

City of Rockville

Eligibility Questions

Thank you for your interest in submitting a proposal for the Community Services and Enrichment Grant Program. The following eligibility quiz will be used to determine your program's eligibility for this grant. If your organization or program does not meet any of the eligibility requirements, it will not be eligible for the City of Rockville Community Services and Enrichment Grant Program.

Please note: The City of Rockville provides annual grants to local organizations that partner with the City to support community services and enrichment programs for Rockville residents. **Only organizations that provide community services and/or enrichment programs to individuals residing within the corporate city limits of Rockville are eligible to apply.**

Is your grant request for \$10,000 or less?*

Requests for \$10,000 or less will only be considered in the Community Empowerment Mini-Grant Program as part of the city's efforts to streamline the application, reporting, and award process for smaller, low-complexity grants.

Applications for FY28 mini-grant proposals will open in March 2027, with applications due in April 2027, and funding disbursed up-front for FY28.

For more information, please visit the Community Empowerment Mini-Grant Program webpage.

Choices

Yes
No

Is your organization a 501(c)(3) that provides services and/or programs to Rockville residents?*

To determine if your organization serves individuals residing in the corporate city limits of Rockville, use the Rockville Address and Residency Check featured map to view the city limits of Rockville and check the Rockville residency status of an address.

Choices

Yes
No

Grant Requirements

Required Attendance: Application Technical Assistance Session*

To encourage the submission of quality applications, a staff member from all applicant organizations must attend one of the mandatory technical assistance sessions, held virtually. Please select a specific session you want to attend or have already attended.

Choices

Undecided, but plan to attend one of these sessions.

Tuesday, September 8th, 10:00-11:00a.m.

Thursday, September 24th, 4:00 – 5:00 p.m.

Thursday, October 8th, 2:00-3:00 p.m.

Required Supplemental Documents*

During the application process, your program will be asked to provide the following supplemental documentation.

If you will be applying with a fiscal sponsor, you will need to provide the documents of both the fiscal sponsor and the organization that will be facilitating the program, as able.

Please check each to acknowledge that you can provide those documents.

Choices

IRS Form 990 for most recent completed operating year

Board Roster identifying officers and term limits

Document of Application Submission Authority

Quarterly Invoice and Expense Receipts Requirement*

Each organization is required to submit quarterly invoices for reimbursement of eligible expenses incurred in accordance with your approved grant budget. Each quarterly invoice must also be supported by receipts or other acceptable documentation demonstrating the expenses incurred during the applicable quarter.

Please keep this reimbursement and expense tracking structure in mind when developing your program budget.

By selecting “Yes,” you agree to meet this requirement if your application is approved.

Choices

Yes

No

Reporting Requirements and Deadlines*

Each organization must submit quarterly reports with complete information by the required deadlines.

1. Quarter 1 (July 1 through September 30), due in mid-October
2. Quarter 2 (October 1 through December 31), with six-month program measures due in mid-January
3. Quarter 3 (January 1 through March 31), due in mid-April
4. Quarter 4 (April 1 through June 30) with year-end program measures due in mid-July

Specific deadlines for reports may be adjusted for specific project timelines and will be confirmed in awarded grantee agreements once adopted by Mayor and Council.

By selecting “Yes,” you agree to meet this requirements if your application is approved.

Choices

Yes

No

Residency Reporting, Confidentiality, and HIPAA Compliance*

As a condition of receiving grant funding, your organization will be required to track and report the number of **unduplicated Rockville residents served** by the grant-funded program in each quarterly report. A tool will be provided to check addresses in bulk and verify residency for submitting these numbers in reports.

During audits or site visits, the City may require the grantee to verify its records for a sample of individuals served by providing a client identifier (such as initials or a case number—not the client’s name) and the client’s address.

Organizations must comply with all applicable privacy and confidentiality requirements. Healthcare providers must comply with HIPAA and other applicable laws. Organizations must obtain appropriate client consent or authorization before providing client address information to the City for grant reporting or residency verification purposes.

By selecting “Yes,” you acknowledge and agree that your organization is responsible for obtaining any required client consent or authorization and for ensuring that the collection, use, disclosure, and reporting of client information complies with all applicable laws and regulations.

Choices

Yes

No

Communication Requirements*

Organizations are required to respond to communications from the City of Rockville **within 10 business days.**

By selecting “Yes,” you agree to meet this requirement if your application is approved.

Choices

Yes

No

Certificate of Insurance Requirement*

Organizations must provide a certificate of insurance (COI) demonstrating that your organization carries the city's minimum required insurance coverage.

View the City of Rockville insurance requirements [here](#).

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.

By selecting “Yes,” you agree to meet this requirement if your application is approved.

Choices

Yes

No