord

<<UPLOAD>>

If OWN is selected you will be prompted to upload deed showing the applicant owns the property

Please upload a copy of your deed showing that the applicant owns the property

Upload copy of Deed Showing Applicant Ownership of Facility

<<UPLOAD>>

IF YOU SELECT **Community Improvement** THE FOLLOWING QUESTIONS APPEAR:

Describe the Community Improvement project you are requesting funds to support. Include information on the timeline for completing the project(s) as well as any community partner organizations that will assist with the improvement project. For cleaning and greening activities include information on the location(s) and frequency of those activities.

If your project includes improvements to an open space or vacant lot please provide the following:

Street:
City:
State:
Zip:
County:

IF YOU SELECT **Both Facility and Community Improvements** THE FOLLOWING QUESTIONS APPEAR:

Have you previously received a FY22 Community Safety Works Facility Improvement grant?

Yes
 No

ERROR CHECK: If YES then ERROR MESSAGE: You are not eligible to apply for a Facility Improvement project but are eligible to apply for a Community Improvement project.

Facility Address:

Please provide the address of the property that awarded funds would be used to improve

Street:
City:
State:
Zip:
County:

Do you rent or own the property? (select one)

Rent

Own

**If RENT is selected you will be prompted to upload Lease Agreement and Letter from Landlord
Please upload a copy of your SIGNED and DATED lease agreement**

Upload SIGNED and DATED Lease Agreement

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If your project includes improvements to an open space or vacant lot please provide the following:

Street:
City:

State:
Zip:
County:

6) USE OF FUNDS REQUESTED/ BUDGET:

Eligible requests will be for physical projects and community services that make a facility or a community managed open space safer for residents and visitors to those properties and/or support community-led cleaning and greening activities.

These include but are not limited to:

- **Surveillance tools** such as lighting, cameras and technology that increase visibility of vulnerable spaces. Networks of cameras and license readers should be made effective through monitoring plans and partnerships with law enforcement and other relevant public agencies.
- **Auto and pedestrian circulation improvements** to create natural and man-made environments via landscaping, fencing and other means to better control pedestrian and vehicular traffic. Examples include site fencing and alley gating.
- **Improving opportunities for “eyes on the street,”** including the removal of barriers to site lines (such as trimming overgrown trees/shrubs), opening up closed off spaces, improved lighting and renovating public spaces/playgrounds to draw regular visitors and family activity.
- **Reinforcing community ownership, solidarity and pride,** through clean and beautified streets, sidewalks, and signage. Removing blight and signals of blight (such as litter, graffiti and bulk trash dumping) and instead create “markers” of community pride and ownership such as signs, gardens, new trees, other plantings and upgraded public spaces.
- **Contracted cleaning services** to maintain and clean improved open spaces.

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.