

# PRINCE GEORGE'S COUNTY COUNCIL, MARYLAND

# **GRANTS MANAGEMENT SYSTEM**

# **GMS User Manual Document for Applicants**

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1.1	06/25/2024	Shyam Sundar Dwivedula	<ol> <li>1.Clubbed Login pages for Individuals and Organizations in one section (Section 7).</li> <li>2.Introduced Section 10: Organizational Dashboard</li> <li>3.Section 10 and Section 11: Inserted Letter of Intent sections.</li> <li>4.Section 6: Organization Registration removed the steps common to Section- 5. Changed all the screenshots in every section to reflect the updated website.</li> <li>5.Blurred out PII information in screenshots</li> <li>6.Section 11 - Made changes to Grant Application Process status messages. Deleted Grantee role.</li> <li>7.Section 13: Added new section Grant Closure</li> </ol>			
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1.6	04/23/2025	Satish Peri	Updated screenshots to reflect latest UI changes			

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# **1. INTRODUCTION**

The Grant Management System (GMS) is a web-based application designed to offer a comprehensive solution for managing and tracking Grants issued annually by Prince George's County Council to entities within its jurisdiction. This application enables County personnel to effectively oversee the entire grant process, encompassing the issuance of Grant notifications, receipt of Grant applications, multiple rounds of Application evaluations, and the ultimate Awarding of the Grant to selected Applicants. In addition to simplifying the entire grant process, the GMS application also allows County personnel to archive historical information about all processed Grants and the associated Applications received for each grant.

### **2. SCOPE**

This user manual aims to train Organizations on efficiently using the GMS application for managing Special Appropriation Grants (SAG), Domestic Violence Grants (DVG), and Non-Departmental Grants (NDG). It provides comprehensive guidance on all grant-related activities within the portal.

### **3. USER ROLES**

The GMS supports two primary user roles:

- Organizational Director
  - o Serves as the primary administrator for the organization's GMS account
  - Has full access to all organizational functions
  - Can manage other users and submit final applications
- Applicant (Staff Member)
  - Can initiate and develop grant applications
  - Works under the oversight of the Organizational Director
  - Has limited administrative access

# 4. PUBLIC PAGE

The GMS public page serves as the main entry point to the portal, providing:

- An overview of available grant programs
- Links to detailed program information
- Access to the login system

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"Grants Management System (GMS) is a meticulously designed solution that optimizes the entire grant lifecycle, ensuring efficiency, transparency, and compliance. From application submission to post-award reporting, the GMS offers an intuitive interface, simplifying complex processes for applicants as well as agency users. It facilitates rigorous yet efficient evaluation and selection processes, with features for expense tracking, progress monitoring, and detailed reporting, ensuring financial and programmatic accountability.

Our system supports post-award management, including grant monitoring, performance evaluation, and compliance oversight. Grant administrators can effortlessly track milestones, budget utilization, and outcomes. The in-built comprehensive reporting tools meet regulatory requirements, providing real-time insights to stakeholders. With robust security measures, the GMS safeguards sensitive data, maintaining confidentiality and integrity. It's scalable, customizable, and user-friendly, tailored to specific agency needs.

Experience heightened efficiency, transparency, and compliance in grant management with ISSI's state-of-the-art GMS, thereby elevating your organization's grant administration and confidently achieving your mission."





## 4.1. Public Page - Dashboard Module

The public homepage dashboard contains the following navigation menu items as shown below:



Home - Returns users to the main public page from any location within the system.

**Programs**—This section displays a comprehensive list of all the available grant programs. Click the 'More Details' link for specific program information.

#### Grants Management System GMS Applicant User Manual

Programs

Program Name	Start Date	End Date	Action
BHT Grant Program	04/07/2025		More Details
DVG Program	01/01/2024	12/31/2024	More Details
NATIONAL GRANT WERD	02/18/2025		More Details
NDG Program	10/01/2024	05/31/2025	More Details
Non-Departmental Grant Program	04/08/2025		More Details
People Tech Grant	04/04/2025		More Details
SAG Program	01/01/2025	12/31/2025	More Details
	20/04/2005		••••••••••••••••••••••••••••••••••••••
First Previous 1 Next Last			Total: 8 Entries

# The following page is displayed:

Program Name: FY-25 - SAG Program				
Program Budget(\$):\$66,555.00				
Key dates for this program are:				
Program Opens for Applications: 01/01/2025 Program Deadline: 12/31/2025				
Overview				
Grants Related to: FY-25 - SAG Progr	am			
Grants Related to: FY-25 - SAG Progr Grant Name	am Grant Budget( <b>\$</b> )	Grant Start Date	Grant End Date	Action
Grants Related to: FY-25 - SAG Progr Grant Name 090425 Grant-1	am Grant Budget(\$) \$10,000.00	Grant Start Date 04/01/2025	Grant End Date 12/31/2025	Action More Details
Grants Related to: FY-25 - SAG Progr Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET	Grant Budget(\$)           \$10,000.00           \$34,567.00	<b>Grant Start Date</b> 04/01/2025 04/01/2025	Grant End Date 12/31/2025 04/30/2025	Action More Details More Details
Grants Related to: FY-25 - SAG Progr Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET SAG Program Grant	Grant Budget(\$)            \$10,000.00         \$34,567.00            \$45.00         \$45.00	Grant Start Date           04/01/2025           04/01/2025           01/01/2025	Grant End Date           12/31/2025           04/30/2025           12/31/2025	Action More Details More Details More Details
Grants Related to: FY-25 - SAG Progra Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET SAG Program Grant SAG Program Grant	Grant Budget(\$)	Grant Start Date           04/01/2025           04/01/2025           01/01/2025           01/01/2025	Grant End Date           12/31/2025           04/30/2025           12/31/2025           12/31/2025           12/31/2025	Action More Details More Details More Details More Details
Grants Related to: FY-25 - SAG Progra Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET SAG Program Grant SAG Program Grant	Grant Budget(\$)            \$10,000.00	Grant Start Date           04/01/2025           04/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025	Grant End Date           12/31/2025           04/30/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025	Action More Details More Details More Details More Details More Details
Grants Related to: FY-25 - SAG Progra Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET SAG Program Grant SAG Program Grant SAG Program Grant	Grant Budget(\$)           Grant Budget(\$)           Gatt Budget(\$)	Grant Start Date           04/01/2025           04/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025	Grant End Date           12/31/2025           04/30/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025	Action       More Details
Grants Related to: FY-25 - SAG Progra Grant Name 090425 Grant-1 SAG TESTNEW 080425 GRANT BUDGET SAG Program Grant SAG Program Grant SAG Program Grant SAG Program Grant	Grant Budget(\$)            \$10,000.00	Grant Start Date           04/01/2025           04/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025           01/01/2025	Grant End Date           12/31/2025           04/30/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025           12/31/2025	Action       More Details       More Details

• Clicking on the 'More Details' link for a grant program in the grid (highlighted in the above screenshot) shall display more details regarding that grant.

The top menu bar also has links to the following information pages:

How to Apply – Gives Information on how to log in/Register and Apply

FAQs - Here, the Organization can find the list of Frequently Asked Questions

Help - This opens the User Guide

Contact Us - Contact Details of the Prince George's County Council.

## 5. ORGANIZATION REGISTRATION

#### **Overview:**

To register an Organization, Applicants must provide essential details such as legal name, tax identification, nonprofit status, and contact information. Supporting documents, including financial statements, IRS forms, and evidence of nonprofit status, are required. Once submitted, users can add additional members and proceed to the financial information section for grant applications. Completing the form initiates review by county staff, and a confirmation email is sent upon successful registration. The detailed steps are given below.

# **5.1.** Step 1: Organizational Information

To begin registration:

- 1. Navigate to the GMS public page.
- 2. Click on the Organizational Portal Login link shown below



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Our system supports post-award management, including grant monitoring, performance evaluation, and compliance oversight. Grant administrators can effortlessly track milestones, budget utilization, and outcomes. The in-built comprehensive reporting tools meet regulatory requirements, providing real-time insights to stakeholders. With robust security measures, the GMS safeguards sensitive data, maintaining confidentiality and integrity. It's scalable, customizable, and user-friendly, tailored to specific agency needs.

Experience heightened efficiency, transparency, and compliance in grant management with ISSI's state-of-the-art GMS, thereby elevating your organization's grant administration and confidently achieving your mission."





1. This opens the Organizational Portal login page as shown below:

Instructions For Organization Portal Login	Username
If you are an owner or representative of an Organization (only Non-profit ), please use the Organization login page to login or to register your Organization, if you are a first time user. To get to the Organization login	Password Please enter your Password
page, go to the Home page and click on Organization login.	Login Register

2. Click on the **Register** button to open and access the Registration form shown below:

Organization Registration	
Organization Information	Required Fields (*)
	Password Guidelines • Allower Case Letter • A Loyer Case Letter • A Nupper Case Letter • A Nupber • A Special Character
	Organization Information           "Is this organization a non-profit (501c3):           Yes         No
	Nature of Organization: Select 'Legal Name of Organization(As it appears on your IRS Tax Determination Letter):
	Briefly State Mission/Purpose of Organization(MAX:200 Characters):     Nature of Affiliation(MAX:2000 Characters):

Complete the following Organization Information fields. Fields marked with a red asterisk (<sup>\*</sup>) are required fields and cannot be left un-filled:

- \*Is this Organization a Non-Profit (501c3) (Compulsory) Yes/No Option
  - Select Yes or No
  - o If Yes: Enter your "Non-profit Organization Number."
  - \*Nature of Organization:
    - Private non-profit human services
    - Promotional
    - Advocacy
    - Municipal government
- \*Legal Name of Organization (As it appears on your IRS Tax Determination Letter)
- \*Briefly State Mission/Purpose of Organization
- \*Nature of Affiliation (This field typically refers to your organizational affiliations, such as being part of a larger umbrella organization, having partnerships with other entities, or being affiliated with national or regional networks. If your organization is linked with any broader entities or networks, it should be specified here.)
- \*MD Charity Identification Number (MD CID)
- Federal Tax ID#
- \*Maryland State Department of Assessments ID (State Tax ID#)
- \*Year Incorporated
- \*Tax Exempt (Yes/No)
- Website
- \*Physical Address (Note: Physical address cannot have a PO Box Number.)
- Is the physical address the same as the mailing address?

- Mailing Address
- Primary Contact Details
  - \*First Name
  - \*Last Name
  - \*Email
  - \*Office Phone Number
  - \*Personal Phone Number
- \*User Details
  - o Username
  - Password
  - Confirm Password
  - Organization Role (Default Role: Director)
- \*Captcha Code (as it appears in the field)

Click on the **Submit** button to Submit the form.

## **5.2. Step 2: Contact Information**

The Contact Information form will display your Organization Director's information in an 'Inactive' status. Agency Staff will review and activate this account after verification. The Status can be viewed as shown below:

rganization Information					
ontact Information	Contact Information				Add New Contact Informati
	Title 🖨	Name 🖨	Email 🖨	Organization Role 🖨	Status ≑
	Title	Name	Email	Organization Role	Status
	Mr.	Registri Server	and an approximation of the	Org Director	Inactive
	First Previous 1 Next	Last	10 \$	Sh	owing 1 To 1 Of 1 Entries

While waiting for account activation, the Organization Director can add staff members by selecting 'Add New Contact Information' as shown below:

#### Grants Management System GMS Applicant User Manual

Organization Registration					
Organization Information					
Contact information	Contact Information	Name 🗢	Email \$	Organization Role \$	Add New Contact Information
	Title Mr.	Name	Email	Organization Role Org Director	Status
	First Previous 1 Next	Last	10 \$	Sho	owing 1 To 1 Of 1 Entries
	•		Previous		,

### The following page opens:

Add Contact Information		
<ul> <li>Password must contain the follow</li> <li>Minimum 8 Characters</li> <li>A Lower case Letter</li> <li>An Upper case Letter</li> <li>A Number</li> <li>A Special Character</li> </ul>	ing	
Personal Details		
Title: *First Name:		*Last Name:
*Email:		
*Office Phone Number :	Pe	ersonal Phone Number :
User Details		
*Username : *Organization Role: Select ~	*Password :	*Confirm Password:
	Submit	Cancel

The following fields are mandatory

- \*First Name
- \*Last Name
- \*Email
- \*Office Phone Number
- \*Username
- \*Password (Password must contain 8 characters,1 number, one lowercase character (az), one uppercase character (A-Z), at least one special character (@#\$%&))
- \*Confirm Password
- \*Organizational Role from the drop-down shown below:

\*Organization Role:

~

Click on Submit. This information now gets reflected in the Contact Information page as shown below:

ganization information					
intact Information	Contact Information				Add New Contact Inform
	Title 🗢	Name 🖨	Email 🖨	Organization Role 🖨	Status 🖨
	Title	Name	Email	Organization Role	Status
	Mr.	Reported to Manhoodie	manifesting and provide states and	Org Director	Active
	Ms.	Annales States (Annales)	spectrum and hydrological services	Applicant	Active
	First Previous 1 Ne	oxt Last	10 \$	Show	wing 1 To 2 Of 2 Entries

Note:

- The Prince George's County Council will review and send an email once the Organization is activated.
- Any attempt to log in without the Agency Staff Activating the Organization Director would result in the following error:

Your account is not activated or Entered credentials is not related to the selected organization
Isername
Please enter your Username
assword
Please enter your Password
Login Register

# 6. ORGANIZATION LOGIN PAGE

After receiving the account activation email, the Organization Director can access the system through these steps:

- 1. Navigate to the Public Page
- 2. Click the **'Organization Portal Login'** link as shown below:



3. Enter your credentials (Username, Password) in the fields below:

	<b>%</b> Home	Programs	How to Apply	FAQs	Help	Contact Us
		0	rganization Port	al Login		
Instructions For If you are an owner or rep please use the Organize Organization, if you are a page, go to the Home page	r Organizati presentative oi ation login p ı first time usı e and click on	ion Portal Log f an Organizatior age to login o er. To get to the Organization log	<b>in</b> (only Non-profit ), r to register your Organization login (in.		User Pl Pass Pl	rname ease enter your Username sword ease enter your Password Login Register Forgot Password?

- Enter the **Username** and the **Password** in the fields provided.
- Click on the **Login** button to sign into the GMS portal.



# 6.1. Dashboard Page

Upon successful login, the Organization Director's dashboard displays the following menu page:

				Prince ( Grai One Stop	George's County C nts Management Syst	Council em gement		
				С	organization Portal			
ashboard	Programs	Grants Mana	gement • Admin	istration • Le	etter Of Consideration			
	Sear	ch Criteria						
	Progr	ams:		Grants:		Date	Range:	
	Sele	ct		·Select		~		
	- Apj	blication No. ≎	Application \$	Program <b>≑</b>	Grant \$	Organization \$	Review Status ¢	Grant Status \$
	Appl	ication No.	Application	Program	Grant	Organization	Review Status	Grant Status
	GM	S-2025-01-16-4	DVG Application 160125	BHT Grant Program	TestGrantGB123	Feeding America	Click Here	Click Here
	GM	S-2025-01-16-8	NDG New Application 160125	SAG Program	SAG Program Grant	Feeding America	Click Here	Click Here
	GM	S-2025-01-16-9	SAG New Application 170125	SAG Program	Grants Tife GMS	Feeding America	Click Here	Click Here
	GMS	8-2025-01-22-21	DVG App	BHT Grant Program	TestGrantGB123	Feeding America	Click Here	Click Here
	GMS	8-2025-01-23-26	SAG Test Application	SAG Program	Grants Tife GMS	Feeding America	Click Here	Click Here
	GMS	8-2025-03-27-50	NDG FY25 New Applicaiton	NDG Program	FY-25-NDG Grant - Tife Grant Test	Feeding America	Application Review Completed	Application Review Completed
	GMS	8-2025-04-08-66	0804 DVG Application	BHT Grant Program	TestGrantGB123	Feeding America	Click Here	Click Here
	GMS	8-2025-04-09-69	090425 New DVG Application	DVG Program	094525 Grant-3	Feeding America	Application Submitted	Application Submitted
	GMS	8-2025-04-18-77	1804SAG Application	SAG Program	SAG Program Grant	Feeding America	Click Here	Click Here
	1				40		Showing 1 To	9 Of 9 Entrine

The Top Header Menu bar on top contains links to the following:

- 0 Dashboard
- 0 Programs
- **o** Grants Management
- 0 Administration
- **O** Letter of Consideration

### 6.1.1. **Overview**:

Upon activation, the Organization Director is taken to this page, where they can view and manage grant applications.

• The page is divided into two primary sections:

- Search Criteria: Allows users to filter applications based on specific parameters.
- **Applications Table:** Displays the filtered or unfiltered list of applications.

When the Organization Director lands on this page, they are greeted with tools to manage and track their **Grant Applications**. The Search Criteria section provides filters to locate specific applications based on the program, grant, and submission date. Initially, the table will appear empty since no applications have been submitted yet. Over time, as the user applies for various grants, this section will populate with application details, making it easier to monitor statuses and progress.

### **6.1.2.** Using the Search Criteria

Search Criteria				
Programs:		Grants:	Date Range:	
FY-25 - NDG Program	~	FY-25-Non Departmental Council Funded ( $\checkmark$		
		Search Reset		

- **Programs Dropdown:** The user can select from available programs, such as:
  - FY-25 NDG Program (Non-Departmental Grants)
  - FY-25 DVG Program (Domestic Violence Grants Program)
  - o FY-25 SAG Program (Special Appropriation Grants Program)
- **Grants Dropdown:** Once a program is selected, the user can further refine their search by choosing from grants associated with that program, such as:
  - FY-25-Non-Departmental Council Funded Grant
  - o FY-25-Non-Departmental Stadium Impact Grant
- Date Range: Users can filter applications by time periods like "Today," "Last 7 Days," or custom ranges to see submissions from specific dates.

#### **6.1.3.** Tracking Applications:

This section is designed to help users track their applications and statuses effectively. The search tool ensures that users can quickly locate their submitted applications. While the table may be empty initially, it will grow as the user engages with the system and applies for grants, making this a central hub for monitoring and managing their submissions.

Abblica	ations							
Applica	ation No. 🖨	4	Application 🖨	Program 🖨	Grant 🖨	Organization <b>\$</b>	Review Status 🖨	Grant Status
Application No.		No. Application		Program	Grant	Organization	Review Status	Grant Status
				N	o records to displa	ау		
Firet	Previous	Next	Last		10	:	Showing 0 To	0 Of 0 Entries

#### **Section Details:**

- 1. Search Criteria:
  - **Programs**: A dropdown menu where users can select a specific program to filter applications.
  - **Grants**: A dropdown menu for selecting a particular grant.
  - **Date Range**: A field to input or select a range of dates to narrow the application results.
  - Buttons:
    - **Search** (Green): Executes the search based on the selected criteria.
    - **Reset** (Red): Clears all search criteria and reloads the default view.

#### 2. Applications Table:

- Columns for viewing key application details:
  - **Application No.**: Unique identifier for the application.
  - **Application**: Name or description of the application.
  - **Program**: The program under which the application falls.
  - **Grant**: The specific grant associated with the application.
  - **Organization**: The name of the applying organization.
  - **Review Status**: The current status of the review process.
  - **Grant Status**: The status of the grant (e.g., approved, rejected, pending).
- **Pagination controls** at the bottom to navigate through multiple pages of application records.

#### 6.2. **Programs**

Click on the Programs to see the List of Programs Available:

Select All	Program Code ≑	Program \$	Actions
	Program Code	Program	
	ND	FY-25 - NDG Program	
	DV	FY-25 - DVG Program	
	SAG	FY-25 - SAG Program	

- ND Non-Departmental Programs
- DV Domestic Violence Program

Dashboard Programs Grants Management - Administration - Letter Of Consideratio

• SAG - Special Appropriation Grants Program

### 6.3. Grants Management

The Grants Management can be accessed from the Top Menu by clicking the **Grants Management** link as shown below:

Dashboard	Programs	Grants Management	Administration - Letter Of Consideration		
Programs		Grants Applications Awards			
:	Select All		Program Code ≑	Program 🕈	Actions
		Program Code		Program	
		ND		FY-25 - NDG Program	
		DV		FY-25 - DVG Program	
		SAG		FY-25 - SAG Program	
First Pre	vious 1 N	Next Last		10 ¢ Showing 1 To 3 Of 3 Entries	

This displays information about all the grants available for your organization (an example is displayed below).

Grants								
Select All	t Grant ≑	Program ≎	Budget(\$) ≎	Letter Of Consideration \$	LOC Due Date \$	Application Start Date \$	Application End Date \$	Actions
	Grant	Program	Budget(\$)	Letter Of Consideration	LOC Due Date	Application Start Date	Application End Date	
	FY-25-SAG Program Grant	SAG Program	\$0.0	No		01/02/2025	12/30/2025	8
	FY-25-DVG Program Grant	DVG Program	\$0.0	No		01/02/2025	12/30/2025	3
	FY-25-Non Departmental Council Funded Grant	NDG Program	\$0.0	) Yes	12/30/2025	01/02/2025	12/30/2025	<b>N</b>
	FY-25-Non Departmental Stadium Impact Grant	NDG Program	\$0.0	) Yes	12/30/2025	01/02/2025	12/30/2025	<b></b>
	FY-25-Non Departmental Exhibit	NDG Program	\$0.0	) Yes	12/30/2025	01/02/2025	12/30/2025	<b>S</b>
	FY-25-Non Departmental Grant	NDG Program	\$0.0	) Yes	12/30/2025	01/02/2025	12/30/2025	<b>S</b>
First	First Previous 1 Next Last							



The Process to Apply for Grants is discussed in Section 7 of this User Manual.

## 6.4. Administration Page

The Administration Menu allows the Organizational Director to view, activate, and deactivate the organization's users using the GMS Portal.

#### 6.4.1. Organization Users

Click on the Administration link in the top menu, then select Organization Users as shown below:



This will open a list of organization users, displayed as shown below:

Active Staff							
Select All	Legal Name 🗢	Full Name 🗢	Username 🗢	Email \$	Phone Number \$	Role\$	Action
	Legal Name	Full Name	Username	Email	Phone Number	Role	
	ion Organization		5	>	None	Applicant	Deactivate
First Previ	ous 1 Next Last			10 0	Showing 1 1	To 1 Of 1 Entries	
				Choose Format V Export			

Under the Action Column, there is a link to **Activate or Deactivate** the particular user, as shown above. The organization director can add new users discussed in 6.4.4 e

#### 6.4.2. Active Staff

Click on the Administration link from the Top Menu and Click on the **Active Staff** link as shown below:

Administration •	1
Organization Users	
Active Staff	
Inactive Staff	

This opens the list of Active Staff accessing the Organization Portal as shown below:

Active Staff							
Select All	Legal Name 🗢	Full Name ≎	Username ≎	Email 🕈	Phone Number \$	Role\$	Action
	Legal Name	Full Name	Username	Email	Phone Number	Role	
	ion Organization		5	>	None	Applicant	Deactivate
First Previ	ous 1 Next Last			10 ¢	Showing 1	To 1 Of 1 Entries	
				Choose Format V Export			

There is a provision to Deactivate the staff by Clicking on the **Deactivate** link. They will then appear on the Inactive Staff page.

#### 6.4.3. Inactive Staff

Click on the Administration link from the Top Menu and Click on the **Inactive Staff** link as shown below to view the Inactive Staff of the Organization using the GMS Portal:

Administration <b>•</b>	1
Organization Users	
Active Staff	_
Inactive Staff	

This opens the list of Inactive Staff accessing the Organization Portal and the option to "**Activate**" them:

Inactive Sta	aff						
Select All	Legal Name ≎	Full Name 🗢	Username <b>≑</b>	Email \$	Phone Number \$	Role‡	Action
	Legal Name	Full Name	Username	Email	Phone Number	Role	
	I ion Organization		5	> "	None	Applicant	Activate
First Previo	ous 1 Next Last			10 0	Showing 1 1	To 1 Of 1 Entries	
				Choose Format V Export			

### Note:

✓ For procedures related to the Grant Application process please follow the instructions in Section 7 of this manual.

### **6.4.4.** Adding New Staff (Applicants)

1. From the Main Dashboard Page, click on **"Organizational Users"** as shown below:

Dashboard	Programs Grants Management	Administration •	Letter Of Consideration	
	Search Criteria Programs: Select-	Organization Users Active Staff Inactive Staff -Sele	s: ect- v	Date Range:
			Search	

2. This will open the Organization Users page as shown below:

elect All	Legal Name 🖨	Full Name 🗢	Username 🖨	Email \$	Phone Number 🖨	Action
	Legal Name	Full Name	Username	Email	Phone Number	
	Α			h	(9	08
rst Prev	rious 1 Next Last		10 🗢		Showing 1 To 1 Of 1 Entries	<b>↑</b>

3. Click on the Pencil (Edit Icon) as shown above this will open the Organization Registration Page as shown below

Dashboard Programs	Grants Management   Administration   Letter Of Consideration	
Organization Registration		
Organization Information Contact Information	Organization Information	
	"Is this organization a non-profit (501c3): ● Yes ○ No	Non Profit Organization Number:
	Nature of Organization: Private non-profit human services	$\sim$
	Legal Name of Organization(As it appears on your IRS Tax Determination	Letter):
	Briefly State Mission/Purpose of Organization(MAX:2000 Characters):	Nature of Affiliation(MAX:2000 Characters):
		Non-profit

4. Click on the **Contact Information** as shown above. This will open the list of Contacts/Users in the Organization:

Dashboard Program	ns Grants Management 🔻	Administration •	Letter Of Considera	tion		
anization Registration						
Organization Information						
Contact Information	Contact Informa	tion				Add New Contact Information
	Tit	e \$	Name 🖨	Email 🗢	Organization Role 🗢	Status 🗢
	Title	4	lame	Email	Organization Role	Status
					Org Director	Active
	Mr.				Applicant	Active
		1 Novt Last		10 .	SI	howing 1 To 2 Of 2 Entries
	First Previous	HUAT LUST				
	First Previous	HUAL LUST				,
	First Previous	nox Los		Previous		,

5. To complete the process, go to **Section 5: Step 2** and follow the remaining steps to add the new contact.



To Activate and De-activate Applicants follow the steps given in 6.5.2 and 6.5.3

### 6.5. Letter of Consideration

This page shows any Letters of Consideration that the Organization has submitted to Prince George's County Council. The Letter of Consideration applies to Non-Departmental Grant (NDG) Programs. The Steps to fill in the Letter of Consideration are discussed later in **Section 9** of this User Manual.

Dashboard P	rograms Grants Management •	Administration *	Letter Of Consideration				
Letter Of Consid	derations List						
Select All	LOC Number \$		Grant \$	Program\$	Applied Date \$	LOC Status \$	Actions
	LOC Number	Grant		Program	Applied Date	Review Status	
				No data available in table			
First Previo	us Next Last			10 \$		Showing 0 To 0 Of 0 Entries	
				Channe Format . V	Expert		
				Choose Poimat V	Export		

# 7. GRANT APPLICATION PROCESS - SAG

The **Special Appropriation Grants (SAG)** application process involves several steps, from initiating the application to final submission. This section will guide you through each stage, ensuring you provide all the necessary information for a complete application. For all Grant Applications, the

Applicant must initiate the grant application process. **Only the Organization Director can make the Final Submission.** 

\*It is advisable to create an Applicant/User as detailed in the earlier 6.4.4 (Adding New Staff Applicant)

- o Applicant Roles and Responsibilities:
  - Initiate new applications
  - Complete application forms
  - Upload required documents
  - Prepare for Submission
- o Organization Directors Roles and Responsibilities:
  - Review completed applications of Applicants
  - Verify all information
  - Submit final applications to the County

The steps described below, and the screenshots apply to Special Appropriation Grants (SAG). For the variations related to the application process for Non-Departmental Grants (NDG) and Domestic Violence Grants (DVG), please refer to the following Sections:

- Refer Section 8 for Application Process for DVG

#### - Refer Section 9 for Application Process for NDG

To start a new grant application:

1. Click on the **Grants** Link from the Grants Management dropdown on the Dashboard Page, as shown below.

Dashboard	Programs	Grants Management 🔻	Administra	tion 🕶	Letter Of Consideration		
	Searc Progra -Select	Grants Applications Awards	v	Grants	s: t Search Reset	v	Date Range:

2. This will open the list of Grants available to your organization.

its								
ect All	Grant ≑	Program \$	Budget(\$) \$	Letter Of Consideration \$	LOC Due Date \$	Application Start Date \$	Application End Date \$	Action
	Grant	Program	Budget(\$)	Letter Of Consideration	LOC Due Date	Application Start Date	Application End Date	
	FY-24-25-SAG Program Grant	SAG Program	\$0.00	0 No		10/06/2024	12/30/2024	-
	FY-24-25-DVG Program Grant	DVG Program	\$0.00	0 Yes		10/02/2024	12/30/2024	8
	FY-24-25-Non Departmental Council Funded Grant	NDG Program	\$0.00	0 Yes	11/30/2024	10/02/2024	12/30/2024	2
	FY-24-25-Non Departmental Stadium Impact Grant	NDG Program	\$0.00	D Yes	11/29/2024	10/02/2024	12/30/2024	🔁 🛱
	FY-24-25-Non Departmental Exhibit	NDG Program	\$0.00	0 Yes	12/29/2024	10/02/2024	12/30/2024	2
	FY-24-25-Non Departmental Grant	NDG Program	\$0.00	0 Yes	12/31/2024	10/02/2024	12/30/2024	🖂 🔡
	FY-24-25-Special Grant	SAG Program	\$0.00	0 Yes		10/02/2024	11/29/2024	8
	FY-24-25-Internal Demo Grant	SAG Program	\$0.00	0 No		10/10/2024	10/31/2024	8
	FY-24-25-SAG New Grant	SAG Program	\$0.00	0 No	10/08/2024	10/17/2024	12/31/2024	

3. Depending on the type of Program, each Grant has a different process that applies to it.

The following are Action icons which can be clicked and are described in the legends table below:

\$	Click this icon to start the Application process.
	Click this icon to fill out the Letter of Consideration (LOC) form (applies to all Non- Departmental Grant (NDG) Programs. See Section 9 for details
<b>=</b> ⊾ \$	The black application icon indicates that the application option is disabled until the LOC is filled for that particular Grant. Once the LOC is submitted, the icon turns blue, allowing the applicant to begin the application process.

#### NOTE:

The NDG (Non-Departmental Grants) program involves submitting a Letter of Consideration (LOC) before getting permission to apply for a Grant. Please follow the Steps given in Section 9 for applying for the Letter of Consideration.

Note: For security reasons, always log out when you're finished using the GMS portal, especially when using a shared computer.

# 7.1. Step 1: Create a New Application

After logging in as an Applicant follow these steps to Create a New Application:

1. Click on the **Grants** link from the **Grants Management** menu dropdown as shown below:

#### Grants Management System GMS Applicant User Manual

Dashboard	Programs	Grants Management 🔻	Administra	tion •	Letter Of Consideration		
	Searc Progra Select	Grants Applications Awards	v	Grant	s: ct	v	Date Range:

2. This opens the Grants page with the list of available Grants as shown below :

5						
ielect All	Grant ≑	Program 🖨	Budget(\$) ≑	Application Start Date \$	Application End Date 🗢	Actions
	Grant	Program	Budget(\$)	Application Start Date	Application End Date	
	Secure Agriculture Grant	Secure Agriculture Program	5	0.00 06/16/2024	10/31/2024	•
	Department of Health and Human Services fun Grant	Department of Health and Human Services Program	\$100,00	0.00 06/13/2024	01/01/2025	۵ 🖨 👁
	Charity Grant	Charity Program	\$50,00	0.00 06/15/2024	07/20/2024	۵ 🖨 🕲
	PG County Health Care Grant	PG County Senior Health Care Program	\$250,00	0.00 06/16/2024	12/31/2025	۵ 🖨 👁
	IT Grant	IT Program	\$200,00	0.00 06/17/2024	06/28/2024	۵ 🖨 🕲
	Gitam Grant	Gitam Program	\$200,00	0.00 06/19/2024	06/30/2024	۵ 🖨 👁
	SAG Well Ness Care Grant	SAG Well Ness Care Program	\$2,00	0.00 06/20/2024	12/25/2024	۵ 🖨 🕲
	SAG Secure Agricultural Grant	SAG Well Ness Care Program	\$1,000,00	0.00 06/21/2024	12/31/2025	۵ 🖨 👁
	Food Tech Grant	Food Tech Program	\$150,00	0.00 06/26/2024	07/10/2024	۵ 🖨 👁
First Pre	vious 1 Next Last		10 0	Showing 1	To 9 Of 9 Entries	

- 3. Under the Actions Column, choose the Blue dollar **\$ Icon** as shown above.
- 4. This opens the Add Application Page as shown below:

Dashboard	Programs	Grants Management 🔻	Financial Management 🕶	Letter Of Consideration
Dashboara	Trograms	or and management	i maneiai management	Letter of consideration

Application Filling Instructions	+
Application Basic Information	+

- 5. Click on the + icon to expand the Accordions
- 6. Click on the SAG Application Filling Instructions (if present) to download the instructions as shown below.

plication Filling Instructions		
Application Filling Instruction Documents		
First Previous 1 Next Last	10 🗢	Showing 1 To 1 Of 1 Entries
plication Basic Information		

7. Click on the + icon to expand the Application Basic Information form fields as shown below:

Add Application	
Application Filing Instructions	+
Application Basic Information	+
Save Draft Cancel	

8. Complete the following Special Appropriation Grants (SAG) basic information form given below:

#### Grants Management System GMS Applicant User Manual

#### International Software Systems Inc. ISSI-PGC-GMS-APPLICANT-UM|v.1.6|04/23/2025

Grant:	*Program:	*Application Name	:
FY-24-25 - SAG Program Grant	✓ FY-23-24 - SAG Program ✓		
Applicant Type:	Organization:	Amount Requested	ł(\$):
Firm	~	×	\$0
mount Allocation(\$):	Application/Organization Owner:	Applied By:	
0.00	Select	✓ Joel Smith	
to you want to request the same amount for all the district cour Council Offices	Apply	Amount Requested(\$)	Amount Approved(\$)
o you want to request the same amount for all the district cour Council Offices AT - Large 1	Apply           OYes ONo	Amount Requested(\$)	Amount Approved(\$)
o you want to request the same amount for all the district cour Council Offices AT - Large 1 AT - Large 2	Apply           Yes ONo           Oyes ONo           Oyes ONo	Amount Requested(\$) \$0.00 \$0.00	Amount Approved(\$)
Council Offices AT - Large 1 AT - Large 2 District 1	Apply         Over the second sec	Amount Requested(\$)	Amount Approved(\$)
o you want to request the same amount for all the district cour Council Offices AT - Large 1 AT - Large 2 District 1 District 2	Apply           Oyes No	Amount Requested(\$)           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00           \$0.00	Amount Approved(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00
o you want to request the same amount for all the district cour Council Offices AT - Large 1 AT - Large 2 District 1 District 2 District 3	Apply         Apply           Ores Ono            Ores No	Amount Requested(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$\$0.00           \$	Amount Approved(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00
o you want to request the same amount for all the district cour Council Offices AT - Large 1 AT - Large 2 District 1 District 2 District 3 District 4	Apply         Apply           OYes ONo         OYes ONo	Amount Requested(\$)            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00	Amount Approved(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00
Council Offices AT - Large 1 AT - Large 2 District 1 District 3 District 4 District 5	Apply         Apply           \res \No	Amount Requested(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$\$0.00           \$\$\$\$0.00	Amount Approved(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$\$0.00
Council Offices AT - Large 1 AT - Large 2 District 1 District 2 District 3 District 4 District 5 District 6 Di	Apply         Apply           \res \No         \res \No	Amount Requested(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$\$0.00           \$	Amount Approved(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00
Council Offices AT - Large 1 AT - Large 2 District 1 District 2 District 3 District 4 District 5 District 6 District 7	Apply         Image: Constraint of the sector of the s	Amount Requested(\$)           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$0.00           \$\$\$0.00           \$	Amount Approved(\$)           \$0.00
o you want to request the same amount for all the district courses of the same amount for all the district courses of the same amount for all the district courses of the same amount for all the district of the same amount for all the district of the same amount for all the same amount for all the district of the same amount for all the same amount for all the district of	Apply         Image: Constraint of the second of the s	Amount Requested(\$)            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$0.00            \$\$\$0.00	Amount Approved(\$)           \$\$0.00

#### Save Draft Cancel

The following form fields need to be filled up:

- 1. Application Name (Create a descriptive title for your project)
- 2. Requested Amount (Enter total funding needed in USD)
- 3. Organization Owner (Select from authorized personnel list)
- 4. Council Office Selection:
  - Indicate if applying to multiple Council offices
  - Specify if requesting same amount from each office
  - Select target Council offices
- 5. Choose Yes To Apply for Multiple Council Offices
- 6. To request the same amount from all district Council Offices Choose **"Yes"** otherwise, "**No"**
- 7. If you Choose "**Yes**" in Step 5 above, please fill in the **Amount Requested** and select the **County Offices** to which you wish to apply.
- 8. Click the **"Save Draft**" button. A pop-up message, "Record Saved Successfully," will appear, and the full form will become available for further input, as shown below.
- 9. Click on **Save Draft** to go to the next step of filling up the complete application.

This Draft information can be viewed under the Applications page as shown below:

Dashboard	Programs	Grants Man	agement • Financia	l Management * Letter Of Conside	eration				
		Grants							
Application	Applications Awards								
Select All	Applicati	ion No. 🗢	Application	≑ Program ≑	Grant ≑	Organization≎	Review Status ≑	Grant Status <b>≑</b>	Actions
	Application No	).	Application	Program	Grant	Organization	Review Status	Grant Status	
	GMS-2028	5-01-21-18	Mikes Application for S	AG SAG Program	FY-25-SAG Program Grant	Mark Manson Charitable Organization	Full Application Draft	Full Application Draft	۲ ک 🕥
First P	revious 1 N	lext Last			10 ¢		Showing 1 To	1 Of 1 Entries	

Click on the pencil Edit icon to proceed.

7.2. Step 2: Application Page

The following is the Application page, which needs to be filled out; this can be later modified and updated with your application details before submitting this information.

Edit Application for Mikes Application for SAG			
Organization Information			
Application Basic Information	Organization Information for Mikes Application for SAG		
Contact Information			
Financial Information	*Legal Name of Organization(As it appears on y	our IRS Tax Determination Letter):	
Organization Service Category			
Service Area and Target Population	Briefly State Mission/Purpose of Organization:		
Previous County Government Grants & Contracts			
Organization Income & Expenses			
Supporting Documents			
Assurances	Physical Address		
Certification	Address Line 1:	Address Line 2 :	State :
	County :	City :	ZipCode:
	Prince George's County	~	

The Application page consists of the following sections:

- Organization Information
- Application Basic Information
- Contact Information
- Financial Information
- Organization Service Category
- Service Area and Target Population
- Previous County Government Grants & Contracts

- Organization Income & Expenses
- Supporting Documents
- Assurances
- Certification

# 7.2.1. Application Basic Information

Application Basic Information page is where the Applicant view the Application filing instructions and enters fundamental details about the application, including the title and description of the proposed project.

Click on **the Application Basic Information** as shown above to fill the Application Basic information as shown below

Organization Information		
pplication Basic	Edit Application for Mikes Application for SAG	
Contact Information		
inancial Information	Application Filing Instructions	+
rganization Service ategory	Application Basic Information	+
ervice Area and Target	Project Details/ Proposal	+
opulation	Application Narrative	+
evious County overnment Grants &	Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds	+
rganization Income &	Organization's History, Mission/Purpose & Goals	+
penses	Proposed Use of Requested Grant Funds	+
upporting Documents	Monitoring And Evaluation Plan	+
ssurances	Influence And Impact	+
ertification	Sustainability Plan	+
	Terms and Conditions	+

• Application Filing Instructions Click on the Application Filing Instructions as shown below to download any Filing Instructions document (PDF format) if present as shown below

Ар	lication Filling Instructions			-
	Application Filling Instruction Documents			
	1.SAG APPLICATION INSTRUCTIONS			
	First Previous 1 Next Last	10 🗢	Showing 1 To 1 Of 1 Entries	

Application Basic Information

Provide the Application's Basic Information with related information is shown below:

Edit Application for Augur Application 1					
Organization Information					
Application Basic Information	Edit Application for Augur Application 1				
Contact Information					
Financial Information	Application Filling Instructions				+
Organization Service Category	Application Basic Information				-
Required Information	Application Number:	*Application Name:	:	*Grant:	
Previous County Government Grants &	GMS-2024-11-04-59	,		FY-24-25 - SAG Program	Grant ~
Income & Expanses	*Applicant Type:	Organization:		Amount Requested(\$):	
(Attachment A)	Firm	~	~		\$0.00
Attachments	Amount Allocation(\$):	Application/Organia	zation Owner:	Applied By:	
Assurances	\$0	.00	~	· ·· - ·	~
Certification			]		
	*Do you want to apply for multiple council office	es? ⊖Yes ●No Do you want	to request the same amount for	all the district council offices? OYes	No
	Council Offices	Apply	Amount Requeste	ed(\$) Amount Appro	oved(\$)
	AT - Large 1	●Yes ◯No	\$10	,000.00	\$0.00

It consists of the following form fields, which were filled earlier and edited by the Applicant:

- Application Number (generated by the system cannot be changed, only for reference)
- Application Name
- o Grant
- Applicant Type
- $\circ$  Organization
- Amount Requested (\$)
- Amount Allocation (\$)
- Application/Organization Owner

- Applied By
- Option to Apply for multiple council offices.
- Option to apply same amounts for all the district council offices.
- Council Offices to apply for
- Amount Requested (\$)
- Amount Approved (\$)
- Project Details/Proposal: Provide the Project Title/Name, Proposed Start Date and End Date as shown below:

Project Details/ Proposal		-
*Project Title/Name:	Proposed Start Date:	Proposed End Date:
		·

- Application Narrative: Provide Details of the project's rationale, relevance, and how it aligns with the grant objectives.
- Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds: Describe the project in depth, including the strategies, target audience, and implementation approach.
- Organization's History, Mission/Purpose & Goals: Clearly outline the history, mission, purpose and specific goals
- Proposed Use of Requested Grant Funds
- Monitoring and Evaluation Plan: Explain how you will assess the project's progress and measure its success against defined objectives.
- Influence and Impact: Discuss the project's anticipated effects on the community and how it aligns with broader social goals.
- Sustainability Plan: Describe how the project will be sustained beyond the grant funding period, including potential funding sources and partnerships.
- Terms and Conditions: Review and acknowledge the terms and conditions associated with the grant application and funding.

Click on the **Save Draft** button before proceeding to the Next Section.

### 7.2.2. Contact Information

Provide any additional Contact information if needed from the link provided below:

it Application for Augur Applicatio	n 1			
Organization Information				
Application Basic	Contact Information Add New Contact Informat			
Information	Actions	Full Name	Mobile Number	Email
Contact Information	No data available in table			
Financial Information				
Organization Service Category	First Previous Next Last		10 🗢	Showing 0 16 0 Of 0 Entries
Required Information	Back Navi Cassal			
Previous County				
Government Grants & Contracts (Attachment E)	L			
Income & Expenses (Attachment A)				
Attachments				
Assurances				
Cartification				

1. Click on Add New Contact Information

~	
	· .

- 2. Choose Name from the drop down.
- 3. Click on Submit
- 4. Click on Next

# 7.2.3. Financial Information

Please submit the following supporting documents to complete your application. These materials will help verify your organization's mission, financial status, and previous grant activities.

#### Grants Management System GMS Applicant User Manual

Organization Financial Information
Current Organizational Budget(\$): \$0.00 Year Organization Incorporated:Select ~
Proposed Grant Program Budget(\$): \$0.00
All Organizations must provide a line item budget (to include revenue and expenses) for all requested grant funds from the County Council which details the intended use of the grant. Please note, the line item budget is not the same as the organizational budget.
Accounting System Utilized: (The accounting system currently utilized to account for all revenue received and expenses incurred.)
Organizations with total revenue (from all sources) of <b>more than \$10,000</b> , must provide the financial reports listed in the two bulleted items below for their most recent fiscal/calendar year end (12 months) generated from the accounting system identified above:
. Statement of Revenue and Expenses (May also be known as Profit & Loss Statement or Income Statement)
. Statement of Financial Position (May also be known as a Balance Sheet)
Save Draft Back Next Cancel

The following information needs to be filled:

- Current Organizational Budget (\$)
- Year Organization Incorporated (from dropdown)
- Proposed Grant Program Budget (\$)
- Accounting System Utilized: (The accounting system currently utilized to account for all revenue received and expenses incurred.)

## 7.2.4. Organization Service Category

Please select the service categories that best describe your organization's activities from the list below. This will help us understand your organization's primary areas of operation and the services you provide to the community.

Edit Application for	
Edit Application for Organization Information Application Basic Information Contact Information Financial Information Organization Service Category Required Information Previous County Government Grants & Contracts (Attachment E) Income & Expenses (Attachments Assurances	Service Category   Note: Select one category that best describes your organization's primary service.   'Service Category:
Certification	

- 1. Choose one or more from the list of service categories that applies to your organization:
  - Advocacy/Legal Services
  - Arts/Humanities
  - Care Coordination
  - Children's Services
  - Community Development
  - Community Outreach
  - Counselling/Mental Health Services
  - Crisis/Emergency Response
  - Disability Services
  - Economic Development
  - Education/Training
  - Environmental Education
  - Family Services
  - Food Pantry
  - Health/Mental Health Services
  - Housing/Housing Related
  - Intellectual Developmental
  - Legal/Mediation
  - Mentoring
  - Public Safety
  - Recreation/Leisure
  - Safety Net
  - Transportation Services
  - Workforce Development
  - Youth Development Services
- 2. Click on Save Draft
- 3. Click on Next
### 7.2.5. Service Area and Target Population

The Service Area and Target Population requires users to provide details about their program's geographical scope and target audience as shown below:

1.Where will the service be	provided, and/or the p	programs be conc	ducted in Prin	ce George's Co	ounty?:	
2.Please identify the Target	Population:					
Celest		-				

Field 1: Describe where the service will be provided or whether the programs will be conducted in Prince George's County.

Field 2: Select the specific target population from the dropdown menu.

Users can save their progress as a draft, navigate back, proceed to the next section, or cancel their input using the buttons provided.

# 7.2.6. Previous County Government Grants & Contracts

Please List all grants and contracts the Organization currently has or has previously received from the Executive Branch of the Prince George's County Government over the past 5 years (NOT COUNTY COUNCIL).

a mini a mini	its Management ▼ Finan	cial Management • Letter Of C	consideration		
t Application for					
Approximite					
Organization Information					<b>/</b>
Application Basic Information	Previous Grants Infor	mation			Add New Previous Grant Informati
Contact Information					
	NOTO PIOSO LIST OIL O	rants and contracts the Urganization	currently has or has previously received from t	te Executive Branch of the Prince Georde	's County Government over the past 5 y
Financial Information	(NOT COUNTY COUN	CIL)	eurenny nuo er nuo preriouoly recerieu nom e		
Financial Information Organization Service Category	(NOT COUNTY COUN	CIL)			
Financial Information Organization Service Category Required Information	(NOT COUNTY COUN Actions	CIL) Fiscal Year \$	Requested Amount (\$) \$	Amount Received(\$) \$	Grant Purpose/Results ≎
Financial Information Organization Service Category Required Information Provious County Covernment Grants	(NOT COUNTY COUN Actions	CIL) Fiscal Year \$	Requested Amount (\$) \$ Requested Amount(\$)	Amount Received(\$) \$	Grant Purpose/Results +
Financial Information Organization Service Category Required Information Provious County Government Grants & Contracts (Atlachment E)	(NOT COUNTY COUN Actions	CIL) Fiscal Year \$ Fiscal Year	Requested Amount (\$) \$ Requested Amount(\$) No data available in tab	Amount Received(\$) \$	Grant Purpose/Results \$
Financial Information Organization Service Category Required Information Previous County Government Grants & Contracts (Attachment E) Income & Expenses (Attachment A)	(NOT COUNTY COUNT Actions	CIL) Fiscal Year  Fiscal Year	Requested Amount (\$) \$ Requested Amount(\$) No data available in tab	Amount Received(\$) \$	Grant Purpose/Results \$
Financial Information Organization Service Category Required Information Previous County Government Grants & Contradis (Attachment E) Income & Expenses (Attachment A) Attachments	Internet in the second	CIL) Fiscal Year  Fiscal Year	Requested Amount (\$) ¢ Requested Amount(\$) No data available in tab 10 \$	Amount Received(\$) \$	Grant Purpose/Results Grant Purpose/Results Showing 0 To 0 Of 0 Entries
Financial Information Organization Service Category Required Information Previous Country Government Grants & Contracts (Attachment E) Income & Expenses (Attachment A) Attachments Assurances	Actions First Previous Ne	CIL) Fiscal Year  Fiscal Year	Requested Amount (\$) \$       Requested Amount(\$)       No data available in tab       10 \$	Amount Received(\$) \$	Grant Purpose/Results \$ Grant Purpose/Results Showing 0 To 0 Of 0 Entries
Financial Information Organization Service Category Required Information Previous Country Government Grants & Contracts (Attachment E) Income & Expenses (Attachment A) Attachments Assurances Certification	Actions First Previous Ne	CIL) Fiscal Year  Fiscal Year	Requested Amount (\$) \$ Requested Amount(\$) No data available in tab 10 \$	Amount Received(\$) \$	Grant Purpose/Results \$ Grant Purpose/Results Showing 0 To 0 Of 0 Entries

- 1. Click on "Add New Previous Grant information" link as shown above
- 2. This will open the following pop-up window:

Add New Previous Grants Informa	ation	×
List on Attachment Fall grants and the Executive Branch of the Princ COUNTY COUNCIL)	d contracts the Organization currently l e George's County Goverment over th	nas or has previously received from e past 5 years (2019-2023), (NOT
*Fiscal Year:	*Requested Amount(\$):	*Amount Received(\$):
Select V	\$0.00	\$0.00
Grant(G) or Contact(C):	County Depa	artment/Agency :
Select	~	
Grant Purpose/Results:		
	Submit Cancel	

- 3. Fill in the above information fields and click on Submit
- 4. And Click on Save Draft
- 5. Click on **Next**

# 7.2.7. Organization Income & Expenses

This section, titled **Organization Income and Expenses**, requires users to provide detailed financial information for organizations with total revenue of less than \$10,000.

- **Organization Income**: Users must enter the committed amounts and percentages for various income sources, such as Corporations, County Grants, Federal Grants, Fundraising Events, and more.
- **Organization Expenses**: Users must specify the amounts spent on items like Salaries & Wages, Rent, Supplies, Utilities, and other categories.

At the bottom, the system calculates the **Difference of Income and Expenses**. Users can save their progress as a draft, reset the form, navigate back, proceed to the next section, or cancel their input using the buttons.

- 1. Choose Applicable Financial Year from the dropdown menu
- 2. Fill in all the applicable fields
- 3. And Click on **Save Draft**
- 4. Click on **Next**

### **7.2.8. Supporting Documents**

This section outlines the required documents to be uploaded as part of the application process. Failure to upload these documents will result in an incomplete application, which cannot be processed for funding.

16

17

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Note: The below stated documents should be submitted with the application, if not, the application will be considered as incomplete and will not be processed for funding.

♥: All Documents are Accepted ¥: Documents Rejected NDA: No Documents Available

Supporting Documents	
Please upload additional required supporting documents listed below.	

SI.No	Supporting Documents Checklist	Document Upload	Actions
1	Attachment A - Organizations with total annual revenue of less than \$10,000 (If Applicable)	Upload Documents	NDA
2	Attachment B - Mission/Purpose of the Organization	Upload Documents	NDA
3	Attachment C - Narrative description of the proposed use of requested grant funds •The needs/problems to be addressed by the grant; +How the proposed program/operation will be implemented; +How the funds requested will support the Organization's overall program/operation; +Number of clients to be served with the funding requested (if applicable); •Measurable objectives, action plans, timelines for completion (for specific projects), and how success will be defined and measured; •Statement as to whether this is a new or ongoing program of your organization; +How your organization has demonstrated that it has the necessary experience, qualifications, and capacity to deliver the services/programs for which grant funds are being requested; and +How your organization plans to sustain the program/operation should County funding assistance not be available in the future.	Upload Documents	NDA
4	Attachment D - Narrative description of all grants Organization currently has or has previously received from the County Council over the past 5 years For each previous year grant, please provide the following information: •Year grant awarded. •Total grant amount awarded. •Brief Description of the Purpose, Goals, and Objectives of the grant. •Discuss the impact that the grant funded initiative had in achieving its intended purpose, goals, and objectives. •Identify specific and concrete results, achievements, improvements, and services that were provided by your organization as a result of the County Council grant. •Number of individuals who were served and/or benefited from your organization's efforts and services. •Identify "sesons learned" that your organization realized as a result of administering the grant funded initiative and how those "lessons learned" will impact your organization's future efforts. What will you do differently going forward? •Arnount and source of funding available from other Non-County Council entities used to help the organization administer the County Council grant funded initiative.	Upload Documents	NDA
5	Attachment E - Narrative description of all grants Organization currently has or has previously received from the Prince George's County Government over the past 5 years	Upload Documents	NDA
6	Current Letter of Good Standing for Organizations that are a component of a larger umbrella organization, if applicable (PTAs, PTSAs & Boys and Girls Clubs, etc.)	Upload Documents	NDA
7	Current MD Charity Certificate of Registration (Dated within the last thirty (30) days)	Upload Documents	NDA
8	Fiscal/calendar year Organizational budget, which includes all requested grant funds.	Upload Documents	NDA
9	Independent Audit or Review performed by a Certified Public Accountant (only required for Organizations with total revenue from all sources of \$300,000 or more)	Upload Documents	NDA
10	IRS Form 990 or 990-EZ (The Form 990N is no longer accepted).	Upload Documents	NDA
11	IRS Form W-9 (Signature date must be within 1 year of grant application) (Form available on https://pgccouncil.us/320/Grants)	Upload Documents	NDA
12	IRS Tax-Exempt Determination/Status Letter	Upload Documents	NDA
13	Line-item budget for the requested grant funds, which details the intended use of the grant funds.	Upload Documents	NDA
14	Organization's Articles of Incorporation	Upload Documents	NDA
15	Organization's signed By-Laws	Upload Documents	NDA

Prince George's County Authorization for Electronic Funds Transfer Form (ETF) (Signature date must be within 1 year of grant application) (Form available on the Grants | Prince George's County Legislative Branch, MD (https://pgccouncil.us/).

Roster of the Organization's current Board of Directors & Staff Members

Statement of Revenue and Expenses (AKA Profit & Loss Statement or Income Statement)

Statement of Financial Position (AKA Balance Sheet)

Statement of Need /Problem(2 pages)

NDA

NDA

NDA

NDA

NDA

Upload Documents

Upload Documents

Upload Documents

Upload Documents

Upload Documents

### The form fields:

- Attachment A: Organizations with total annual revenue of less than \$10,000 must upload financial details supporting this claim (if applicable).
- Attachment B: Upload a document explaining the mission or purpose of your organization.
- **Attachment C:** Provide a detailed narrative describing:
  - The proposed use of requested grant funds.
  - Needs/problems addressed by the grant.
  - Implementation plans, measurable objectives, and success metrics.
  - Number of clients served and how the program will sustain itself.
- Attachment D: If your organization has received grants from the County Council in the past five years, provide:
  - Year of the grant.
  - Total amount awarded.
  - Achievements, results, and lessons learned.
- Attachment E: Describe grants your organization has received from Prince George's County Government over the last five years.

### **Additional Required Documents:**

- Letter of Good Standing: For organizations under larger umbrella entities.
- MD Charity Certificate of Registration: Must be dated within the last 30 days.
- Fiscal/Calendar Year Budget: Include all requested grant funds.
- Independent Audit/Review: Mandatory for organizations with total revenue exceeding \$300,000.
- IRS Forms: IRS Form 990 or 990-EZ (for applicable organizations). IRS Form W-9 (dated within 1 year of grant application).
- IRS Tax-Exempt Determination Letter: Confirms the organization's tax-exempt status.
- Line-Item Budget: Details the intended use of grant funds.
- Articles of Incorporation: Upload the organization's foundational documents.
- By-Laws: Include signed and approved organizational by-laws.
- EFT Authorization Form: Prince George's County EFT Form must be signed within 1 year.
- Roster of Board of Directors & Staff Members: Current list of key personnel.
- Statement of Financial Position: Also known as a balance sheet.
- Statement of Need/Problem: A concise two-page explanation of the organization's needs.
- Statement of Revenue and Expenses: Also known as a profit & loss statement or income statement.

#### **Steps to Upload the documents:**

1. Click on the Upload Documents to open the Add New Documents window as shown below:

Add New Document		×
*Legal Name:		
*Supporting Document Nan	ne:	
Attachment B - Mission/Purpose	of the Organization	
*File Name:	*Upload Document: Choose Files No fiosen	
Actions	File Name≎	
	No Document is attached	
	Cancel	

- 2. Choose a file Name and Click on Choose Files to browse to file location and choose the file.
- 3. Click on Attach. The File shows up as shown below.

Legal Name:		
A		
Supporting Document	t Name:	
Attachment B - Mission/Pu	rpose of the Organizati	on
File Name:	Choose File	s No flosen
Actions		File Name <del>\$</del>
<b>ii</b> 📥	Α	
<b>İİ 📩</b>		

- 4. You can attach more files by repeating the above steps.
- 5. Once done, click on **Cancel** to close the window. (The Attached files will remain and not get removed.)

- 6. Click on Save Draft
- 7. Click on Next

### 7.2.9. Assurances

Please review the following assurances to confirm your organization's commitment to responsible use of grant funds if awarded. By agreeing to these terms, your organization commits to adhering to the intended purposes of the grant, complying with all relevant laws and civil rights regulations, and maintaining accountability through accurate record-keeping and financial reporting. Additionally, your organization agrees to submit regular progress reports based on the awarded amount detailing financial usage, service impacts, and project outcomes. These assurances ensure transparency, compliance, and effective use of the funds provided.



Please review the certification statement below and complete the required fields. This confirms your authority to apply on behalf of the organization and ensures that all information provided is accurate to the best of your knowledge.

#### Grants Management System GMS Applicant User Manual

Organization Information				
Application Basic Information	Certification			
Contact Information				
Financial Information	Organization Name: Mar	Manson Charitable Organization		
Organization Service Category				
Service Area and Target Population Previous County Government Grants & Contracts	<ul> <li>Terms and Conditions (f</li> <li>I affirm that I am authorize correct to the best of my k subject to review by the C</li> </ul>	'lease check the checkbox below to accept d to execute this application on behalf of the applican nowledge and information. I hereby approve the submounty (Office of Audits and Investigations) and will be	I: t organization lission and c administered	n. I also certify that the information contained in this application, including attachments, is true and contents of this application and agree that any grant awarded pursuant to this application will be d in conformity with the purposes stated.
Organization Income & Expenses Supporting Documents	The applicant organization records, files, and account necessary or appropriate of The Prince George's Court	, at the request of the Prince George's County Office s of the organization, as well as access to personnel i concerning this grant award.	of Audits and and clients o	I investigations, will provide reasonable access during regular business hours to all financial ir other beneficiaries for audit purposes, verifications, or program evaluations as the County deems on payments to be made under this orant award and may require a total or partial refund of any
Assurances Certification	grant funds if such action i County Government; or (3	s deemed necessary: (1) because the Grantee has no ) to comply with any law or regulation applicable to the	e Grantee ar	ry pury them to one made containing grant want to be may negative thread or purgets to the provide the
	*Title:			*Name:
	Select		~	Mike Manson
	*Scan Signature:	Signature :		"Date:
	*Email:			*Phone Number:
		Save Draft	Final	Submit Back Cancel

Follow these steps to complete the Certification process:

- 1. Select your Title and Enter your Name.
- 2. Upload your Scanned signature by clicking on "Choose File"
- 3. Provide the **current Date, Your Email, and Phone Number** to finalize the certification.
- 4. Click on Save Draft.
- 5. You can return to edit any of the steps provided before. You can always log in on a later day to do the same.

#### **Final Submission**

1. Click on **Final Submit** only once you do not wish to make any more changes to your application.

application.	
No	Yes

- 6. Click on **Yes** to confirm.
- 7. The following pop-up confirms that you have Submitted Successfully.



8. Once the Application is processed, you will receive an email confirming the same.

You can view the status of your Application on your Dashboard page as shown below:

iboard	 Grants Management	* Administratio	I Letter of Co	onsideration			
	Search Criteria						
		7	0				
	Programs:		Grants:		Da	ite Range:	
	Select		<ul> <li>✓Select</li> </ul>		~		
				Search Rese	ət		
	Applications			Search Rese			
	Applications	Application \$	Program ≑	Search Reso	organization ≑	Review Status	Grant Status ≑
	Applications Application No.	Application \$	Program ≎ Program	Search Resc Grant \$	Organization \$	Review Status Review Status	<b>Grant Status ≑</b> Grant Status
	Applications Application No.  Application No. GMS-2025-01-21-18	Application Application Management	Program Program SAG Program	Grant ¢ Grant grant dram Grant	organization \$	Review Status Review Status Click Here	Grant Status ¢ Grant Status Click Here

### 7.2.11. How to Provide Missing Information

In Case any missing information needs to be provided, you will be intimated by email to provide the same.

To Provide the Missing information, please carry out the following steps:

- 1. Click on Applications from the Grants Management Menu
- 2. Navigate to your application which has the Status "Missing Information".
- 3. Open the Application by clicking on the Eye icon to open the Application Information page as shown below:

Dashboard Programs Grants Management *							
View Application for Glen Application							
Application Basic Information						+	
Project Details						+	
Contact Information						+	
Narrative Application						+	
Project Narrative						+	
Goals And Objectives						+	
Activities and Budget Plan						+	
Monitoring And Evaluation Plan						+	
Influence And Impact						+	
Sustainability Plan						+	
Terms and Conditions						+	
Documents						+	
Expenses						+	
Comments						+	
Awards						+	
Terms of Assurance Review						+	
		Cancel		Add	Review		
Reviews							_
						Add Re	view
Perform Task 🗢	Assignee \$	Review Assigned Date C	Revi	iew Due Date 🌣		Action \$	
Perform Task	Assignee	Review Assigned Date	Re	view Due Date			
Missing Information						۲	

4. Click on the Add Review Icon to open the following pop-up window as shown below:

Frant		*Application Name	
FY-24-25 - SAG F	Program Grant	~	
Perform Task			
Select			```
Select			
Missing Information	on Submitted		
Application Subm	itted		
lotes			



- 5. Based on the missing information requested you can Click on the **Documents tab** and attach the relevant documents.
- **6.** From the Perform Task Drop down, select **"Missing Information Submitted"** option.
- 7. Provide any relevant notes in the Notes field.
- 8. Click on **Submit.**

### 7.2.12. Grant Award

Once the Grant has been awarded, you will be notified by email, and the Status of your application will change to **"Payment Processed by Senior Finance Assistant"** 

plications						Add Ne	w Applicat
ielect All	Application No. 🗢	Application \$	Program 🖨	Grant 🕈	Review Status ≑	Grant Status 🕈	Action
0	Application No. GMS-2024-10-18-68	Application	Program NDG Program	Grant Non Departmental Council Funded Grant	Review Status Payment processed by Senior Finance Assistant	Payment processed by Senior Finance Assistant	•
First Pre	vious 1 Next Last			10 ¢		Showing 1 To 1 Of 1 Entries	

# 8. GRANT APPLICATION PROCESS – DVG

Due to the sensitive nature of domestic violence prevention and intervention programs, DVG applications require additional, specialized information.

### 8.1. Step 1: Create a New Application

After logging in as an Applicant follow these steps to Create a New Application:

1. Click on the **Grants** link from the **Grants Management** menu dropdown as shown below:

Dashboard	Programs	Grants Management 🔻	Administra	ation <b>*</b>	Letter Of Consideration		
	Searc Progra Select	Grants Applications Awards	v	Grant	is: ct	v	Date Range:
					Search Reset		

2. This opens the Grants page with the list of available Grants as shown below:

		Grants					
Frants		Applications					
prants		Awards					
Select All		Grant <b>≑</b>	Program <b>≑</b>	Budget(\$) ≎	Application Start Date 🖨	Application End Date \$	Actions
	Grant		Program	Budget(\$)	Application Start Date	Application End Date	
	FY-25-SAG Pro	ogram Grant	SAG Program	\$0.00 01/02/2025		12/30/2025	👁 🔒 🖥 🔺
	FY-25-DVG Pro	ogram Grant	DVG Program	\$0.00 01/02/2025		12/30/2025	👁 🔒 🛯
	FY-25-Non Dep	partmental Council Funded Grant	NDG Program	\$0.00 01/02/2025		12/30/2025	🌰 🖨 📓
	FY-25-Non Dep	partmental Stadium Impact Grant	NDG Program	\$0.00 01/02/2025		12/30/2025	🎱 🔒 🔤 🖥
	FY-25-Non Dep	partmental Exhibit	NDG Program	\$0.00 01/02/2025		12/30/2025	🎱 🖨 🖬 🖥
	FY-25-Non Dep	partmental Grant	NDG Program	\$0	0.00 01/02/2025	12/30/2025	🌝 🔒 🔤 🖥
First Pr	revious 1 N	lext Last		10 🗢	Sł	nowing 1 To 6 Of 6 Entries	

- 3. Under the Actions Column, choose the Blue dollar **\$ Icon** as shown above.
- 4. This opens the Add Application Page as shown below:

Add Application		
Annuadian Filing Industrian		
Application Filing Instructions		+
Application Basic momation		
	Save Draft Cancel	

- 5. Click on the + icon to expand the Accordions
- 6. Click on the DVG Application Filling Instructions (if present) to download the instructions.
- 7. Click on the + icon to expand the Application Basic Information form fields as shown above.
- 8. Complete the following Domestic Violence Grants (DVG) basic information form given below:

		-			
Grant:		*Program:		*Application Name:	
FY-25 - DVG Program Grant	~	FY-25 - DVG Program	~		
Applicant Type:		Organization:		Amount Requested(\$):	
Firm	~		~		\$8,000.0
mount Allocation(\$):		*Application/Organization Owner:		Applied By:	
	\$0.00		~		

The following form fields need to be filled up:

- 1. Application Name (Create a descriptive title for your project)
- 2. Requested Amount (Enter total funding needed in USD)
- 3. Organization Owner (Select from authorized personnel list)
- 4. Click on **Save Draft** to go to the next step of filling up the complete application.

This Draft information can be viewed under the Applications page as shown below:

Programs	Grants Mar	nagement • Financial Mar	agement * Letter Of Consi	ideration				
	Grants	_						
s	Application Awards	15						
Applicati	on No. 🗢	Application <b>\$</b>	Program \$	Grant ≑	<b>Organization</b> \$	Review Status ≑	Grant Status ≑	Action
Application No		Application	Program	Grant	Organization	Review Status	Grant Status	
GMS-2025	-01-21-18	Mikes Application for SAG	SAG Program	FY-25-SAG Program Grant	Mark Manson Charitable Organization	Full Application Draft	Full Application Draft	08
revious 1 N	ext Last			10 ¢		Showing 1 To	o 1 Of 1 Entries	
	Programs s Application Application GMS-2025 revious 1 N	Programs Grants Mar Grants Application MS-2025-01-21-18 evious 1 Nex Last	Programs     Grants Management *     Financial Mara       Grants     Applications     Applications       Application     Awards     Application *       Application No.     Application     Application *       GMS-2025-01-21-18     Mikes Application for SAG       evidus     1     Next	Program     Grants Management *     Financial Management *     Letter Of Consiliants       Grants     Applications     Applications     Application *       Application No. *     Application ¢     Program ¢       GMS-2025-01-21-18     Mikes Application for SAG     SAG Program       evidual     1     Next     Last	Programs     Grants Management *     Financial Management *     Letter Of Consideration       Grants     Applications Awards     Application *     Program *     Grant *       Application No. *     Application *     Program *     Grant Grant *       Application No. *     Application *     Program *     Grant Y-25-SAG Program Grant       GMS-2025-01-21-18     Mikes Application for SAG     SAG Program     FY-25-SAG Program Grant       evice     1     Next     Last     10 *	Program     Grants Management *     Financial Management *     Letter Of Consideration       Grants     Applications Avards     Application *     Application *       Application No.     Application *     Program *     Grant *       GMS-2025-01-21-18     Mkes Application for SAG     SAG Program     FY-25-SAG Program Grant     Mark Manson Charitable Organization       evicus     1     Net     Last     10 *	Programs       Grants Management*       Financial Management*       Letter Of Consideration         Grants       Grants	Programs       Grants Management*       Letter Of Consideration         Grants       Grants       Grants         Applications       Applications       Applications         Applications       Applications       Applications         Applications       Applications       Program       Grant       Organization*       Review Status *       Grant Status *         Applications       Application frag       SAG Program       Grant       Organization*       Review Status *       Grant Status *         Application I/

Click on the pencil Edit icon 🕼 to proceed.

# 8.2. Step 2: Application Basic Information

The application process requires the completion of several sections to ensure that all necessary information is collected for evaluation. Each section is organized into expandable accordions for

ease of navigation. Applicants must expand each accordion, review the required fields, and provide accurate and detailed responses. Below is the list of accordions that need to be filled out:

Application Basic Information		
Contact Information	Edit Application for Mikes Application for DVG	
Service Area and Target Population	Application Filing Instructions	+
Organization Collaboration	Application Basic Information	+
Organization Experience and Capacity	Project Details/ Proposal	+
Funding History Information	Application Narrative	+
Organizational Financial	Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds	+
Periodic Reporting Requirement	Organization's History, Mission/Purpose & Goals	+
Financial Report	Proposed Use of Requested Grant Funds	+
Method of Payment	Monitoring And Evaluation Plan	+
Supporting Documents	Influence And Impact	+
Certification	Sustainability Plan	+
	Terms and Conditions	+
	Save Draft Back Next Cancel	

#### **List of Accordions**

### 1. Application Filing Instructions (if present)

This section provides guidelines on how to complete and submit the application. Please ensure you read and understand the instructions before proceeding.

#### 2. Application Basic Information

Collects essential details about the applicant and the proposed project.

#### 3. Project Details/Proposal

Requires detailed information about the project, including objectives, timeline, and scope.

#### 4. Application Narrative

A space to provide a comprehensive narrative about the project's goals, expected outcomes, and alignment with funding priorities.

5. **Provide A Brief Description of The Proposed Use Of The Requested Grant Funds** Specify how the grant funds will be utilized to achieve the project objectives.

# 6. **Organization's History, Mission/Purpose & Goals** Describe your organization's background, mission, and how its goals align with the proposed project.

7. **Proposed Use of Requested Grant Funds** Detail a clear plan for how the funds will be allocated and utilized effectively.

### 8. Monitoring And Evaluation Plan

Outline how the project will be monitored and evaluated to ensure successful implementation and achievement of objectives.

#### 9. Influence And Impact

Describe the anticipated impact of the project on the target population or community.

#### 10. Sustainability Plan

Provide details on how the project will remain sustainable after the grant period.

#### 11. Terms and Conditions

Review and accept the terms and conditions to proceed with the application.

#### Next Steps:

Expand each accordion by clicking the "+" icon, complete the required fields, and save your progress as you move through the sections. Use the "Save Draft" option frequently to avoid losing data.

 Project Details/Proposal The "Project Details/Proposal" form collects comprehensive information about your proposed project to ensure its alignment with program goals and funding requirements. The form includes key sections to capture the project's objectives, implementation timeline, service scope, and evidence-based practices. Please provide accurate and detailed information to support your proposal, as this will be critical in evaluating its potential impact and effectiveness.

Destinat	D-4-il-/	Descent
FIDIECL	Details/	FIODOSal

- Executive Summary (1 Page): Please provide a summary of your overall proposal and your request for funding.
- Statement of Need /Problem (2 pages): (Clearly explain why this project is needed.)

• Project Description (4 Pages): Clearly explain how the proposed project will be implemented and evaluated. Applicants must develop outcome and performance measures that demonstrate impact of program based on the objective outlined in Part III. Describe the services or activities to be completed and estimate the number of persons to be assisted and where the service(s) will be provided.

Note:Please upload the Attachments in the Supoorting Documents tab.

*	*Project Title/Name:			Proposed Start Date:	Proposed End Date:			
Se	ervice Category				Add New Se	rvice Category		
	Actions	Service Category¢		Goals and Objectives <b>≑</b>	No. of benefited households/individuals≑	City≎		
		Service Category	Goals and Objectives		No benefited households/individuals	City		
	No data available in table							
	First Previous	Next Last		10 🗢	Showing 0 To 0 Of 0 Entries			

Evidence based practice (EBP): is a process that brings together the best available research, professional expertise, and input to identify and deliver services that have been demonstrated to achieve positive outcome for the population and the community.

Evidence based programs and practices (EBPPs) are specific techniques and intervention models that have shown to have positive effects on outcomes through rigorous evaluations. 1. Does this program utilize specific techniques models based on EBPPs?

⊖Yes ⊖No

<u>Providing evidence of effectiveness</u>: (even if not at the level of evidencebased) is essential to help inform any field of what types of programs and practices are currently being used and what evidence supports these programs. Practice-based and anecdotal evidence can help to identify emerging programs and demonstrate effectiveness. To further advance the field, it is also important to take steps to move toward the development and implementation of EBP.

#### Instructions for Filling Out the "Project Details/Proposal" Form:

- **Project Title/Name**: Enter the name of your project in the text box provided.
- Proposed Start Date:
  - Enter the expected start date of the project in the provided field.
- Proposed End Date:
  - Enter the expected completion date of the project in the respective field.
- Service Category Section:
  - Click on the "Add New Service Category" button to add a row to the table.
  - Service Category: Choose or type the category of services your project will provide.
  - **Goals and Objectives**: Clearly state the objectives and intended outcomes of the project.
  - **No. of Benefited Households/Individuals**: Provide the number of households or individuals who will benefit from the project.
  - **City**: Enter the city where the service will be provided.

If multiple rows are added, navigate using the pagination options (First, Previous, Next, Last).

- Evidence-Based Practice (EBP):
  - Does this program utilize specific techniques/models based on EBP?
    - Select "Yes" or "No" by clicking the corresponding radio button.
  - **Providing Evidence of Effectiveness**:
    - If the program provides evidence of effectiveness:
      - Select "Yes."
      - Provide a detailed explanation in the text box below.

If not, select "No."

### Document Upload:

• Attach supporting documents as requested in the "Supporting Documents" tab.

Notes:

- Ensure all sections are completed accurately before submission.
- Save your work frequently to avoid losing any information.
- Application Narrative: Provide Details of the project's rationale, relevance, and how it aligns with the grant objectives.
- Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds: Describe the project in depth, including the strategies, target audience, and implementation approach.
- Organization's History, Mission/Purpose & Goals: Clearly outline the history, mission, purpose and specific goals
- Proposed Use of the Requested Grant Funds: Address the needs/problems the grant will solve, the implementation plan, how the funds will support the organization's goals, and the number of beneficiaries (if applicable). Write clearly and concisely, ensuring your response demonstrates measurable outcomes. Save your progress using the "Save Draft" button and review your entry for accuracy before moving to the next section.
- Monitoring and Evaluation Plan: Explain how you will assess the project's progress and measure its success against defined objectives.
- Influence and Impact: Discuss the project's anticipated effects on the community and how it aligns with broader social goals.
- Sustainability Plan: Describe how the project will be sustained beyond the grant funding period, including potential funding sources and partnerships.
- Terms and Conditions: Review and acknowledge the terms and conditions associated with the grant application and funding.

# 8.3. Step 3 Contact Information

Add any new Contact information by Clicking on the "Add New Contact Information"

Edit Application for Mikes Application for DVG					
Organization Information	Contact Information			Add New Contact Informati	tion
Contact Information	Actions	Full Name	Mobile Numb	er Email	
Service Area and Target Population	C 📋 👁				-
Organization Collaboration	First Previous 1 Next Last		10 0	Showing 1 To 1 Of 1 Entries	
Organization Experience and Capacity	1				
Funding History Information					
Organizational Financial Information			Back Next Cancel		
Periodic Reporting Requirement	<u>.</u>				
Financial Report					
Method of Payment					
Supporting Documents					
Certification					

### 8.4. Step 4: Service Area and Target Population

This section gathers details about the geographic location and the specific population your program will serve. Please provide accurate and concise information to ensure proper evaluation.

Ed	t Application for Mikes Application for DVG	
	Organization Information	
	Application Basic Information	Service Area and Target Population
	Contact Information	
	Service Area and Target Population	*1. Where will the service be provided, and/or the programs be conducted in Prince George's County?:
	Organization Collaboration	
	Organization Experience and Capacity	
	Funding History Information	
	Organizational Financial Information	
	Periodic Reporting Requirement	
	Financial Report	
	Method of Payment	*2.Please identify the Target Population:
	Supporting Documents	Select
	Certification	Save Draft Back Next Cancel

Instructions:

- 1. Where will the service be provided?
  - In the text box, describe the locations or areas in Prince George's County where the program will be conducted.
- 2. Identify the Target Population:
  - Use the dropdown menu to select the group of individuals your program intends to serve.

Click "Save Draft" to save your input or "Next" to proceed.

### 8.5. Step 5: Organization Collaboration

Please provide information about any plans to collaborate with other nonprofit organizations or coordinate with County programs for this project. If applicable, include details of your partners, their contributions, and any collaboration agreements in the form below:

Organization Information			
Application Basic Information	Organization Collaboration		
Contact Information			
Required Information	Note : Priority will be given to activities that are integ	rated with other communi	ity service projects and provided in collaboration with other service providers.
Organization Collaboration			
Organization Experience and	Organization Collaboration	Response	Comments
Capacity Funding History Information Organizational Financial	Are there plans to enter into a partnership with any other non-profit organization(s) to undertake this project? If "yes", please list the organization(s) and their contribution(s). If "no", explain why not.	○Yes ○No	
Periodic Reporting Requirement Method of Payment	Is this proposed project coordinated with/or a part of any ongoing County program(s) or activity(s)? If "yes", explain how.	○Yes ○No	
Attachments	Will the services of the project be coordinated with other services in the community? If "Yes", please briefly describe your non-profit collaboration on this project.	⊖Yes ⊖No	
	Please describe your non-profit organization collaboration partners		
	Please provide a collaboration/partnership agreement with the entity or entities you will collaborate with on this project, which describes respective roles on this project and financial commitment.		
		Save Draft	Back Next Cancel

The following information needs to be provided:

- Are there plans to enter into a partnership with any other nonprofit organization(s) to undertake this project? If "Yes", list the organization(s) and their contribution(s). If "No", explain why not in the comments field.
- Is this proposed project coordinated with or part of any ongoing County program(s) or activity(ies)? If "**Yes**", explain how.
- Will the services of the project be coordinated with other services in the community? If "Yes", briefly describe your nonprofit's collaboration on this project.
- Please describe your nonprofit organization's collaboration partners.
- Please provide a collaboration/partnership agreement with the entity or entities you will collaborate with on this project that outlines their respective roles and financial commitments.

Click "Save Draft" to save your input or "Next" to proceed.

## 8.6. Step 6: Organization Experience and Capacity

Please provide detailed information on your organization's staffing, fiscal management, and project funding. This includes current and planned staff, use of consultants, financial practices, and sustainability plans. Additionally, outline how your organization intends to enhance collaboration and communication between departments to ensure the success of the project, as shown below:

View Application for Atlantis DVG Application 1			
Application Basic Information			
Contact Information	Note : New groups are encouraged to enter into partnerships with	n more experienced groups a	nd/or obtain qualified consultants to help implement the project.
Supporting Documents	Organization Experience and Capacities		
Organization Collaboration			
Organization Experience	Organization Experience	Response	Comments
Financial Information			
Funding History Information	Number of current paid full time staff in your organization		
Service Category			
Required Information			
Previous County Government Grants & Contracts	Number of current paid part time staff in your organization		
Organizational Einancial Information			
Certification	Number of paid full time staff currently with your organization who will work on the project:		
	Number of paid part time staff currently with your organization who will work on the project:		
	Number of new full time staff that will be hired to work on the project, if funded		

### Please fill in the following fields:

- Number of current paid full-time staff in your organization
- Number of current paid part-time staff in your organization
- Number of paid full-time staff currently with your organization who will work on the project:
- Number of paid part-time staff currently with your organization who will work on the project:
- Number of new full-time staff that will be hired to work on the project if funded
- Number of new part-time staff that will be hired to work on the project if funded
- Provide a brief narrative on a separate page (500 words maximum) detailing the types of activities undertaken by your organization
- Will a consultant(s) or contract staff be hired to help implement the project? If "yes," please explain the services the consultant or contract staff will offer and identify the sources of funds.
- Describe your organization's fiscal management disbursement methods, financial reporting, recordkeeping, and accounting procedures. Indicate whether the

organization has adequate insurance. Insurance coverage for General Liability, Automobile Liability, Workman's Compensation, and Fire insurance is required.

- Describe plans to use other funds on the program. This section only describes funds that are secured. Provide the source of funds amounts, period covered and how these funds will be used. Intent to apply for matching funds does not constitute a match. Attach commitment letters from other funding sources
- Project Budget/Post Grant Funding/Sustainability (1 Page): Clearly detail and describe why your organization cannot address the identified need without outside financial assistance and how the funds requested will support your intended strategies. Clearly detail how your proposed project will achieve selfsufficiency after your performance period and County funding assistance has ended. Describe plans to seek new funding to supplement Council funding.
- What strategies can our organization implement to enhance department collaboration and communication?

#### Notes:

- I Priority will be given to activities with a clear plan of action consistent with the budget demonstrates the applicant's capacity to implement the proposed plan and is consistent with County goals.
- New groups are encouraged to partner with more experienced groups and/or obtain qualified consultants to help implement the project.

# 8.7. Step 7: Funding History Information

This section collects details about your organization's revenue for the past three years, the current year, and the projected budget for the upcoming year. Accurate financial data is critical for evaluating your organization's funding history and capacity.

Edit Application for Mikes Application for DVG					
Organization Information					
Application Basic Information	Funding History Information		Use this section	on to provide an account of the revenue of your organization	n for the past three years and a current year projected budget.
Contact Information					
Service Area and Target Population	Financial Years: 2025	j ~			
Organization Collaboration					
Organization Experience and Capacity	Funding Cycle	2023	2024	2025	2026
Funding History Information	City	\$0.00	\$0.00	\$0.00	\$0.00
Organizational Financial Information	County	\$0.00	\$0.00	\$0.00	\$0.00
Periodic Reporting Requirement	Donations	\$0.00	\$0.00	\$0.00	\$0.00
Financial Report	Federal	\$0.00	\$0.00	\$0.00	\$0.00
Method of Payment	Fees Charged	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Documents	Fundraising	\$0.00	\$0.00	\$0.00	\$0.00
Certification	In-Kind	\$0.00	\$0.00	\$0.00	\$0.00
	Other	\$0.00	\$0.00	\$0.00	\$0.00
	State	\$0.00	\$0.00	\$0.00	\$0.00
	Total Revenue	\$0.00	\$0.00	\$0.00	\$0.00

#### Instructions

- 1. Select the Financial Year:
  - Use the dropdown menu to choose the financial year you want to report on.
- 2. Enter Revenue Data:
  - For each year (2023, 2024, 2025, 2026), fill in the revenue amounts for the listed funding sources (e.g., City, County, Donations, Federal, etc.).
  - Ensure all amounts are reported in the correct category and year.
- 3. Verify Total Revenue:
  - Check that the Total Revenue field calculates accurately for each year.
- 4. Supporting Documentation:
  - If your organization received County Council Grant funds in the previous fiscal year, attach the previous year's Financial Report detailing the funding received and its utilization.
  - Use the provided link to download a sample financial report for reference and ensure your report matches the required format. Upload the report in the Attachments tab.
- 5. Save and Review:
  - Click "Save Draft" to save your work, or use "Next" to proceed.
  - Review the data carefully before submission to ensure accuracy.

### 8.8. Step 8: Organizational Financial Information

This section captures detailed financial information about your organization, including its overall revenue and expenses and the proposed program/project-specific budget.

Completing both accordions accurately is essential for evaluating your organization's financial health and the feasibility of the proposed program.

Edit Application for Mikes Application for DVG		
Organization Information		
Application Basic Information	Organizational Financial Information	
Contact Information		
Service Area and Target Population	ORGANIZATION - The budget information below applies to the organization's total operational budget.	
Organization Collaboration		
Organization Experience and Capacity	Organization Revenue and Expenses	+
Funding History Information	Proposed Program/Project Revenue and Expenses	+
Organizational Financial Information	*Pending sources of support include those requests currently under consideration. Please include this current Council Domestic Violence Program Grant request.	
Periodic Reporting Requirement		
Financial Report	Save Draft Reset Back Next Cancel	
Method of Payment		
Supporting Documents		
Certification		

#### 1. Organization Revenue and Expenses

- Fill in the current year's total revenue by source and expenses by category.
- Ensure the percentages and totals align accurately.

#### 2. Proposed Program/Project Revenue and Expenses

- Provide detailed revenue commitments and pending amounts for the proposed program.
- Include a breakdown of projected expenses by category.

Save your work frequently using the **"Save Draft"** button and double-check totals for accuracy before Clicking on **"Next"**.

### 8.9. Step 9: Periodic Reporting Requirement

The grant recipients are informed of the periodic reporting requirements associated with receiving the award. Please read the details carefully and ensure compliance before proceeding.

As a condition of receipt of the award, grant recipients must agree to:

- Submit (4) quarterly reports detailing how grant funds were utilized for each quarter of the program year.
- The quarterly reports are due within 10 days of the end of the quarter.
- A final report is due within thirty (30) days after the conclusion of the grant period.

Click on "Next" to proceed.

### 8.10. Step 10: Financial Report

The "Financial Reports" section captures detailed information about your organization's financial activities, including grant funds received and their uses. Ensure all fields are completed accurately and supporting details are provided where applicable.

Edit Application for Mikes Application for DVG				
Organization Information				
Application Basic Information	Financial Reports			
Contact Information				
Contact mornator				
Service Area and Target Population				
	Non-Departmental and/or Special Appro	priation, Domestic violence Progr	am Grant or other Council grants, as applicable.	
Organization Collaboration				
Organization Experience and	Financial Year:			
Capacity				
a fair saire and the	2025 ~			
Funding History Information				
Organizational Financial Information	From :	To:	Organization Name:	Total Amount Received:
			Mark Manager Charitable Organization	0.00
Periodic Reporting Requirement			Mark Manson Chantable Organization	\$0.00
Financial Report				
- Handida Hoport	County Council Grants Received From			+
Method of Payment	ecandy ecanon erants resource from			
Constitue Deservation	List Uses of Council Grant Funds (as applic	able)		+
Supporting Documents				
Certification		Save D	raft Reset Back Next Cancel	
		Sure 2		

### Instructions for Financial Reports

#### **1. Preliminary Fields**

- Financial Year: Select the relevant financial year from the dropdown menu.
- From and To Dates: Enter the reporting period dates in the respective fields.
- Organization Name: Confirm or enter your organization's name.
- Total Amount Received: Specify the total grant amount received during the selected financial year.
- Click on "Save Draft" button to avoid data loss.

### 2. County Council Grants Received Accordion

• Expand the "County Council Grants Received From" accordion.

County Council Grants Received From

Current Year Organization Revenue		
Source	Grant Amount Received	Additional Comments (as applicable)
SAG Program Grant	\$0.00	
DVG Program Grant	\$0.00	
Non Departmental Council Funded Grant	\$0.00	
Non Departmental Stadium Impact Grant	\$0.00	
Non Departmental Exhibit	\$0.00	
Non Departmental Grant	\$0.00	
Total Amount of Council Grants Received	\$0.00	

- Current Year Organization Revenue:
  - Fill in the Grant Amount Received for each listed source (e.g., SAG Program Grant, DVG Program Grant, etc.).
  - Add any relevant comments in the Additional Comments field.
- Verify the Total Amount of Council Grants Received is accurate.
- Click on "Save Draft" button to avoid data loss.

#### 3. List of Uses of Council Grant Funds Accordion

• Expand the "List Uses of Council Grant Funds (as applicable)" accordion.

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ist Uses of Council Grant Funds (as applicable)	
not e bob of e callon efailer allas (as applicante)	

Operating Expenses			Program Expenses		
Source	Amount Received	Additional Comments	Item	Amount Received	Additional Comments
Corporations	\$0.00		Depreciation	\$0.00	
County Contracts	\$0.00				
County Grants	\$0.00		, Equipment	\$0.00	
Fornad Income	00.03		In-Kind Support	\$0.00	
	\$0.00		Insurance, Benefits, Other Related Taxes	\$0.00	
Federal Contracts	\$0.00		Other(Specify)	\$0.00	
Federal Grants	\$0.00				
Fundraising Events	\$0.00		Postage	\$0.00	
In-Kind Support	\$0.00		Printing & Copying	\$0.00	
Individual Contributions	\$0.00		Rent	\$0.00	
Investment Income Povenue	00.03		Salaries & Wages (breakdown by individual positions and indicate full or part-time positions)	\$0.00	
measurent income kevenne	\$0.00		Supplies	\$0.00	
Membership Income	\$0.00				
Other(Specify)	\$0.00		Telephone/Internet	\$0.00	
State Contracts	\$0.00		Travel	\$0.00	
State Grants	\$0.00		Utilities	\$0.00	
Total Operating Expenses	\$0.00		Total Program Expenses	\$0.00	

- Operating Expenses:
  - Enter the Amount Received for each revenue source (e.g., Corporations, County Contracts).
  - Provide additional details in the Additional Comments field, if needed.
- Program Expenses:
  - Detail expenses by category (e.g., Depreciation, Salaries & Wages).
  - Ensure the totals for both operating and program expenses are calculated accurately.
  - Click on "Save Draft" button to avoid data loss.

#### **Final Notes**

- Use the "Save Draft" button frequently to avoid data loss.
- Review all inputs for accuracy before clicking "Next" to proceed.

### 8.11. Step 11: Method of Payment

This section outlines the method of payment for grant disbursements. The County requires all payments to be processed electronically to ensure efficiency and security.

Method Of Payment
The County requires the use of electronic deposits via the Automated Clearing House (ACH) system. Instructions and an Electronic Funds Transfer (EFT) enrollment form are included on the Council's website at https://pgecouncil.us/320/Grants
Back Next Cancel

The County requires the use of electronic deposits via the Automated Clearing House (ACH) system. Instructions and an Electronic Funds Transfer (EFT) enrolment form are included on the Council's website at https://pgccouncil.us/320/Grants.

### 8.12. Step 12: Supporting Documents

This section ensures that all required supporting documents are submitted as part of the application process. Failure to upload the necessary documents will result in an incomplete application that will not be processed for funding. Review the checklist carefully and upload the requested documents.

Organization Information Application Easic Information Contact Information Somice Area and Target Population Organization Collaboration Organization Experience and Capacity	Note: The below state C: All Documents are Ac Supporting Document Please upload addition	ad documents should be submitted with the application, if not, the application will be considered as incomplete and will not be processed for funding coepled <b>x</b> . Documents Rejected <b>NDA</b> : No Documents Available ts nal required supporting documents listed below.							
Funding History Information	SI.No	Supporting Documents Checklist	Document Upload	Actions					
Organizational Financial Information	1	Electronic Funds Transfer (EFT) Payment Enrollment Form	Upload Documents	NDA					
Financial Report	2	Has your organization participated in the Prince George's County Council's Support Organize Act Rise (S.O.A.R) Program. Please provide your certification.	Upload Documents	NDA					
lethod of Payment	3	Organization's Articles of Incorporation	Upload Documents	NDA					
supporting Documents	Project BudgetPicst Grant Funding/Sistanability (1Page). Clearly detail and describe why your organization is currently unable to address the identified need     whole of obdet financial assistance and how the turbs requested will support your inferded stratingsis. Charly detail throwy proported protection address the identified need     sufficiency and throw properiod of proteinmas and charly through assistance has advected will support your organization is currently unable to address the identified need     sufficiency advected to protect address throws need to advect the identified and through a sufficience advected to the identified to advect the identified and through a sufficience advected to the identified to advect the iden								
	5	Project Description (4 Pages):	Upload Documents	NDA					
	6	Proof of Additional Financial Resources for this Program	Upload Documents	NDA					
	7	7 Roster of the Organizations current Board of Directors & Staff Members Uplead Documents NDA							
		Back Next Cancel							

### Instructions for Filling the Supporting Documents Section

- 1. Review the Checklist:
  - The checklist outlines the required documents, including:

- 1. Electronic Funds Transfer (EFT) Payment Enrolment Form.
- 2. Certification of participation in the Prince George's County Council's SOAR Program.
- 3. Organization's Articles of Incorporation.
- 4. Project Budget/Post Grant Funding/Sustainability Plan.
- 5. Project Description (4 Pages).
- 6. Proof of Additional Financial Resources.
- 7. Roster of the Organization's Board of Directors and Staff Members.

### 2. Upload the Documents:

- For each item in the checklist, click the **"Upload Documents"** button.
- Select the appropriate file from your device and ensure it is correctly uploaded.

#### 3. Check Document Status:

- Confirm the status under "Document Upload" is marked as uploaded or accepted.
- Refer to the indicators:
  - ✓ All Documents Accepted.
  - × Documents Rejected.
  - NDA: No Documents Available (upload required).

#### 4. Save and Proceed:

- After uploading all required documents, click **"Save Draft"** to save your progress.
- Once confirmed, click **"Next"** to proceed to the next section.

#### Notes

- Ensure the documents meet the specified format and requirements.
- Double-check for completeness and accuracy to avoid delays in processing.

### 8.13. Step 13: Certification

The certification form is the final step to validate and authorize your application. By completing this section, you affirm that the information provided is accurate and that your organization agrees to the outlined terms and conditions.

### Instructions for Completing the Certification Form

- 1. Organization Name:
  - Ensure the pre-filled organization name is correct.
- 2. Terms and Conditions:
  - Read the terms and conditions thoroughly.
  - Check the box to affirm your agreement and acceptance of the terms.
- 3. Title and Name:

- Select the appropriate title (e.g., President, Director) from the dropdown menu.
- Enter the name of the individual completing the form.

#### 4. Signature and Date:

- Upload a scanned copy of the signatory's signature using the **"Choose File"** button.
- Enter the date of submission in the respective field.

### 5. Contact Information:

 Provide the signatory's valid email address and phone number for correspondence.

#### 6. Submission:

- Save your progress using "Save Draft" if necessary.
- Once all fields are completed, click **"Final Submit"** to submit the application.
- Use **"Back"** to review previous sections or **"Cancel"** to exit without saving.

#### Notes

- Ensure all information is accurate and that the signatory is an authorized organization representative.
- Double-check uploaded files and email addresses for correctness before submitting.

### 9. GRANT APPLICATION PROCESS - NDG

The Non-Departmental Grants (NDG) program requires a Letter of Consideration (LOC) prior to the full application as a preliminary screening measure. This step allows the County to efficiently assess the alignment of proposed projects with NDG program goals, evaluate the potential impact of initiatives, and manage the volume of full applications. The LOC provides a brief overview of your organization and project, enabling the County to determine which proposals should proceed to the comprehensive application stage. This process helps streamline the overall grant review procedure, ensuring applicants and County resources are focused on the most promising and relevant projects for the NDG program.

The Application Procedures for Applying for a Non-Departmental Grant (NDG) are described below.

### 9.1. Submitting Letter of Consideration

1. Click on the **Grants** link from the **Grants Management** menu dropdown, as shown below

#### Grants Management System GMS Applicant User Manual

Dashboard	Programs	Grants Management 🔻	Administra	tion <b>*</b>	Letter Of Consideration		
	Searc	Grants Applications Awards		Grant	s:		Date Range:
	Select	-	~	Sele	Search Reset	~	

- 2. This opens the **Grants page** with the list of available Grants.
- 3. Under the **Actions Column**, click on the **Blue mailbox icon** for the NDG Grant for which you wish to apply, as shown below:

nts								
Select								
	Grant ≎	Program <b>≑</b>	Budget(\$) ≎	Letter Of Consideration \$	LOC Due Date \$	Application Start Date \$	Application End Date \$	Actions
	Grant	Program	Budget(\$)	Letter Of Consideration	LOC Due Date	Application Start Date	Application End Date	
	FY-24-25-SAG Program Grant	SAG Program	\$0.0	00 No		10/06/2024	12/30/2024	
	FY-24-25-DVG Program Grant	DVG Program	\$0.0	00 Yes		10/02/2024	12/30/2024	
	FY-24-25-Non Departmental Council Funded Grant	NDG Program	\$0.0	00 Yes	11/30/2024	10/02/2024	12/30/2024	
	FY-24-25-Non Departmental Stadium Impact Grant	NDG Program	\$0.0	00 Yes	11/29/2024	10/02/2024	12/30/2024	
	FY-24-25-Non Departmental Exhibit	NDG Program	\$0.0	00 Yes	12/29/2024	10/02/2024	12/30/2024	2
	FY-24-25-Non Departmental Grant	NDG Program	\$0.0	00 Yes	12/31/2024	10/02/2024	12/30/2024	<b></b>
	FY-24-25-Special Grant	SAG Program	\$0.0	00 Yes		10/02/2024	11/29/2024	8
	FY-24-25-Internal Demo Grant	SAG Program	\$0.0	00 No		10/10/2024	10/31/2024	
	FY-24-25-SAG New Grant	SAG Program	\$0.0	00 No	10/08/2024	10/17/2024	12/31/2024	

4. This opens the **New Letter of Consideration Page** as shown below:

ashboard Programs Grants Management • Financial Manageme	nt • Letter Of Consideration	
New Letter Of Consideration		
Program:	Grant :	Organization Name :
FY-25 - NDG Program	<ul> <li>FY-25 - Non Departmental Council Funded Grant</li> </ul>	
Organization Address :		
1.		
Organization City :	Organization State :	Organization Zip :
В	Maryland	2
Contact Information		
Salutation:	*Contact Name:	Role:
	Select V	
Telephone Number:	Email:	

#### Grants Management System GMS Applicant User Manual

Grant Amount Requested Information			
*Grant Amount Requested (\$): \$0.00	Demographic to be serv	ed by grant funds: 、	
Please summarize the proposed use of the g	grant funds:		
Email Confirmation Information			
Was the letter also sent to a Councilmanic $\odot$ Yes $~\odot$ No	District?		
Award Sent Information			
Is the contact information and Award Sent	information the same?		
○ Yes ○ No			
Salutation:		Contact Name:	Telephone Number:
Emails		Bala	
Email.		Role.	
Documents			
Document Type :		*Attach :	Description :
Letter of Consideration	~	Choose File No file chosen	
		Attach	
Actions		File Name\$	Description <b>≑</b>
		Submit Cancel	

#### Instructions for Filling the Form Fields:

#### 1. Program and Grant:

• Select the relevant program and grant type from the dropdown menu.

#### 2. Organization Information:

• Fill in your organization's name, address, city, state, and ZIP code accurately.

#### 3. **Contact Information**:

• Provide the contact name, role, and salutation of the responsible person. Include their telephone number and email address.

#### 4. Grant Amount Requested Information:

- Enter the total grant amount requested.
- Select the demographic(s) your project will serve from the dropdown list.

• Briefly summarize the proposed use of the grant funds in the provided text box.

#### 5. Email Confirmation:

 Indicate whether the letter was also sent to a Councilmanic District by selecting "Yes" or "No."

#### 6. Award Sent Information:

 If the contact information for the award sent differs from the primary contact, provide the alternate details.

#### 7. Documents:

• Select the "Letter of Consideration" document type, attach the file, and provide a description of the document.

#### 8. Submit:

• Once all fields are complete and accurate, click "Submit" to finalize your application. Use "Cancel" if you need to exit without saving changes.



# 9.2. Checking the Status of Letter of Consideration (LOC)

The Status of the Letter of Consideration can be seen from the Letter of Consideration menu page. It appears as a **"Letter of Consideration (LOC) Submitted** as shown below:

ashboard	Programs Grants	Management • Financial Management •	Letter Of Consideration					
etter Of 0	Considerations List							
Select All	LOC Number \$	Grant ≎	Program≎	Organization 🗢	Applied By \$	Applied Date 🗢	LOC Status \$	Actions
	LOC Number	Grant	Program	Organization	Applied By	Applied Date	Review Status	
	LOC-2024-10-18-102	FY-24-25 - Non Departmental Council Funded Grant	FY-23-24 - NDG Program			10/18/2024	Tentative awardees are notified	•
	LOC-2024-10-21-103	FY-24-25 - Non Departmental Grant	FY-23-24 - NDG Program			10/21/2024		•
First I	Previous 1 Next Las	t		10 \$		Showing	1 To 2 Of 2 Entries	
				Choose Format	Y Export			
			© Copyright 2024. Internation	onal Software Systems, Inc	All Rights Reserved			

# **9.3. Grant Application Process (NDG)**

Once the county completes verification and approves the Letter of Consideration, the status updates to **"Tentative Awardees Notified"** as shown below:

Dashboar	rd Programs Grants	Management • Financial Management •	Letter Of Consideratio	n				
Letter Of	Considerations List							
Calaat								
All	LOC Number \$	Grant \$	Program\$	Organization \$	Applied By \$	Applied Date \$	LOC Status ¢	Actions
	LOC Number	Grant	Program	Organization	Applied By	Applied Date	Review Status	
	LOC-2025-01-22-9	FY-25 - Non Departmental Stadium Impact Grant	FY-25 - NDG Program	· · · · · · · · · · · · · · · · · · ·		01/22/2025	Tentative awardees are notified	•
	LOC-2025-01-22-8	FY-25 - Non Departmental Council Funded Grant	FY-25 - NDG Program			01/22/2025	Letter of Consideration (LOC) Submitted	•
First	Previous 1 Next La	st		10 ¢		Showing	1 To 2 Of 2 Entries	
				Choose Format	✓ Export			

You will also find the particular Grant for which you applied which previously had a black



ashboard	Programs	Grants Management 🔻	Financial Management 🔻	Letter Of Consideration	i		
	-	Grants					
Grants		Applications Awards					
Select All		Grant <b>≑</b>	Program <b>≑</b>	Budget(\$) <b>≑</b>	Application Start Date \$	Application End Date 🖨	Actions
	Grant		Program	Budget(\$)	Application Start Date	Application End Date	
	FY-25-SAG Pro	ogram Grant	SAG Program	\$0.0	0 01/02/2025	12/30/2025	•
	FY-25-DVG Pro	ogram Grant	DVG Program	\$0.0	0 01/02/2025	12/30/2025	👁 🔒 🖥
	FY-25-Non Dep Grant	partmental Council Funded	NDG Program	\$0.00	0 01/02/2025	12/30/2025	•
	FY-25-Non Dep Grant	partmental Stadium Impact	NDG Program	\$0.00	01/02/2025	12/30/2025	O - 1 1
	FY-25-Non Dep	partmental Exhibit	NDG Program	\$0.0	01/02/2025	12/30/2025	⊘ 🔒 🛛
	FY-25-Non Dep	partmental Grant	NDG Program	\$0.0	01/02/2025	12/30/2025	•
First Pr	evious 1	vext Last		10 🗢		Showing 1 To 6 Of 6 Entries	

You can now proceed to applying for a Grant by clicking on the blue dollar symbol as shown above and follow the instructions provided in Section 7: Grant Application Process of this user manual.

### 9.3.1. Step 1: Add Application

The form is organized into two expandable sections ("accordions")—each containing specific fields to fill out. Follow the steps below to ensure accurate and complete submission as shown and explained below:

Dashboard	Programs	Grants Management 🔻	Financial Management 🔻	Letter Of Consideration
Add Applica	tion			
Applicatio	on Filing Instru	ictions		+
Applicatio	on Basic Inform	nation		+
				Save Draft Cancel
			© Copyright 2025	. International Software Systems, Inc   All Rights Reserved

#### **Application Filing Instructions Section**

• Click the "+" icon to expand the accordion and review the details.

ication r inng instructions	
Application Filing Instruction Documents	
Overview- documents to keep in handy before filling up	
2: Special Provisions	

• Ensure you read and understand all instructions (if present) before proceeding to the next section.

#### 2. Application Basic Information Section

This section captures detailed information about your application. Expand the accordion and complete the following fields shown below:

- 1. **Grant**: Select the applicable grant from the dropdown menu.
- 2. **Program**: Choose the program associated with your grant.
- 3. **Application Name**: Enter a unique name for your application.
- 4. Applicant Type: Select your applicant type (e.g., Firm, Individual, etc.).
- 5. **Organization**: Specify the name of your organization.
- 6. Amount Requested (\$): Enter the requested funding amount.
- 7. Amount Allocation (\$): (If applicable) input the allocation details.
- 8. **Application/Organization Owner**: Select the appropriate owner from the dropdown.
- 9. Applied By: The system auto-fills this field with the logged-in user's name.

#### Saving or Cancelling the Application

- Click Save Draft to save your work without submitting it.
- Always verify the entered information before saving or proceeding.
- Once Verified, Click on Submit.

This will then open the next window, showing the remaining part application forms to be filled.

# 9.3.2. Step 2: Add Application

Application Basic Information page is where the Applicant view the Application filing instructions and enters fundamental details about the application, including the title and description of the proposed project.

Click on **the Application Basic Information** as shown above to fill the Application Basic information as shown below

t Application for Mikes Application	for SAG	
Organization Information		
Application Basic Information	Edit Application for Mikes Application for SAG	
Contact Information		
Financial Information	Application Filing Instructions	+
Organization Service Category	Application Basic Information	+
Service Area and Target	Project Details/ Proposal	+
Population	Application Narrative	+
Previous County Government Grants &	Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds	+
Organization Income &	Organization's History, Mission/Purpose & Goals	+
Expenses	Proposed Use of Requested Grant Funds	+
Supporting Documents	Monitoring And Evaluation Plan	+
Assurances	Influence And Impact	+
Certification	Sustainability Plan	+
	Terms and Conditions	+

• Application Filing Instructions Click on the Application Filing Instructions as shown below to download any Filing Instructions document (PDF format) if present as shown below:



Application Basic Information

Provide the Application's Basic Information with related information is shown below:
Edit Application for Augur Application 1				
Organization Information				
Application Basic Information	Edit Application for Augur Application 1			
Contact Information				
Financial Information	Application Filling Instructions			+
Organization Service Category	Application Basic Information			-
Required Information	Application Number:	*Application Name:	*Grar	nt:
Previous County Government Grants & Contracts (Attachment F)	GMS-2024-11-04-59		FY	-24-25 - SAG Program Grant ~
Income & Expenses	*Applicant Type:	Organization:	Amo	unt Requested(\$):
(Attachment A)	Firm	→ <u> </u>	· · · · · · · · · · · · · · · · · · ·	\$0.00
Attachments	Amount Allocation(\$):	Application/Organiza	ation Owner: Appli	ed By:
Assurances	\$		~ ·	··· -· ·
Certification				
	*Do you want to apply for multiple council offic	es? ⊖Yes ●No Do you want to	o request the same amount for all the o	listrict council offices? Yes No
	Council Offices	Apply	Amount Requested(\$)	Amount Approved(\$)
	AT - Large 1	●Yes ○No	\$10,000.00	\$0.00

It consists of the following form fields, which were filled earlier and edited by the Applicant:

- Application Number (generated by the system cannot be changed, only for reference)
- Application Name
- o Grant
- Applicant Type
- Organization
- Amount Requested (\$)
- Amount Allocation (\$)
- Application/Organization Owner
- Applied By
- Option to Apply for multiple council offices.
- Option to apply same amounts for all the district council offices.
- o Council Offices to apply for
- Amount Requested (\$)
- Amount Approved (\$)
- Project Details/Proposal: Provide the Project Title/Name, Proposed Start Date and End Date as shown below:

roject Details/ Proposal		
*Project Title/Name:	Proposed Start Date:	Proposed End Date:

- Application Narrative: Provide Details of the project's rationale, relevance, and how it aligns with the grant objectives.
- Provide A Brief Description Of The Proposed Use Of The Requested Grant Funds: Describe the project in depth, including the strategies, target audience, and implementation approach.
- Organization's History, Mission/Purpose & Goals: Clearly outline the history, mission, purpose and specific goals
- Proposed Use of Requested Grant Funds
- Monitoring and Evaluation Plan: Explain how you will assess the project's progress and measure its success against defined objectives.
- Influence and Impact: Discuss the project's anticipated effects on the community and how it aligns with broader social goals.
- Sustainability Plan: Describe how the project will be sustained beyond the grant funding period, including potential funding sources and partnerships.
- Terms and Conditions: Review and acknowledge the terms and conditions associated with the grant application and funding.

Click on the **Save Draft** button before proceeding to the Next Section.

## 9.3.3. Step 2: Contact Information

Provide any additional Contact information if needed from the link provided below:

dit Application for Augur Applicatio	n 1			
Organization Information	Contact Information			Add New Contact Information
Information	Actions	Full Name	Mobile Number	Email
Contact Information		No data avail	lable in table	
Financial Information		(		
Organization Service Category	First Previous Next Last	l	10 🗢	Showing 0 to 0 Of 0 Entries
Required Information Previous County		Back	xt Cancel	
Government Grants & Contracts (Attachment E)				
Income & Expenses (Attachment A)				
Attachments				
Assurances				
Cortification				

5. Click on Add New Contact Information

~	

- 6. Choose Name from the drop down.
- 7. Click on Submit
- 8. Click on Next

# 9.3.4. Step 4: Financial Information

Please submit the following supporting documents to complete your application. These materials will help verify your organization's mission, financial status, and previous grant activities.

#### Grants Management System GMS Applicant User Manual

Organization Financial Information
Current Organizational Budget(\$): \$0.00 Year Organization Incorporated:Select ~
Proposed Grant Program Budget(\$): \$0.00
All Organizations must provide a line item budget (to include revenue and expenses) for all requested grant funds from the County Council which details the intended use of the grant. Please note, the line item budget is not the same as the organizational budget.
Accounting System Utilized: (The accounting system currently utilized to account for all revenue received and expenses incurred.)
Organizations with total revenue (from all sources) of more than \$10,000, must provide the financial reports listed in the two bulleted items below for their most recent fiscal/calendar year end (12 months) generated from the accounting system identified above:
. Statement of Revenue and Expenses (May also be known as Profit & Loss Statement or Income Statement)
. Statement of Financial Position (May also be known as a Balance Sheet)
Save Draft Back Next Cancel

The following information needs to be filled:

- Current Organizational Budget (\$)
- Year Organization Incorporated (from dropdown)
- Proposed Grant Program Budget (\$)
- Accounting System Utilized: (The accounting system currently utilized to account for all revenue received and expenses incurred.)

## 9.3.5. Step 5: Organization Service Category

Please select the service categories that best describe your organization's activities from the list below. This will help us understand your organization's primary areas of operation and the services you provide to the community.

Edit Application for	
Organization Information Application Basic Information Contact Information Financial Information Organization Service Category Required Information	Service Category Note:Select one category that best describes your organization's primary service.  *Service Category:
Previous County Government Grants & Contracts (Attachment E)	
Income & Expenses (Attachment A)	
Attachments Assurances	
Certification	

- 4. Choose one or more from the list of service categories that applies to your organization:
  - Advocacy/Legal Services
  - Arts/Humanities
  - Care Coordination
  - Children's Services
  - Community Development
  - Community Outreach
  - Counselling/Mental Health Services
  - Crisis/Emergency Response
  - Disability Services
  - Economic Development
  - Education/Training
  - Environmental Education
  - Family Services
  - Food Pantry
  - Health/Mental Health Services
  - Housing/Housing Related
  - Intellectual Developmental
  - Legal/Mediation
  - Mentoring
  - Public Safety
  - Recreation/Leisure
  - Safety Net
  - Transportation Services
  - Workforce Development
  - Youth Development Services
- 5. Click on Save Draft
- 6. Click on Next

## 9.3.6. Step 6: Service Area and Target Population

The Service Area and Target Population requires users to provide details about their program's geographical scope and target audience as shown below:

1.Where will the service be	rovided, and/or the progra	ams be conducted	in Prince George's	County?:	
2.Please identify the Target	Population:				
Salaat		-			

Field 1: Describe where the service will be provided or whether the programs will be conducted in Prince George's County.

Field 2: Select the specific target population from the dropdown menu.

Users can save their progress as a draft, navigate back, proceed to the next section, or cancel their input using the buttons provided.

# 9.3.7. Step 7: Previous County Government Grants and Contracts

Please List all grants and contracts the Organization currently has or has previously received from the Executive Branch of the Prince George's County Government over the past 5 years (NOT COUNTY COUNCIL).

gement • Finan	ncial Management • Letter	Of Consideration		
Previous Grants Infor	mation			Add New Previous Grant Informa
Previous Grants Infor	mation			Add New Previous Grant Informa
te:Please List all g DT COUNTY COUN	rants and contracts the Organiz	ation currently has or has previously received from t	he Executive Branch of the Prince George	's County Government over the past 5
te:Please List all g OT COUNTY COUN Actions	rants and contracts the Organiz ICIL) Fiscal Year ≑	ation currently has or has previously received from t Requested Amount (\$) ≎	he Executive Branch of the Prince George Amount Received(\$) ≎	's County Government over the past 5 Grant Purpose/Results ≎
te:Please List all g DT COUNTY COUN Actions	rants and contracts the Organiz [CIL] Fiscal Year \$ Fiscal Year	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$)	he Executive Branch of the Prince George Amount Received(\$) \$ Amount Received(\$)	's County Government over the past 5 Grant Purpose/Results \$ Grant Purpose/Results
ote:Please List all g OT COUNTY COUN Actions	rants and contracts the Organiz. Cicl.) Fiscal Year Fiscal Year	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$) No data available in tab	Amount Received(\$) \$	's County Government over the past 5 Grant Purpose/Results \$ Grant Purpose/Results
Actions	rants and contracts the Organiz CIL) Fiscal Year  Fiscal Year	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$) No data available in tab	Amount Received(\$) \$	's County Government over the past 5 Grant Purpose/Results \$ Grant Purpose/Results
Actions	rants and contracts the Organiz CIL) Fiscal Year Fiscal Year ott Last	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$) No data available in tab 10 \$	Amount Received(\$) ¢	's County Government over the past 5 Grant Purpose/Results \$ Grant Purpose/Results Showing 0 To 0 Of 0 Entries
Actions First Previous Ne	rants and contracts the Organiz CIL) Fiscal Year Fiscal Year ot Last	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$) No data available in tab 10 \$	he Executive Branch of the Prince George Amount Received(\$) \$ Amount Received(\$) te	's County Government over the past 5 Grant Purpose/Results  Grant Purpose/Results Showing 0 To 0 0f 0 Entries
ote:Please List all g IOT COUNTY COUN Actions	rants and contracts the Organiz (CIL) Fiscal Year Fiscal Year ot Last	ation currently has or has previously received from t Requested Amount (\$) \$ Requested Amount(\$) No data available in tab 10 \$	Amount Received(\$) \$	's County Government over the past 5 Grant Purpose/Results  Grant Purpose/Results Showing 0 To 0 Of 0 Entries

- 1. Click on "Add New Previous Grant information" link as shown above
- 2. This will open the following pop-up window:

Add New Previous Grants Informa	tion	×
List on Attachment Fall grants and the Executive Branch of the Prince COUNTY COUNCIL)	contracts the Organization currently h e George's County Goverment over the	nas or has previously received from e past 5 years (2019-2023), (NOT
*Fiscal Year:	*Requested Amount(\$):	*Amount Received(\$):
Select V	\$0.00	\$0.00
Grant(G) or Contact(C):	County Depa	artment/Agency :
Select	~	
Grant Purpose/Results:		
	Submit Cancel	

- 3. Fill in the above information fields and click on Submit
- 4. And Click on Save Draft
- 5. Click on Next

# 9.3.8. Step 8: Organization Income & Expenses

This section, titled **Organization Income and Expenses**, requires users to provide detailed financial information for organizations with total revenue of less than \$10,000.

Organization Income and Expenses For organizations with total revenue (from all sources) of less than \$10,000					
	Organization Income Organization Expenses				
Source	Amount Committed	Percentage(%)	Item	Amount	
Corporations	\$0.00	0.00%	Depreciation	\$0.00	
County Contracts	\$0.00	0.00%	Equipment	\$0.00	
County Grants	\$0.00	0.00%	In-Kind Support	\$0.00	
Earned Income	\$0.00	0.00%	Insurance, Benefits, Other Related Taxes	\$0.00	
Federal Contracts	\$0.00	0.00%	Other(Specify)	\$0.00	
Federal Grants	\$0.00	0.00%	Postage	\$0.00	
Fundraising Events	\$0.00	0.00%	Printing & Copying	\$0.00	
In-Kind Support	\$0.00	0.00%	Rent	\$0.00	
Individual Contributions	\$0.00	0.00%	Salaries & Wages (breakdown by individual positions and indicate full or		
Investment Income Revenue	\$0.00	0.00%	part-time positions)	\$0.00	
Membership Income	\$0.00	0.00%	Supplies	\$0.00	
Other(Specify)	\$0.00	0.00%	Telephone/Internet	\$0.00	
State Contracts	\$0.00	0.00%	Travel	\$0.00	
State Grants	\$0.00	0.00%	Utilities	\$0.00	
Total Income	\$0.00	0.00%	Total Expenses	\$0.00	
		Dif	ference Of Income and Expenses		
Difference Of Income and Exper	1565		\$0.00		
Save Draft Reset Back Next Cancel					

- **Organization Income**: Users must enter the committed amounts and percentages for various income sources, such as Corporations, County Grants, Federal Grants, Fundraising Events, and more.
- **Organization Expenses**: Users must specify the amounts spent on items like Salaries & Wages, Rent, Supplies, Utilities, and other categories.

At the bottom, the system calculates the **Difference of Income and Expenses**. Users can save their progress as a draft, reset the form, navigate back, proceed to the next section, or cancel their input using the buttons.

- 5. Choose Applicable Financial Year from the dropdown menu
- 6. Fill in all the applicable fields
- 7. And Click on **Save Draft**
- 8. Click on Next

9.3.9. Step 9: Supporting Documents

This section outlines the required documents to be uploaded as part of the application process. Failure to upload these documents will result in an incomplete application, which cannot be processed for funding.

porting Docur	nents		
se upload add	itional required supporting documents listed below.		
SI.No	Supporting Documents Checklist	Document Upload	Actions
	Attachment A - Organizations with total annual revenue of less than \$10,000 (If Applicable)	Upload Documents	NDA
	Attachment B - Mission/Purpose of the Organization	Upload Documents	NDA
	Attachment C - Namalive description of the proposed use of requested grant funds -The needs/problems to be addressed by the grant, How the proposed program/operation wit be implemented, How the funds requested with approximation scenar program/operation; Humber of directs to be served with the funding requested (if applicable). Howsurable objectives, action plans, timelines for completion (for specific project), and how accesses the defined and measured; How the funds in a new or cropping program of your organization; How your compatibility has an elevance of the defined and measured; which are being requested; and How your compatibility plant has an even or requested; and How your compatibility plant be program/operation should County funding assistance not be available in the future.	Upload Documents	NDA
	Allechner, D. Namalive description of all grants Organization currently has a has previously received from the County Council over the past 5 years for each winner window part grant, please provide the following information: "Violar grant avanced. "Brief Description of the Puppole, Goals, and Objectives of the grant. "Discuss the impact that the grant induced initiative has in a training list initiation of puppole, goals, and objectives. "Violar grant avanced that the grant induced initiative has in a training list initiative and how to be a "second to the County Council grant. "Wumper of individuals where served and/or benefited from your organization's efforts and existices. "Visionity the grant issues" that your agranization training and services that were provided by your organization as a neutil of the County Council grant. "Wumper of individuals where served and/or benefited from your organization's efforts and existices. "Visions the impact organization's fuzzie and and the benefited from your organization's efforts and existing the grant funded initiative and how hose "secons learned" will impact your organization's fuzzie efforts. "Avance of funding available from other Non-County Council entities used to help the organization administer the County Council grant funded initiative.	Uplead Documents	NDA
	Attachment E - Narrative description of all grants Organization currently has or has previously received from the Prince George's County Government over the past 5 years	Upload Documents	NDA
	Current Letter of Good Standing for Organizations that are a component of a larger umbrella organization, if applicable (PTAs, PTSAs & Boys and Girls Clubs, etc.)	Upload Documents	NDA
	Current MD Charity Certificate of Registration (Dated within the last thirty (30) days)	Upload Documents	NDA
	Fiscal/calendar year Organizational budget, which includes all requested grant funds.	Upload Documents	NDA
	Independent Audit or Review performed by a Cartified Public Accountant (only required for Organizations with total revenue from all sources of \$300,000 or more)	Upload Documents	NDA
	IRS Form 990 or 990-EZ (The Form 990N is no longer accepted).	Upload Documents	NDA
	IRS Form W-9 (Signature date must be within 1 year of grant application) (Form available on https://pgcocuncil.us/320/Grants)	Upload Documents	NDA
	IRS Tax-Exempt Determination/Status Letter	Upload Documents	NDA
	Line-item budget for the requested grant funds, which details the intended use of the grant funds.	Upload Documents	NDA
	Organization's Articles of Incorporation	Upload Documents	NDA
	Organization's signed By-Laws	Upload Documents	NDA
	Prince George's County Authorization for Electronic Funds Transfer Form (ETF) (Signature date must be within 1 year of grant application) (Form available on the Grants   Prince George's County Legislative Branch, MD (https://pocouncil.us/).	Upload Documents	NDA
	Roster of the Organization's current Board of Directors & Staff Members	Upload Documents	NDA
	Statement of Financial Position (AKA Balance Sheet)	Upload Documents	NDA
	Statement of Need /Problem(2 pages)	Upload Documents	NDA

### The form fields:

- Attachment A: Organizations with total annual revenue of less than \$10,000 must upload financial details supporting this claim (if applicable).
- Attachment B: Upload a document explaining the mission or purpose of your organization.
- Attachment C: Provide a detailed narrative describing:
  - The proposed use of requested grant funds.

- Needs/problems addressed by the grant.
- Implementation plans, measurable objectives, and success metrics.
- Number of clients served and how the program will sustain itself.
- Attachment D: If your organization has received grants from the County Council in the past five years, provide:
  - Year of the grant.
  - Total amount awarded.
  - Achievements, results, and lessons learned.
- **Attachment E:** Describe grants your organization has received from Prince George's County Government over the last five years.

### Additional Required Documents:

- Letter of Good Standing: For organizations under larger umbrella entities.
- MD Charity Certificate of Registration: Must be dated within the last 30 days.
- Fiscal/Calendar Year Budget: Include all requested grant funds.
- Independent Audit/Review: Mandatory for organizations with total revenue exceeding \$300,000.
- IRS Forms: IRS Form 990 or 990-EZ (for applicable organizations). IRS Form W-9 (dated within 1 year of grant application).
- IRS Tax-Exempt Determination Letter: Confirms the organization's tax-exempt status.
- Line-Item Budget: Details the intended use of grant funds.
- Articles of Incorporation: Upload the organization's foundational documents.
- By-Laws: Include signed and approved organizational by-laws.
- EFT Authorization Form: Prince George's County EFT Form must be signed within 1 year.
- Roster of Board of Directors & Staff Members: Current list of key personnel.
- Statement of Financial Position: Also known as a balance sheet.
- Statement of Need/Problem: A concise two-page explanation of the organization's needs.
- Statement of Revenue and Expenses: Also known as a profit & loss statement or income statement.

#### **Steps to Upload the documents:**

8. Click on the Upload Documents to open the Add New Documents window as shown below:

Add New Document		>
*Legal Name:		
*Supporting Docume	ent Name:	
Attachment B - Mission/F	Purpose of the Organization	
*File Name:	*Upload Document: Choose Files No fiosen	
Action	ıs File Name\$	
	No Document is attached	
	Cancel	

- 9. Choose a file Name and Click on Choose Files to browse to file location and choose the file.
- 10. Click on Attach. The File shows up as shown below.

Legal Name:		
A		
Supporting Docum	ent Name:	
Attachment B - Mission/	Purpose of the Organization	
File Name:	*Upload Docume	nt:
	Choose Files No	fiosen
	Attach	
Action	าร	File Name≎
<b>d</b> 🕹	A	
<b>m</b> 🛃		

- 11. You can attach more files by repeating the above steps.
- 12. Once done, click on **Cancel** to close the window. (The Attached files will remain and not get removed.)
- 13. Click on Save Draft
- 14. Click on Next

## 9.3.10. Assurances

Please review the following assurances to confirm your organization's commitment to responsible use of grant funds if awarded. By agreeing to these terms, your organization commits to adhering to the intended purposes of the grant, complying with all relevant laws and civil rights regulations, and maintaining accountability through accurate record-keeping and financial reporting. Additionally, your organization agrees to submit regular progress reports based on the awarded amount detailing financial usage, service impacts, and project outcomes. These assurances ensure transparency, compliance, and effective use of the funds provided.

Service Internet	
pplication Basic Information	Assurances
contact Information	
inancial Information	
Organization Service Category	If this grant is awarded, the applicant organization assures that: 1. The applicant is expected to administer the awarded grant funds in compliance with the purposes/uses as reflected in the grant application. Should the applicant determine that the approved grant's
ervice Area and Target opulation	intended purposes/uses must be modified and/or redirected, the applicant must provide a letter to the Council Grant Team explaining the extent and reasons for the proposed changes and requesting the Council Grant Team's approval of the proposed changes.
revious County Government Grants & Contracts	2 - runos received will be used solely for the proposed activities as outlined in the proposal request within one (1) year or receiving running. 3 Grants received under this funding request will be properly accounted for in the Organization's accounting system and expenditure details shall be maintained in accordance with the budget detail provided in this application.
Prganization Income &	4. The applicant organization intends to comply with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied benefits of any program activity, or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accesseible to program with elicibilities.
xpenses	accessible to persons with disabilities. 5.The applicant organization agrees to provide its most recent audited financial statements to the County, if applicable.
Supporting Documents	6. The applicant organization attests that it is currently in good standing with the Internal Revenue Service and the Maryland Department of Assessments and Taxation, and that it is in compliance with the Maryland Schildhore Act
ssurances	The marginary documentation reaction and the second s
ertification	8. The applicant organization is required to submit periodic progress reports in accordance with the schedule below. Organizations will be notified of their reporting schedule by letter from the County Council at the time of Grant Disbursement Date. Reports must be submitted through the portal. All periodic progress reports must be provided as required. See schedule below:
	Grants of \$10,000 and below will be required to submit an Annual Report within one year of receiving grant award.
	Grants of \$10,001 to \$99,999 will be required to submit Semi Annual Reports (Dates will be set by the County upon grant award). Grants of \$100,001 and above will be required to submit Quadret Annual Reports (Dates will be set by the County upon grant award)
	The reports should include the following information to date:
	1. Financial Statement (Statement of Revenue and Expenses, Profit & Loss or Income Statement)
	2.Number of individuals who were served and/or benefited from services provided utilizing the grant funding. 3.What progress have you made forward achieving the result your described in your proposal during his period? What
	data/documents do you have to demonstrate your success? If you did not achieve your intended results, why not?
	4.What do you consider to be the greatest strength(s) of your work? What do you consider to be the most important
	concern(s) – apart from finances – currently facing your organization (or project, if you received project support)?
	5. Have there been any significant changes in your organization or the project since the grant was awarded (i.e., executive leadership, staff, facilities, location)?
	Back Next Cancel
0911	Contification

Please review the certification statement below and complete the required fields. This confirms your authority to apply on behalf of the organization and ensures that all information provided

is accurate to the best of your knowledge.

#### Grants Management System GMS Applicant User Manual

Organization Information	
Application Basic Information	Certification
Contact Information	
Financial Information	Organization Name: Mark Manson Charitable Organization
Organization Service Category	
Service Area and Target Population Previous County Government Grants & Contracts Organization income & Expenses Supporting Documents	<ul> <li>Terms and Conditions (Please check the checkbox below to accept):</li> <li>I affirm that I am authorized to execute this application on behalf of the applicant organization. I also certify that the information contained in this application, including attachments, is true and correct to the best of my knowledge and information. I hereby approve the submission and contents of this application and agree that any grant awarded pursuant to this application will be subject to review by the County (Office of Audits and Investigations) and will be administered in conformity with the purposes stated.</li> <li>The applicant organization, at the request of the Prince George's County Office of Audits and Investigations, will provide reasonable access during regular business hours to all financial records, files, and accounts of the organization, as well as a cess to personnel and clients or other beneficiaries for audit purposes, verifications, or program evaluations as the County deems necessary or appropriate concerning this grant award.</li> <li>The Prince George's County Council reserves the right to discontinue, modify, or withhold any payments to be made under this grant award and may require a total or partial refund of any</li> </ul>
Assurances Certification	grant funds if such action is deemed necessary: (1) because the Grantee has not fully complied with the terms and conditions of this grant; (2) to protect the interest of the Prince George's County Government; or (3) to comply with any law or regulation applicable to the Grantee and/or the Prince George's County Government.
	"Title: "Name:
	Select V Mike Manson
	*Scan Signature: Signature :  Choose File No file chosen
	"Email:     "Phone Number:
	Save Draft Final Submit Back Cancel

Follow these steps to complete the Certification process:

- 9. Select your Title and Enter your Name.
- 10. Upload your Scanned signature by clicking on "Choose File"
- 11. Provide the **current Date, Your Email, and Phone Number** to finalize the certification.
- 12. Click on Save Draft.
- 13. You can return to edit any of the steps provided before. You can always log in on a later day to do the same.

#### **Final Submission**

2. Click on **Final Submit** only once you do not wish to make any more changes to your application.

uon:	-
No	Yes

- 14. Click on **Yes** to confirm.
- 15. The following pop-up confirms that you have Submitted Successfully.



16. Once the Application is processed, you will receive an email confirming the same.

You can view the status of your Application on your Dashboard page as shown below:

	Search Criteria						
	Search Chiena	1					
	Programs:		Grants:		Dat	e Range:	
	Select		vSelect		~		
ſ							
	Applications						
	Applications	Application ≎	Program <del>\$</del>	Grant ≑	Organization \$	Review Status ≎	Grant Status ≑
	Applications Application No.	Application \$	Program ≎ Program	Grant ¢	Organization \$	Review Status ¢ Review Status	<b>Grant Status ≑</b> Grant Status
	Applications Application No.  Application No. GMS-2025-01-21-18	Application ≎ Application Manual Application SAG	Program Program SAG Program	Grant ≑ Grant SAG Program Grant	Organization \$	Review Status Review Status Click Here	Grant Status ≑ Grant Status Click Here

## 9.3.12. How to Provide Missing Information

In Case any missing information needs to be provided, you will be intimated by email to provide the same. Please refer to Section 7.2.11 for details on how to provide the missing information.

## 9.3.13. Grant Award

Once the Grant has been awarded, you will be notified by email, and the Status of your application will change to **"Payment Processed by Senior Finance Assistant"** as shown below.

Dashboard	Programs Grants Manage	ement • Financial Manageme	nt • Administration • Lette	er Of Consideration						
Applications	Add New Applications									
Select All	Application No. \$	Application \$	Program 🖨	Grant 🗢	Review Status <b>≑</b>	Grant Status 🗢	Actions			
	Application No.	Application	Program	Grant	Review Status	Grant Status				
0	GMS-2024-10-18-68	Atlantis - Application -01	NDG Program	Non Departmental Council Funded Grant	Payment processed by Senior Finance Assistant	Payment processed by Senior Finance Assistant	۲			
First Pre	vious 1 Next Last	Showing 1 To 1 Of 1 Entries								
			© Copyr	ight 2024. International Software Systems, Inc   All	Rights Reserved					

-----END OF MANUAL-----