# Appendix I: FY2021 Grant Application Form

**Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title**: Click or tap here to enter text.

**Jurisdiction(s) of Proposed Project**: Click or tap here to enter text.

**Applicant Organization**: Click or tap here to enter text.

**Point of Contact**:

|  |  |
| --- | --- |
| First/Last Name: Click or tap here to enter text. | Mailing Address: |
| Position: Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Website: Click or tap here to enter text. |

**Main Objective**:

|  |  |  |
| --- | --- | --- |
| Prevention & Education | Enforcement & Public Safety | Treatment & Recovery |

**Total Project Cost**: $Click or tap here to enter text.

**Project Summary**:

**Problem Statement/Needs Justification:**

**Program Goals and Objectives:**

**Program Measurement/Performance Indicators:**

**Timeline:**

**Spend Plan Description:**

**Program Sustainability Plan:**

*To the best of my knowledge, I certify that all the information provided herein is true and correct.*

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Application Support Signatures**

*The signatures below serve to convey the jurisdiction’s support of the project described herein.*

County (or Baltimore City) Administration:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Local Health Officer:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Local Emergency Manager:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Municipal Emergency Manager (if applicable):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

**Checklist of Attachments Required for Nongovernmental Agencies:**

* Prior fiscal year/calendar year profit & loss statement and balance sheet;
* Company description including number of employees, EIN and DUNS number and form of organizations (e.g., 501(c)(3));
* Most recent financial audit;
* Statement of Good Standing with the MD State Department of Assessments & Taxation;
* Copies of any licensures/certification necessary to operate in the State of Maryland. Please also disclose any investigations that your organization may be undergoing (licensure or otherwise); and
* If 501(c)(3), proof of this status by submitting a copy of its status letter from the IRS with the application. If the IRS letter is not available, a letter from your organization’s authorized official listing officers, bylaws, and/or articles is permissible until such time that a copy can be obtained from the IRS.