

Best Phone Number:

# Maryland Community Health Resources Commission 2021 Relief Act DDA Grant Application

## **NOTE:** The following documents must accompany this Grant Application:

- IRS Form W-9 Taxpayer Identification Number (Link to IRS form)
- SDAT Certificate of Good Standing (Link to SDAT)
- IRS 501(c)(3) Determination Letter (For non-profit applicants)
- MDH/DDA Organization License and/or Certification
- Statement of Obligations, Assurances & Conditions (Link to CHRC Website)
- Budget Narrative (Link to CHRC Website)
- Budget Template (Link to CHRC Website)

Applicant Organization Information:				
NOTE: The legal nonprofit name should match the name re	gistered with the State De	partment of Assessme	nts & Tax	kation
Legal Nonprofit Name:				
Trade Nonprofit Name:				
Is the Organization in good standing with the State of Maryl	and Department of Assess	sments & Taxation:	Yes	No
Federal Tax ID#:				
Is the applicant organization a nonprofit 501c3: Yes	No			
Contact Information:				
Primary Business Address:				
City:	State:	Zip:		
Is this address your mailing address: Yes No:				
If NO, Provide Mailing Address:				
Primary County / Zip Code where Services are Provided:				
Primary Contact Information:				
Name:	Title:			
Best Phone Number:	Email address:			
Program and/or Fiscal Contact:				
Name:	Title:			

Email address:

Developmental Disabilities Administration License Number (or certification number if applicable) #:				
Expiration Date:				
PCIS Provider Number:	Medicaid Number:			

#### **Program Information/Grant Request:**

Briefly describe the Organization's mission statement. How will the requested grant funds support the furtherance of its mission and the ability to provide services and to sustain its operations into the future?

Which of the following categories is the Organization's mission and work most closely aligned?

Economic Development & Recovery Health Human Services Housing

Other: (Please Specify)

## **Requested Grant Funding:**

My Organization is applying for funding in the following areas to (check all that apply):

Re-Opening Transformation Revenue Loss

Applicants may apply for funding in each of the three funding priority areas. Funding will be made available on a noncompetitive basis.

Maximum total grant awards are stratified according to the revenue tiers below. The tiers are based on the following: 1) FY 2019 DDA Provider Payment data provided to the Maryland Community Health Resources Commission, or 2) FY 2020 DDA Provider Payment data if no DDA Provider Payment data was available for FY 20219. (See tiers below).

DDA Provider Payment Data from FY 2019	Maximum Award	
<b>Tier 1:</b> Up to \$1,000,000	\$12,000	
Tier 2: \$1,000,000 to \$2,500,000	\$20,000	
<b>Tier 3:</b> \$2,500,000 to \$5,000,000	\$25,000	
Tier 4: \$5,000,000 to \$10,000,000	\$30,000	
<b>Tier 5:</b> Above \$10,000,000	\$40,000	
<b>Tier 6:</b> Above \$20,000,000	\$50,000	

## **Total Amount of Funding Requested from CHRC:**

**If applying for reimbursement of revenue loss** must submit financial statements covering the **three months** prior to the application submission date:

- o Monthly Balance Sheet; OR
- o Profit & Loss Statements
- o Alternatively, submit your most recent audited Annual Income Statement

permissible use.				
Did the Organization apply for and receive any additional Indicate Amount & Source of funding:	State or federal COVID-19 Re	elief Funding:	Yes	No
(Note: This includes requests/grants/loans from the Maryl Relief Grants.)	and Department of Commerc	e Small Business COVII	D-19 Emergend	СУ
Did the Organization apply for a BHA/DDA NORI funding: Indicate Amount & Use of funding:	Yes	No		
Did the Organization receive NORI funding:  Yes Indicate Amount & Use of funding:	No			
By signing below, the Organization attests that the fundir local, state, and federal agencies. Furthermore, I attest the contained in the foregoing Grant Application is accurate a	hat to the best of my knowle			other
Official Authorized to Execute Contracts:				
Printed Name:	Date:			
Title:				
Cianakura				

Provide a <u>detailed</u> explanation for use of all requested funds on the attached Budget Narrative and Budget Template (both documents are required). DO NOT use general terms such as "Cleaning Supplies." See Pages 6-9 of the RFP for examples of