

**CECIL COUNTY FY2021 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

3. Authorized Official*: _____

Title: _____

Email address: _____ Phone: _____

4. Project/Program Director*: _____

Email address: _____ Phone: _____

5. Fiscal Contact*: _____

Email address: _____ Phone: _____

6. 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 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 3, 4, and 5 may correspond regarding the VLT grant award.**

A. Define the community and/or population you serve.

B. COVID-19 Alterations to Services – Provide one or two paragraphs that summarize how your organization’s functions and services were impacted by the COVID-19 pandemic, including what changes were made in your services to the community and how you are serving the community now.

C. COVID-19 Fiscal Impact on Operations

Provide one or two paragraphs describing how your operational, technology and administrative functions have changed as a result of the COVID-19 pandemic, and how your organization has been impacted financially. Please include changes in fundraising, technology, fee-for-service program income, staffing, continuing operational expenses and reductions in revenue, and other economic impacts.

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 RELATED TO COVID-19 (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 RELATED TO COVID-19 (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 RELATED TO COVID-19 (attach additional sheet if necessary):

CERTIFIED ASSURANCES

APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. Competitive VLT Local Community Grant funds must be used for **the maintenance and sustainability of operations during the COVID-19 epidemic ONLY.**
2. A copy or screen shot of the applicant’s current Certificate in Good Standing from the State of Maryland Department of Assessments and Taxation **IS NOT REQUIRED**, but will be verified by Cecil County.
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