

CECIL COUNTY, MARYLAND
Department of Community Services
Community Partnerships Division
200 Chesapeake Blvd, Suite 2550
Elkton, MD 21921
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410.996.8430

**CECIL COUNTY VIDEO LOTTERY TERMINAL
LOCAL COMMUNITY GRANT PROGRAM**

COMPETITIVE

NOTICE OF FUNDING AVAILABILITY (NOFA) FY 2020



HARD COPY DEADLINE SUBMISSION: May 10, 2019
Funding provided through the Cecil County Video Lottery Terminal (VLT)
Local Community Grant.

ELIGIBILITY

Funds requested through this application are limited to nonprofit and not-for-profit organizations and state, county and local government agencies located within Cecil County, Maryland for purposes as defined in the application. Nonprofit and not-for-profit organizations must be in good standing with the State of Maryland and Cecil County. All funding is contingent upon the availability of Impact Grant funding from the State of Maryland.

GETTING STARTED

Thank you for applying for a Cecil County VLT Local Community Grant. We are seeking nonprofit and not-for-profit organizations and state, county, and local government agencies located within Cecil County to apply for funds as outlined in the application under II. Program Purpose Areas. Eligible organizations may submit one (1) application for each **Purpose Area** (see Section II below).

Grant Contact: Barbara Smith, Chief, Community Partnerships, Department of Community Services, 410.996.8430 or email bsmith@ccgov.org.

OVERVIEW

In 2008, Senate Bill 3 “Maryland Education Trust Fund Video Lottery Terminals” authorized VLT facilities in Maryland and Cecil County was chosen as one of the five locations. One of the premier gaming companies in the country, Penn National Gaming, Inc., was awarded the license and they opened and operate Hollywood Casino in Perryville, MD.

The law provides 5.5% of the total statewide VLT revenues to be split among authorized jurisdictions based on their overall percentage of gross revenues from the video lottery terminals. The revenue is provided through a Local Impact Grant from the State of Maryland and is to be used for improvements in communities in the jurisdiction of the video lottery terminal facility. Total money allocated is contingent on the passage of the County Executive’s budget by County Council.

County officials appointed a Local Development Council to advise the County and Town of Perryville on the impact of the facility and the needs and priorities of the communities in the jurisdiction of the facility. Cecil County developed a Local Impact Grant Multi-Year Plan and established the VLT Local Community Grant Program.

VLT Local Community Grants have been awarded annually to various organizations to support local community programs and projects. Grants have traditionally been used to provide support for public safety initiatives, economic and community development public service projects and programs, and projects and programs that address the needs of the community or population served.

PURPOSE

VLT Local Community Grants will be provided to local nonprofit and not-for-profit organizations and state, county, and municipal government agencies to **reflect and align with needs of the community as outlined in the Cecil County Strategic Plan**. These initiatives include Economic Development, Education, Infrastructure and Safe, Healthy and Active Communities. Please see Section II for a detailed description of these program/purpose areas. **Additionally, please note that ORGANIZATIONS APPLYING FOR VLT FUNDS CANNOT SUPPORT SUB-GRANTEES and must use the award specifically for the purposes outlined in their scope of work. Preference will be given to applications that directly serve a population or purpose area with demonstrated need.**

INSTRUCTIONS

I. GENERAL GRANT INFORMATION

- Nonprofit and not-for-profit organizations and state, county and municipal government agencies located within Cecil County may submit one (1) application for each purpose area (see Section II below).
- The maximum award per grant application is \$25,000.
- VLT grants may not be used to reimburse or replace funds from other sources **and may not be distributed to sub-grantees.**
- Nonprofit grant applicants must be in good standing from the State of Maryland Department of Assessments and Taxation or from the equivalent State Department in any other state of incorporation.

II. STRATEGIC PRIORITIES AND PURPOSE AREAS

Strategic Priorities and Purpose Areas reflect the priorities, goals and objectives from the Cecil County Strategic Plan. The Strategic Plan was created and adopted based on critical needs identified in the community and is in effect through FY2030. On line 3 of the application Face Sheet, **applicants must identify one of the Strategic Priorities (A, B, C or D) below and identify by number one Purpose Area within the chosen Strategic Priority.**

A. Strategic Priority: Economic Development

Purpose Areas:

1. Programs and projects that upgrade workforce skills to take advantage of new jobs in the region.
2. Programs and projects that prepare unemployed and underemployed workers for the demands of emerging employment opportunities with a technology focus.
3. Programs and services that promote a positive county image by advancing sports tourism and promoting the recreation and leisure industry, to attract new residents and businesses.
4. Programs and projects that support community revitalization and the development of mixed-use communities.
5. Programs and services to expand the agricultural business sector and preserve and protect Cecil County's history.

B. Strategic Priority: Education

Purpose Areas:

1. Programs and projects designed to increase degree attainment at the secondary and college levels.
2. Program and projects that encourage family engagement in educational activities within and beyond the classroom, including early education activities.
3. Programs and services that provide opportunities for citizens of all ages to engage in lifelong learning opportunities and to utilize community educational resources.

C. Strategic Priority: Infrastructure

Purpose Areas:

1. Programs and projects that create innovative transportation options to connect the community to school, services, retail establishments, or employment.

2. Programs and projects that advance conservation and preservation efforts in rural and sensitive lands to protect the County's natural environment.

D. Strategic Priority: Safe, Healthy, and Active Communities

Purpose Areas:

1. Programs or projects that support public safety.
2. Programs or services that bolster prevention and intervention efforts or expand treatment and recovery support initiatives to reduce substance abuse and drug addiction in the community.
3. Programs or services that promote healthy lifestyles by engaging youth, adults, veterans and citizens aged 55 and older in health, wellness, recreation, behavioral health or nutritional activities designed to improve personal health and well-being.
4. Programs or services designed to promote healthy lifestyles by providing prevention and early intervention activities targeted toward children and families.
5. Programs or projects that support citizens with the greatest need by providing programming to promote independence and self-sufficiency, and to protect vulnerable children and adults from addressing areas such as family violence and homelessness.

III. LENGTH OF GRANT TERM

FY 2020 VLT Local Community Grant funds are for a 12-month period that starts 7/1/2019 and ends 6/30/2020.

IV. GRANT APPLICATION MUST INCLUDE THE FOLLOWING INFORMATION. PLEASE DO NOT SUBMIT THE INSTRUCTIONS (PAGES 1-8) WITH YOUR APPLICATION.

A. Face Sheet

Fill out face sheet. Please be sure to check all appropriate boxes and fill out all information.

B. Project/Program Title and Summary

Provide one or two paragraphs that summarize the proposed project or program. Model your summary and title after the example below. If your narrative exceeds the space provided in the box, please print a separate page, labeled with the item number (example, C.2. Statistical or Other Information) and include is as an attachment.

The (insert name of organization/agency) is applying for VLT Local Community Grant funds for (insert project/program title) to provide (insert the purpose area or reason you are requesting a grant). The grant funds will be used to serve the (insert the community or population).

EXAMPLE: The ABC Company is applying for VLT Local Community Grant funds for a Gambling Addiction and Prevention Program. The grant funds will be used to provide gambling addiction and prevention education and support for those individuals and/or families seeking treatment in Cecil County.

C. Project/Program Description

Define the extent of the problem and reason(s) you are applying for grant funds, resources available to address the problem, and related information on proposed activities. If your narrative exceeds space provided in the box, please print a separate page, labeled with the item number (example, C.2. Statistical or Other Information) and include it as an attachment.

1. **Problem:** Define/describe the problem.
2. **Statistical or Other Information:** Provide any statistical or other information that supports your grant request or explains why there is a problem. For example, *“According to 2016 Youth Risk Behavioral Surveillance Surveys, nearly 47% of Cecil County’s high school seniors had at least one drink of alcohol in the last 30 days,”* or *“The most substantial drop in daily reading during the summer occurs between the ages of 9 and 13, plunging from 54% to 30% (source),”* or *“The Community Fire Company of Perryville serves an area of x square miles and x population, averaging x calls annually for x services.”*
3. **Project/Program Activities or Services:** Provide information on the activities and/or services that will be provided through the project/program.
4. **Other Available Resources:** Provide information on other resources available (partnerships, volunteers, etc.) or any assistance that will be provided to help address the problem.

D. Goals and Objectives

Outline specific goals and objectives for the project/program. If your narrative exceeds space provided in the box, please print a separate page, labeled with the item number (example, C.2. Statistical or Other Information) and include it as an attachment.

1. **Outline** specific goals and objectives for the project/program.
2. **Define** the community and/or population you will serve.
3. **Explain** how you will measure your success by giving specific performance measures. For example, *“45 youth will participate in a Life Skills program and 80% of them will show increased resiliency skills as measured by pre-and post-tests,”* or *“The summer reading program will serve 60 youth between 9 and 13 years of age, and each will read an average of 6 books during the program,”* or *“The CFCP will purchase two pieces of x equipment and will utilize them in $x\%$ of our fire calls.”*

E. Budgets

Use the budget outline provided to outline expenses **specific to the program or project** for which you are seeking funding and indicate if grant funds will leverage additional dollars (example: provide match dollars for another grant). Please identify other sources of funding, if any, that support the proposed program or project. Grant funds must be used for direct expenditures and may not be used to reimburse or replace funds from other sources.

Budget Categories:

- A. Personnel
- B. Operating Expenses
- C. Contractual Services
- D. Equipment
- E. Other

F. Certified Assurances

Authorized official responsible for the VLT Local Community Grant must read and sign the grant application.

G. Certificate of Status

Nonprofit applicants must provide a copy of their Certificate of Status from the State of Maryland Department of Assessment and Taxation or the equivalent documentation from any other state of incorporation. In lieu of purchasing a hard copy of your Certificate of Status, you may submit a screen shot indicating your agency is in good standing. The screen shot and/or hard copy document must be current as of May 10, 2019. You may access the MD Department of Assessments and Taxations website and search for your status using the following link: <https://egov.maryland.gov/BusinessExpress/EntitySearch>. Enter your organization name or ID number, and you will be directed to a page showing your current status. Please note, Cecil County will verify current status for all applicants.

H. IRS Determination Letter

Nonprofit organizations submitting applications will provide a copy of their Exemption Determination Letter from the Internal Revenue Service.

V. VLT LOCAL COMMUNITY GRANT REVIEW COMMITTEE CRITERIA

The VLT Local Community Grant Review Committee will review the grant applications based on the following criteria:

1. Grant applicant has met all the requirements as designated and application is complete and signed.
2. Grant application/request meets one of the Strategic Priorities and Purpose Areas defined in Section II.
3. Applicant provided an explanation of the problem and its associated impact on the community and how VLT grant funds will help mitigate the identified problem.
4. Grants used to leverage additional dollars (example: as match for another grant) will be given preference provided the application meets all other grant requirements.
5. Grant applicant has identified all other sources of funding that support the project or program.
6. Project/program goals and objectives are defined and measurable.
7. Statistical or other information is provided to define the problem and support the request.
8. Community and/or population to be served are defined.
9. Success of the project or program can be measured.
10. Budget clearly explains how the grant funds will be used and does not exceed the maximum limit of \$25,000.

VI. DISTRIBUTION OF FUNDS AND REPORTING REQUIREMENTS

Cecil County Government will distribute grant funds on a reimbursement basis following the receipt of invoices and proof of expenditures. **Grant recipients are responsible for complying with the conditions of the grant award and must provide semiannual budgetary and programmatic reports** as defined in the Grant Award and Acceptance package. If circumstances occur that require grant funds in advance, the grantee must submit a request in writing explaining the reason an advance is necessary. Advances are at the sole discretion of the County.

VII. IMPORTANT DATES

Monday, April 15, 2019	VLT NOFA Release
Wednesday, May 1, 2019	Informational Workshop, Elk Room, 11 am – 12 pm
Friday, May 10, 2019	Deadline for grant applications (4:30 p.m.)
May 28 - 31, 2019	Grant Review Committee meetings
June 3 – 14, 2019	County Executive Review of recommendations
June 24-28, 2019	Notifications to grant recipients and public announcements
July 1, 2019	VLT Local Community Grants funding available
June 30, 2020	VLT Local Community Grants expire

VIII. APPLICATION PROCESS

1. **The deadline for grant applications is May 10, 2019.** Grant applicant must follow the application outline and instructions provided, or the application will be disqualified.
2. **Grant applicant must provide and submit an original signed application and eight (8) copies** to the Department of Community Services, County Administration Building, 200 Chesapeake Blvd., Suite 2550, Elkton, MD 21921 by close of business (4:30 p.m.). Faxed copies will not be accepted.
3. Applications delivered or postmarked after **May 10, 2019** at 4:30 p.m. will be disqualified.
4. The VLT Local Community Grant Review Committee will forward grant recommendations to the County Executive for final review and grant award.
5. Applicants will be notified in writing of the Executive's decision.

APPLICATION CHECKLIST - Read all instructions.

- Face Sheet/grant application (**Do not submit the instructions – pages 1-8.**)
- Project/Program Title and Summary
- Project/Program Description
 - Problem Description
 - Statistical or Other Information
 - Project/Program Activities or Services
 - Other Available Resources
- Goals and Objectives
 - Define goals and objectives
 - Define the community or population served
 - Explain how you will measure your success
- Budget – use forms provided in application
- Certified Assurances – must be signed by authorized official responsible for grant
- If applicant is a nonprofit organization, a copy of Certificate of Status from the State of Maryland Department of Assessments and Taxation, or the equivalent documentation from any other state of incorporation is required. In lieu of purchasing a hard copy of your Certificate of Status, you may submit a screen shot indicating your agency is in good standing. The screen shot and/or hard copy document must be current as of May 10, 2019. You may access the MD Department of Assessments and Taxations and search for your status using the following link: <https://egov.maryland.gov/BusinessExpress/EntitySearch>. Enter your organization name or ID number, and you will be directed to a page showing your current status.
- If applicant is a nonprofit organization, copy of Exempt Determination letter from the Internal Revenue Service.

**CECIL COUNTY FY2020 VIDEO LOTTERY TERMINAL (VLT)
LOCAL COMMUNITY GRANT APPLICATION – COMPETITIVE
FACE SHEET**

1. Organization/Agency: _____

Mailing Address: _____

PO Box/Street City State Zip

Federal ID #: _____

2. Organization Type: Nonprofit Not-for-profit Government Agency

3. Grant Purpose Area: A. Economic Development B. Education
 C. Infrastructure D. Safe, Healthy and Active Communities

Purpose Area Number: _____

4. Authorized Official*: _____

Title: _____

Email address: _____ Phone: _____

5. Project/Program Director*: _____

Email address: _____ Phone: _____

6. Fiscal Contact*: _____

Email address: _____ Phone: _____

7. Budget Summary:

	Personnel	Operating	Contractual	Equipment	Other
VLT Grant Request:					
Funding from Others:					
Budget TOTAL:					

VLT Grant Fund Request: \$ _____

Funds from Others, if applicable: \$ _____ Source(s): _____

Total Project/Program Funds: \$ _____

8. This is a highly competitive grant process; as such, please indicate whether you are willing to accept partial grant funding. Yes No

***Only the officials noted in 4, 5 and 6 may correspond regarding the VLT grant funds.**

A. Project/Program Title: _____

B. Project/Program Summary – provide one or two paragraphs that summarize the proposed project/program. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

C. Project/Program Description

1. Define the problem. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

2. Provide statistical or other information that explains/supports the problem (see examples on p. 4). If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

3. Provide a description of the project/program activities or services. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

4. Provide information on other available resources. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

D. Goals and Objectives

Outline specific goals and objectives for the project/program. Define the community and/or population you will serve and explain how the requested grant funds will assist you with reaching the goals and objectives.

1. Outline specific goals and objectives for the project/program. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

2. Define the community and/or population you will serve. If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

3. Explain how you will measure your success (see examples on p.4). If your narrative exceeds space provided in the box, please print a separate page labeled with the item number and include it as an attachment.

E. Budget

Complete the tables below by entering all program or project expenditures in the spaces provided and round all amounts to the nearest dollar. Below the total expenses, indicate the requested amount of grant funds and any other funds that will support this budget.

Category A - PERSONNEL

Include salaries, social security, and fringe benefits for personnel required to implement the project/program including full or part-time contractual staff (excluding consultants, which should be listed in Category C). Time and attendance records must be maintained by the grant recipient for all personnel included in the grant project.

Description of Position	Annual Salary or Hourly Rate	Percent of Time or Number of Hours	TOTAL
Sub-Total:			
Social Security/Fringe Benefits:			
TOTAL Personnel Expenses:			
Grant fund request:			
Other funds, if applicable:			

Justification/explanation of above (attach additional sheet if necessary):

Category B - OPERATING EXPENSES

Project/Program supplies, rental space, printing and communications. Communication expenses include items such as telephone, fax, postage, and other expenditures such as photocopying.

Operating Expense	Cost/Unit	Quantity	TOTAL
TOTAL Operating Expenses:			
Grant fund request:			
Other funds, if applicable:			

Justification/explanation of above (attach additional sheet if necessary):

Category C - CONTRACTUAL SERVICES

For each contract, enter the nature of the service to be provided and the basis for computing the amount to be paid. Consultant contracts for training or evaluation should be included here.

Description of Contractual Services	Rate	Quantity	TOTAL
TOTAL Contractual Services:			
Grant fund request:			
Other funds, if applicable:			

Justification/explanation of above (attach additional sheet if necessary):

Category D - EQUIPMENT (Purchase, Lease or Rental)

Equipment costs may include taxes, delivery, installation and similarly related charges. Inventory records must be maintained for equipment that is acquired.

Equipment Item	Cost/Unit	Quantity	TOTAL
TOTAL Equipment Expenses:			
Grant fund request:			
Other funds, if applicable:			

Justification/explanation of above (attach additional sheet if necessary):

Category E – OTHER

Include all other anticipated expenditures that are not included in the previous categories.

Type of Expense	Cost	TOTAL
	TOTAL Expenses:	
	Grant fund request:	
	Other funds, if applicable:	

Justification/explanation of above (attach additional sheet if necessary):

CERTIFIED ASSURANCES

APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. Competitive VLT Local Community Grant funds must be used as designated in the Grant Award and Acceptance package based on the application submitted.
2. Applicant will provide a copy or screen shot of their current Certificate in Good Standing from the State of Maryland Department of Assessments and Taxation, if applicable.
3. VLT Local Community Grant funds will not be used to reimburse or replace funds from other sources.
4. **Grant recipient agrees to submit fiscal and program reports to Cecil County Government as required in the grant award and acceptance contract.**
5. Grant recipient shall maintain and agree to make all grant records available upon request of county officials.
6. Grant recipient agrees to provide any additional information that may be requested by county or state officials in connection with the VLT Local Community Grant Program.
7. Grant recipient agrees to comply with the general or special conditions for grants as determined by the County.
8. Grant recipient understands that all VLT Local Community Grant funds are contingent upon the availability of the State of Maryland Impact Grant funds, and also on the passage of the County Budget.

CERTIFICATION

I certify that this project/program will comply with the provisions set forth by the State of Maryland and Cecil County Government.

Signature of Authorized Official

Date

Print Name

Title

Phone

Email