



# PROGRAM APPLICATION

Application Submission  
Period:

**September 2, 2020 – October 1, 2020, 5:00 P.M.**



## County Council

Todd M. Turner, Chair  
Calvin S. Hawkins, II, Vice-Chair  
Mel Franklin, At-Large  
Thomas E. Dernoga, District 1  
Deni Taveras, District 2  
Dannielle M. Glaros, District 3  
Jolene Ivey, District 5  
Derrick Leon Davis, District 6  
Rodney C. Streeter, District 7  
Monique Anderson-Walker, District 8  
Sydney J. Harrison, District 9

## Funded through:

Prince George's County Council  
14741 Governor Oden Bowie Drive  
Upper Marlboro, Maryland 20772

<http://pgccouncil.us/DVGP>

## ELIGIBILITY

*Nonprofit organizations that promote comprehensive domestic violence programs and a coordinated and collaborative community response to domestic violence in Prince George's County are eligible to submit one or more applications for the Prince George's County Council Domestic Violence Grant Program.*

*Applicants are required to apply for grant funding through the Prince George's County Council Grants Office and must satisfy all grant requirements.*

**"DOMESTIC VIOLENCE: NO PLACE IN OUR COMMUNITY"**

**ENDING DOMESTIC VIOLENCE IN PRINCE GEORGE'S COUNTY**



## PRINCE GEORGE'S COUNTY COUNCIL

### FY 2021 Domestic Violence Grant Program

### Notice of Funding Availability

### Application and Pre-Proposal Conference

The Prince George's County Council will be accepting grant applications for the FY 2021 Domestic Violence Program. Applications will be available online Wednesday, **September 2, 2020**. The application submission deadline is **Thursday, October 1, 2020, 5:00 p.m.**

Prince George's County Council Domestic Violence Program Grant application for FY2021 will be available online at the Prince George's County Council website: <http://pgccouncil.us/DVGP>.

**ALL ORIGINAL SIGNED APPLICATIONS MUST BE POSTMARKED BY October 1, 2020**

**NO HAND DELIVERED APPLICATIONS WILL BE ACCEPTED.**

**IN ADDITION ALL SIGNED APPLICATIONS WITH ALL REQUIRED DOCUMENTS MUST BE SCANNED AND EMAILED TO: [SUBMITPGCOUNCILGRANT@co.pg.md.us](mailto:SUBMITPGCOUNCILGRANT@co.pg.md.us)** A generic email response will be received when your application is submitted.

This email is for application submittal only – no other correspondence should be sent to this email.

All other correspondence should be sent to [PGCCOUNCILGRANTS@co.pg.md.us](mailto:PGCCOUNCILGRANTS@co.pg.md.us)

Emailed Applications must be submitted by the deadline Thursday, October 1, 2020, 5:00 p.m.

Original Signed Applications must be postmarked by Thursday, October 1, 2020 and mailed to:

Prince George's County Council  
ATTN: GRANTS OFFICE  
14741 Governor Oden Bowie Drive, Rm 2040  
Upper Marlboro, Maryland 20772

We anticipate awarding ten (10) grants, to be announced by **October 31, 2020**

A virtual Pre-Proposal Conference is planned and will provide an overview of the Prince George’s County Council Domestic Violence Grant Program and specific requirements in applying for these funds addressing the following categories and associated goals:

<b>Housing</b>	<i>Availability/accessibility of safe housing for survivors of domestic violence</i>
<b>Workforce Development</b>	<i>Focus on helping survivors access employment and training that can provide economic security and stability which is critical to their safety and long term recovery.</i>
<b>Counseling/Mental Health Services</b>	<i>Availability/accessibility of domestic violence counseling and mental health services for survivors, children and abusers</i>
<b>Advocacy/Legal Services</b>	<i>Availability/accessibility to domestic violence victim advocates including legal assistance.</i>

Applicants may apply for more than one category but **must** submit an **ORIGINAL** application and an electronic version for each category requested for funding consideration in accordance with the procedures above.

The Pre-Proposal Conference will be virtual and is scheduled as follows:

**DATE:** September 8, 2020

**TIME:** 2:00 p.m. – 3:00 p.m.

***All potential applicants are strongly encouraged to participate in the Pre-Proposal Conference meeting.***

To R.S.V.P for the Pre-Proposal Conference:

An email must be sent to: [PGCCOUNCILGRANTS@co.pg.md.us](mailto:PGCCOUNCILGRANTS@co.pg.md.us) by September 4, 2020.

Please include in the email:

1. Organization Name
2. Organization Representatives Attending, with title and contact information (EMAIL must be provided for access to Pre-Proposal Conference).



# Prince George's County Council Domestic Violence Grant Program

## Instructions

### I. INTRODUCTION / SCOPE

Committed to ending domestic violence in Prince George's County, the County Council has appropriated \$500,000 in FY2021 to support funding for 10 grant programs. These funds will be administered by the Prince George's County Council. The Prince George's County Council Domestic Violence Grant Program is intended to provide funding to support programs/grantees that provide housing, workforce development services, counseling/mental health services, and advocacy/legal assistance to survivors of domestic violence.

The purpose of the Program is to make available crisis and support services and meet the needs of survivors of domestic violence and their families. The service categories are:

**Housing** - *Availability/accessibility of safe housing for survivors of domestic violence.*

**Workforce Development** - *Focus on helping survivors **access employment** and training that can provide economic security and stability which is critical to their safety and long term recovery*

**Counseling/  
Mental Health  
Services** - ***Availability/accessibility of domestic violence counseling for survivors, children and abusers.***

**Advocacy/  
Legal Services** - *Availability/accessibility to domestic violence survivor advocates.*

**\*Applicants may apply for multiple categories but must submit an original application for each category, in accordance with detailed instructions on page 2.**

## Application Review

The Review team will review each application to ensure that all outlined eligibility requirements are met according to Prince George's County Council guidelines. They will conduct a full evaluation of all completed applications and recommend a list of organizations to receive funding.

## Application Evaluation

The team will assess the merits of each organizations' overall project based on a number of considerations including the following:

- Application Submission
- Organizational Strength
- Program Design
- Outcomes
- Financial Management
- Collaboration

## Notification of Award

Council administration will notify applicants in writing by October 31, 2020 of an award. Grant payments will be transmitted electronically in accordance with the Electronic Funds Transfer Form submitted with each application. Programs must begin on **November 25, 2020**.

## Unsuccessful Applicants

*Unsuccessful applicants will be given 10 working days after the announcement of awards to request a debriefing, that will be scheduled at a later date. If a debriefing is requested, an email must be sent to: [PGCCOUNCILGRANTS@co.pg.md.us](mailto:PGCCOUNCILGRANTS@co.pg.md.us)*

## Funding Specification

### A. Application Cycle

The Prince George's County Council will be accepting Domestic Violence Program applications for FY2021 beginning September 2, 2020 and ending October 1, 2020, 5:00 p.m. for programs beginning November 25, 2020. Funds must be expended within one year of receipt.

## B. Budget

The format provided in the financial and budget information sections must be utilized to provide financial/budget reporting.

**DO NOT ATTACH ANY OTHER BUDGET INFORMATION.**

## C. Allowable Costs

Within the identified categories—housing, prevention, counseling, and advocacy--eligible applicants can provide the following services with funds from the Prince George's County Council Domestic Violence Grant Program to survivors of family violence, domestic violence, or dating violence and their dependents. ***This list is not all inclusive.***

- Immediate shelter and related supportive services
- Safety planning
- Individual and group counseling
- Peer support groups
- Information and referrals
- Prevention services and campaigns
- Training and technical assistance
- Public awareness and campaigns
- Culturally and linguistically appropriate services
- Services for children exposed to family violence, domestic violence, or dating violence
- Advocacy
- Case management services
- Legal advocacy
- Assistance in securing other resources, including safe and affordable permanent housing and homelessness prevention services
- Transportation
- Childcare
- Job training and employment services
- Financial planning
- Literacy services
- Economic empowerment services
- Parenting and education services

#### D. Unallowable Costs

The following services, activities, and costs, although not exhaustive, cannot be supported by grant funds:

- Audit Costs
- Property Insurance
- For Political Purpose or Advocacy
- To benefit a For-Profit Entity
- To benefit, directly or indirectly, a Non-Profit / Tax-Exempt entity which has lost its IRS tax-exempt status

#### E. Council Domestic Violence Program Grant Goals

The Prince George's County Council Domestic Violence Grant Program is intended to provide funding support to programs that provide housing, counseling or advocacy/legal services assistance to victims of domestic violence and/or activities that support prevention through a coordinated and collaborative community response to domestic violence in Prince George's County.

**Goal 1:**        **Housing:** *To stabilize and increase housing opportunities for survivors of domestic abuse and their children to assist them in living violence free lives.*

**Goal 2:**        **Workforce Development:** *Focus on helping survivors access employment and training that can provide economic security and stability which is critical to their safety and long term recovery*

**Goal 3:**        **Counseling/Mental Health Services:** *To provide counseling and domestic violence therapy as powerful tools to help survivors of domestic violence get to safety and heal.*

**Goal 4:**        **Advocacy/Legal Services:** *To help domestic violence victims navigate confusing legal proceedings and complicated social service systems and empower them to make informed decisions.*



## Prince George's County Council Domestic Violence Grant Program

### Checklist

Date Submitted: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Category: (Please check **ONE** per application)

Housing   
  Workforce Development   
  Counseling/Mental Health   
  Advocacy/Legal Services

Please provide the following documents, as appropriate, with your grant application to the Prince George's County Council Grants Office.

Y/N	
	Application form ( <i>Original completed, signed and dated – ALL SECTIONS. Other formats will NOT be accepted.</i> )
	IRS Form W-9, Request for Taxpayer Identification and Certification
	IRS Tax-Exempt Status Letter
	Latest IRS Form 990, Return of Organization Exempt from Income Tax
	Maryland State Department of Assessments and Taxation Identification Number must be listed on page 9 (MD SDAT) An organization must be in good standing to receive a grant.
	MD CID# (Maryland Charity Identification Number) Must be listed on page 9
	Board of Directors List and a list of the organization's staff
	Electronic Funds Transfer (EFT) Payment Enrollment Form.
	Independent Audit or Review performed by a Certified Public Accountant (if available); required for all organizations with total Revenue from all Sources of \$300,000 or more.
	Collaboration/Partnership Agreements
	Proof of Additional Financial Resources for this Program



# Prince George's County Council Domestic Violence Grant Program Application



Please Check Only ONE Category per Application

Housing     Workforce Development     Counseling/Mental Health     Advocacy/Legal Services

Date: \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Grant Amount Approved: \$ \_\_\_\_\_

## PART I. ORGANIZATION INFORMATION (APPLICANT):

Legal Name of Organization (As it appears on your IRS Tax Determination Letter):  
\_\_\_\_\_

Address/Telephone Number/Website Address (if any): \_\_\_\_\_  
\_\_\_\_\_

Nature of organization (e.g., private non-profit human services, promotional, advocacy, municipal government):  
\_\_\_\_\_  
\_\_\_\_\_

Mission/Purpose of the organization [one-paragraph history, mission and goals]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Affiliation, if any, with any governmental unit: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_ Tax Exempt: No \_\_\_\_\_ Yes \_\_\_\_\_

Date incorporated: \_\_\_\_\_ Incorporated as a non-profit: Yes \_\_\_\_\_ No \_\_\_\_\_

State Tax I.D. #: D-\_\_\_\_\_ (number from Maryland Department of Assessments and Taxation)

MD CID# \_\_\_\_\_ All organizations are required to be registered as a Charitable Organization in Maryland by providing MD Charity Identification Number (CID). Visit the Council Website for additional information

<https://pgccouncil.us/DVGP> or <https://sos.maryland.gov/Charity/Pages/Instructions.aspx>

### Director of Organization:

\_\_\_\_\_  
NAME & TITLE

\_\_\_\_\_  
(DAYTIME TELEPHONE)

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
CELL

### Contact Person:

\_\_\_\_\_  
NAME & TITLE

\_\_\_\_\_  
(DAYTIME TELEPHONE)


\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
CELL

**Part II. SERVICE CATEGORY:**

Please check the **ONE** category that best describes your organization’s primary services.

<input type="checkbox"/>	Housing	<input type="checkbox"/>	Workforce Development	<input type="checkbox"/>	Counseling/Mental Health Services	<input type="checkbox"/>	Advocacy/Legal Services
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<input type="checkbox"/>	Other	Please List 	
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**Housing**

*Availability/accessibility of safe housing for survivors of domestic violence.*

**Workforce Development**

*Focus on helping survivors access employment and training that can provide economic security and stability which is critical to their safety and long term recovery.*

**Counseling/Mental Health Services**

*Availability/accessibility of domestic violence counseling and mental health services for survivors, children and abusers.*

**Advocacy/Legal Services**

*Availability/accessibility to domestic violence victim advocates Including and legal assistance.*

**Part III. MEETING THE COUNCIL’S GOALS AND OBJECTIVES**

Please check **ONE** objective, which clearly represents the nature of your funding request, outlined below the service category matching your choice under Part II (above).

**A. HOUSING:**

**\_\_\_ Availability of Safe Housing for Victims of Domestic**

**Violence** - To stabilize and increase housing opportunities for victims of domestic abuse and their children to assist them in living violence free lives.

- \_\_\_\_\_ Provide an array of services to domestic violence victims and their children including a safe place to stay for up to 30 days, basic need items, information and referrals to community resources, continuous safety planning assistance, advocacy and comprehensive service management to assist them in living violence-free lives and achieving self-sufficiency.
  
- \_\_\_\_\_ Provide transitional housing to domestic violence victims and their children for up to two years and assist victims in living a violence-free lifestyle while they receive safe housing, supportive services, and life skills training; obtain gainful employment; and locate affordable housing. Transitional Housing enables families to save money for permanent housing and is a critical step between emergency shelter and permanent housing, improving a survivor's chance of living independently from an abusive partner.

**B. WORKFORCE DEVELOPMENT:**

Provide Programs that assist survivors to access employment and/or training that can provide economic security and stability which is critical to their safety and long term recovery.

- \_\_\_\_\_ Connecting survivors to appropriate resources and opportunities to assist in rebuilding their lives.
  
- \_\_\_\_\_ Provide opportunities for job training, career development services and job placement.

**C. COUNSELING/MENTAL HEALTH SERVICES:**

**Availability/accessibility of domestic violence counseling for survivors, children and abusers** - To provide counseling and domestic violence therapy as powerful tools to help victims of domestic violence get to safety and heal.

- \_\_\_\_\_ Assist victims of domestic violence and their children with obtaining domestic violence counseling and therapy to help them move past their traumatic experiences and heal.
  
- \_\_\_\_\_ Assist victims of domestic violence and their children with obtaining domestic violence therapy from a licensed therapist to learn to cope with the trauma of domestic violence from a clinical perspective.
  
- \_\_\_\_\_ Assist the perpetrator of domestic violence with obtaining domestic violence therapy from a licensed therapist by learning how to recognize triggers, manage anger, and stop blaming others for their failures and shortcomings.

**D. ADVOCACY AND LEGAL SUPPORT:**

Availability/accessibility to domestic violence survivor advocates – To help domestic violence survivors navigate confusing legal proceedings and complicated social service systems and empower them to make informed decisions.

- \_\_\_\_\_ Provide legal services in legal proceedings including restraining order hearings, family court hearings and/or child welfare services.
  
- \_\_\_\_\_ Provide case management that includes linkages to programs and information that address essential needs, help complete complex paperwork, provide supportive non-judgmental presence, attend restraining order hearings, family court hearings, law enforcement and/or child welfare services meetings/interviews, etc.

## PART IV. PROJECT PROPOSAL

A project narrative is required for **each** Council Domestic Violence Grant Program category (**Housing, Workforce Development, Counseling/Mental Health, and Advocacy/Legal Services**), if applicant applies for more than one category. Use **12**-point font with 1-inch margins and include **HEADING** provided for each topic below. Listed below are the number of maximum pages noted for each heading. This portion of your document should be submitted as a **separate, one-sided** Microsoft Word document. Please do not bind documents; one binder clip at top left corner is sufficient.

**A. Name of Project to be funded:**

**B. Executive Summary (1 Page):**

*Please provide a summary of your overall proposal and your request for funding.*

**C. Statement of Need /Problem (2 pages):**

*(Clearly explain why this project is needed.)*

**D. Project Description (4 Pages):** *Clearly explain how the proposed project will be implemented and evaluated. Applicants must develop outcome and performance measures that demonstrate impact of program based on the objective outlined in Part III. Describe the services or activities to be completed and estimate the number of persons to be assisted, where the service(s) will be provided. Persons to be assisted should be described in terms of age, gender and ethnicity.*

## PART V. PROGRAM OBJECTIVE AND PROPOSED PROJECT BENEFICIARIES SUMMARY FOR THE SERVICE CATEGORY SELECTED IN PART II.

**A. Housing Project:**

Number of individuals or households that will benefit from the project.

City, State and zip code

**B. Workforce Development Services:**

Number of individuals that will benefit from the project

City, State and zip code

**C. Counseling/Mental Health Services:**

Number of individuals that will benefit from the project  
City, State and zip code

**D. Advocacy/Legal Services:**

Number of individuals that will benefit from the project  
City, State and zip code

**E. Evidence based practice (EBP):** is a process that brings together the best available research, professional expertise, and input to identify and deliver services that have been demonstrated to achieve positive outcome for the population and the community.

**Evidence based programs and practices (EBPPs)** are specific techniques and intervention models that have shown to have positive effects on outcomes through rigorous evaluations.

1. Does this program utilize specific techniques models based on EBPPs?

Yes\_\_\_\_\_ or No\_\_\_\_\_

**F. Providing evidence of effectiveness:** (even if not at the level of evidence-based) is essential to help inform any field of what types of programs and practices are currently being used and what evidence supports these programs. Practice-based and anecdotal evidence can help to identify emerging programs and demonstrate effectiveness. To further advance the field, it is also important to take steps to move toward the development and implementation of EBP.

1. Does this program provide evidence of effectiveness?

Yes\_\_\_\_\_ or No\_\_\_\_\_

If yes, please explain: (separate sheet)

**PART VI. ORGANIZATION COLLABORATION (\*PRIORITY POINTS)**

*\*Priority will be given to activities that are integrated with other community service projects and provided in collaboration with other service providers.*

1. Are there plans to enter into a partnership with any other non-profit organization(s) to undertake this project? Yes\_\_\_ No\_\_\_

If "yes", please list the organization(s) and their contribution(s).

If "no", explain why not.

2. Is this proposed project coordinated with/or a part of any ongoing County program(s) or activity(s)? Yes\_\_\_ No\_\_\_

If "yes", explain how.

3. Will the services of the project be coordinated with other services in the community?

Yes\_\_\_ No\_\_\_

If "Yes", please briefly describe your non-profit collaboration on this project.

4. Please describe your non-profit organization collaboration partners.

5. Please provide a collaboration/partnership agreement with the entity or entities you will collaborate with on this project, which describes respective roles on this project and financial commitment.

**PART VII. ORGANIZATION EXPERIENCE AND CAPACITY**

*Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrates the applicant has the capacity to implement the proposed plan and is consistent with County goals.*

*\*Note: New groups are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.*

**Organization Background:**

1. List the date your organization was incorporated: \_\_\_\_\_
  
2. Number of current paid staff in your organization:  
Full-time:\_\_\_\_Part-time: \_\_\_\_\_
  
3. Number of paid staff currently with your organization who will work on the project:  
Full-time: \_\_\_\_\_Part-time: \_\_\_\_\_
  
4. Number of new staff that will be hired to work on the project, if funded:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
5. Provide a brief narrative, on a separate page (500 words maximum), detailing the types of activities undertaken by your organization.
  
6. Will a consultant(s) or contract staff be hired to help implement the project?  
No\_\_\_ Yes\_\_\_  
If "yes" please explain the services, the consultant or contract staff will offer and identify the sources of funds.



7. Describe your organization's fiscal management disbursement methods, financial reporting, recordkeeping and accounting procedure. Indicate whether the organization has adequate insurance. Insurance coverage for General Liability, Automobile Liability, Workman's Compensation and Fire insurance is required.
8. Describe plans to use other funds on the program. In this section only describe funds that are secured. Provide the source of funds amounts, period covered and how these funds will be used. Intent to apply for matching funds does not constitute a match. Attach commitment letters from other funding sources.
9. Project Budget/Post Grant Funding/Sustainability (1 Page): Clearly detail and describe why your organization is currently unable to address the identified need without outside financial assistance and how the funds requested will support your intended strategies. Clearly detail how your proposed project will achieve self-sufficiency after your period of performance and County funding assistance has ended. Describe plans to seek new funding to supplement Council funding.
10. Please attach a list of organization staff members and a list of the officers and members of the board of directors or comparable governing body.

**PART VIII. FUNDING HISTORY INFORMATION\***

Use this section to provide an account of the revenue of your organization for the past three years and a current year projected budget.

<b>Funding Cycle</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Projected 2021</b>
City				
County				
State				
Federal				
Fees Charged				
Fundraising				
Donations				
In-Kind				
Other				
<b>Total Revenue</b>				

*\* To receive full consideration, proof of additional financial resources is required if your organization received County funding during the above three-year funding cycle (2018, 2019, 2020).*

If your organization received County Council Grant funds in the previous fiscal year, please complete and provide the **FY2020 Financial Report** indicating from whom the funds were received and how the funds were spent. Use the **FY2020 Financial Report** form below:

## FY2020 Financial Report

In FY2020 (July 1, 2019 to June 30, 2020) \_\_\_\_\_ (organization name) received a total of \$ \_\_\_\_\_ from the Prince George's County Council (Non-Departmental and/or Special Appropriation, Domestic Violence Program Grant or other Council grants, as applicable).

County Council Grants Received From	Grant Amount Received	Additional Comments (as applicable)
Domestic Violence Program Grant		
Non-Departmental Grant (Council Designated)		
Stadium Impact Area Mitigation Fund Grant (Council Designated)		
Special Appropriation Grants (Individually Designated by Council Members)		
<b>Total Amount of Council Grants Received</b>		

List Uses of Council Grant Funds (as applicable) (Change and/or write-in category names as needed)	Amount	Additional Comments (as applicable)
Operating Expenses: 1. Salaries (if applicable) 2. 3.		
Program Expenses: 1. Rent (if applicable) 2. Supplies (if applicable) 3. 4.		

**PART IX. ORGANIZATIONAL FINANCIAL INFORMATION**

The budget information below applies to the organization’s total operational budget. You **must** use this format to submit your organization’s financial/budget information. **DO NOT ATTACH ANY OTHER BUDGET INFORMATION. YOU MAY ADD LINE ITEMS.**

**ORGANIZATION** - *The budget information below applies to the organization’s total operational budget.*

**CURRENT YEAR ORGANIZATION REVENUE**

<b>SOURCE</b>	<b>AMOUNT COMMITTED</b>	<b>%</b>
Federal Grants		
State Grants		
County Grants		
Corporations		
Individual Contributions		
Fundraising Events		
Membership Income		
In-Kind Support		
Investment Income Revenue		
Federal Contracts		
State Contracts		
County Contracts		
Earned Income		
Other (Specify)		
<b>TOTAL INCOME</b>		

**CURRENT YEAR ORGANIZATION EXPENSES**

ITEM	AMOUNT
Salaries & Wages (breakdown by individual position and indicate full or part-time positions)	
Insurance, Benefits, Other Related taxes	
Travel	
Equipment	
Supplies	
Printing & Copying	
Telephone/Internet	
Postage	
Rent	
Utilities	
In-Kind Support	
Depreciation	
Other (Specify)	
<b>TOTAL EXPENSES</b>	
Difference (Income Less Expenses)	

**PROPOSED PROGRAM/PROJECT REVENUE**

SOURCE	AMOUNT COMMITTED	AMOUNT PENDING*
Federal Grants		
State Grants		
County Grants		
Corporations		
Individual Contributions		
Fundraising Events		
Membership Income		
In-Kind Support		
Investment Income Revenue		
Federal Contracts		
State Contracts		
County Contracts		
Earned Income		
Other (Specify)		
<b>TOTAL INCOME</b>		

**PROPOSED PROGRAM/PROJECT EXPENSES**

ITEM	AMOUNT
Salaries & Wages (breakdown by individual position and indicate full or part-time positions)	
Insurance, Benefits, Other Related taxes	
Travel	
Equipment	
Supplies	
Printing & Copying	
Telephone/Internet	
Postage	
Rent	
Utilities	
In-Kind Support	
Depreciation	
Other (Specify)	
<b>TOTAL EXPENSES</b>	
Difference (Income Less Expenses)	

*\*Pending sources of support include those requests currently under consideration. Please include this current Council Domestic Violence Program Grant request.*

**PART X. METHOD OF PAYMENT:**

*The County requires the use of electronic deposits via the Automated Clearing House (ACH) system. Instructions and an Electronic Funds Transfer (EFT) enrollment form are included on the Council’s website at <https://pgccouncil.us/320/Grants>.*

## PART XI CERTIFICATION

I affirm that I am authorized to execute this application on behalf of the applicant organization. I also certify that the information contained in this application, including attachments, is true and correct to the best of my knowledge and information. I hereby approve the submission and contents of this application and agree that any grant awarded pursuant to this application will be subject to review by the County (Office of Audits and Investigations) and will be administered in conformity with the purposes stated.

The applicant organization, at the request of the Prince George's County Office of Audits and Investigations, will provide reasonable access during regular business hours to all financial records, files, and accounts of the organization, as well as access to personnel and clients or other beneficiaries for audit purposes, verifications, or program evaluations as the County deems necessary or appropriate concerning this grant award.

The Prince George's County Council reserves the right to discontinue, modify, or withhold any payments to be made under this grant award and may require a total or partial refund of any grant funds if such action is deemed necessary: (1) because the Grantee has not fully complied with the terms and conditions of this grant; (2) to protect the interest of the Prince George's County Government; or (3) to comply with any law or regulation applicable to the Grantee and/or the Prince George's County Government.

Additionally, as a condition of receipt of award, grant recipients must agree to submit an interim report detailing how grant funds were utilized for the first half of the program year. The interim report is due six months after the award is received. A final report is due within thirty (30) days after the conclusion of the grant period.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_