



Eligibility Requirements

Print this document and initial by each requirement to certify that your organization meets each one. If there are any eligibility requirements your organization or program does not meet, it is not eligible for a City of Rockville Human Services grant.

_____ Only nonprofit organizations that provide human services to individuals residing in the corporate City limits of Rockville are eligible to apply.

_____ If your application is approved, your organization will meet the below requirements for insurance coverage:

Prior to the execution of the contract by the City, the Grantee must obtain at their own cost and expense and keep in force and effect during the term of the contract including all extensions, the following insurance with an insurance company/companies licensed to do business in the State of Maryland evidenced by a certificate of insurance and/or copies of the insurance policies. The Grantee’s insurance shall be primary.

Grantee’s insurance coverage shall be primary insurance as respects the City, its elected and appointed officials, officers, consultants, agents and employees and any insurance or self-insurance maintained by the City shall be excess of the Grantee’s insurance and shall not be called upon to contribute with it.

Type of Insurance	Amounts of Insurance	Endorsements and Provisions
1. Workers’ Compensation 2. Employers’ Liability	Bodily Injury by Accident: \$100,000 each accident Bodily Injury by Disease: \$500,000 policy limits Bodily Injury by Disease: \$100,000 each employee	Waiver of Subrogation: <i>WC 00 03 13 Waiver of Our Rights to Recover From Others Endorsement – signed and dated.</i>
3. Commercial General Liability a. Bodily Injury b. Property Damage c. Contractual Liability d. Premise/Operations e. Independent Contractors f. Products/Completed Operations g. Personal Injury	Each Occurrence: \$1,000,000	City to be listed as additional insured and provided 30-day notice of cancellation or material change in coverage. <i>CG 20 37 07 04 and CG 20 10 07 04 forms to be both signed and dated.</i>
4. Automobile Liability a. All Owned Autos b. Hired Autos c. Non-Owned Autos	Combined Single Limit for Bodily Injury and Property Damage - (each accident): \$1,000,000	City to be listed as additional insured and provided 30-day notice of cancellation or material change in coverage. <i>Form CA20 48 02 99 form to be both signed and dated.</i>

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Required Certificate Holder:
The Mayor and Council of Rockville
 City Hall
 111 Maryland Avenue
 Rockville, MD 20850

_____ If your application is approved, your organization will meet the requirement that all communication from the City of Rockville must receive a reply from your organization within 10 weekdays.

_____ If your application is approved, your organization will meet the following reporting deadlines:

- Quarter 1 (July 1 through September 30, 2020): Report due October 15, 2020
- Quarter 2 (October 1 through December 31, 2020): Report due January 15, 2021
- Six-month program measures report due January 15, 2021
- Quarter 3 (January 1 through March 31, 2021): Report due April 15, 2021
- Quarter 4 (April 1 through June 30, 2021): Report due July 15, 2021
- Year-end program measures report due July 15, 2021

_____ To encourage the submission of quality applications, a staff member from all applicant organizations must attend one of the following **mandatory technical assistance sessions**, located at Mayor and Council Chambers at 111 Maryland Avenue, Rockville, MD 20850:

Thursday, November 14, 10 – 11 a.m.

Friday, November 15, 3:30 – 4:30 p.m.

Wednesday, December 4, 3:30 – 4:30 p.m.

An RSVP is not required. Please contact Ali Hoy, Community Services Program Analyst, at ahoy@rockvillemd.gov with any questions about the mandatory technical assistance sessions.

Deadline

All grant applications and attachments must be received by the City of Rockville Community Services Division office by **Friday, December 6, 2019 at 5 p.m.** Applications are to be mailed or delivered to:

Carlos Aparicio, Community Services Manager
Rockville City Hall
111 Maryland Avenue, 1st floor
Rockville, MD 20850

Instructions

Initial by each requirement to certify that each instruction has been followed in submitting the application.

_____ All submitted documents must be electronically generated and printed on one side of the page only.

- To complete the PDF application, you must have Adobe Reader installed on your computer. If you do not have the program, it may be downloaded free of charge at <https://get.adobe.com/reader/>.
- To complete the Excel spreadsheet, you must have Microsoft Excel installed on your computer. If you do not have the software, it may be purchased at a discount for use by non-profit organizations at <http://www.techsoup.org/>.

_____ Electronically complete the following pages of the fillable PDF application document “FY 2021 Grant Application – Human Services – Application and Attachments”: 1 through 3 and 5 through 8.

_____ Electronically complete page 4 of the application in the Excel document “FY 2021 Grant Application – Human Services – Application Page 4.”

- Refer to Attachment 3 for instructions on completing the Excel sheet with the **mandatory** outputs and outcomes provided.
- If the program measures for your program can fit on one page, complete only the sheet entitled “1 Page Only.” If you require additional space, complete only the sheet entitled “2 Pages.”

_____ Each field of the application must be completed. All figures must agree with the final approved quarterly, six-month, and year-end reports submitted in previous fiscal years, when applicable.

_____ Print one copy of the completed grant application: pages 1 through 3 and 5 through 8 from the PDF; page 4 (or 4a and 4b) from the Excel spreadsheet.

_____ Have the Executive Director of the organization sign and date the application on page 1 (no electronic signatures). Do not hole punch the original signed application.

_____ Photocopy nine copies of the signed application. Three-hole punch all nine copies in the left margin.

_____ Print one copy of each of the following supplemental documents:

- Audit, Financial Statement, or compilation for most recent completed operating year.
- IRS Form 990 for most recent completed operating year.
- Board Roster identifying officers, term limits, addresses, and phone numbers.
- Report from the last formal and/or informal evaluation of the program (all applicable).
- Document of Signing Authority signed by the Executive Director and the President of the Board (see Attachment 5 example).

_____ Submit the following documents:

- One copy of this instructions document, completed with initials.
- One signed original application, paper-clipped or binder-clipped and **not** hole-punched.
- One copy of each of the supplemental documents listed above, paper-clipped or binder-clipped and **not** hole-punched.
- Nine photocopies of the nine-page application. Each copy of the application must be hole-punched and paper-clipped.

_____ No documents should be stapled.

Organization: _____ **Program:** _____

Staff member completing instructions document: _____

Signature: _____ **Date:** _____