



DORCHESTER COMMUNITY PARTNERSHIP FOR CHILDREN & FAMILIES

Maryland Recovery Now: Non-Profits Local Government Assistance Program Application

Program Overview:

The Dorchester Community Partnership for Children & Families on behalf of the Dorchester County Council is accepting applications from any non-profit with a physical location/address in Dorchester County. While all non-profits that meet the funding criteria are encouraged to apply, priority funding will be given to those non-profits that have not received other COVID Relief funding, including but not limited to Non-Profit Relief Initiative (NORI) funds.

Funding for this program has been made available from the Department of Housing and Community Development (DHCD) in the amount of \$105,000.

Eligibility Criteria:

- Must have a physical location/address in Dorchester County.
- Must demonstrate adverse economic impact related to COVID.
- Only expenses that have NOT been previously funded with COVID relief funds.

Priority Funding Areas:

- Youth Educational Support Programs
- Senior Support Services
- Behavioral Health Services
- Services to vulnerable populations
- Emergency relief services for individuals impacted by COVID (housing stabilization services, utility assistance, food, other relief)
- Reimbursement for supplies/services since March 2020 not funded by other COVID relief funding.
- Other COVID related adverse economic impact gaps that have impacted ability to provide services.

Application Deadline: June 30, 2021

Award Notification: July 30, 2021

Maximum Award: \$10,000

Application Instructions: (Any questions regarding this application should be emailed to lmbnonprofitapplication@gmail.com or you may call 410-228-0281)

NOTE: emailed questions will provide the quickest response.

1. Complete Application
2. Proof of Good Standing
<https://dat.maryland.gov/businesses/Pages/Internet-Certificate-of-Status.aspx>
3. Hard Copy of Application delivered to:
Non-Profit Local Government Assistance Program
C/O Dorchester County Council
501 Court Lane, Room 110
Cambridge, Maryland 21613
Must be postmarked no later than June 30, 2021.



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4. Electronic Applications (Must be received by COB on June 30, 2021)
lmbnonprofitapplication@gmail.com

SECTION 1

Non-Profit Official Name: _____

Physical Address: _____

Point of Contact: _____ Title: _____

Contact Information: Phone #: _____ EMAIL: _____

EIN # (Employer ID#) _____

Section 2

Priority Funding Area identified for funding: (Check all that apply)

- Youth Educational Support Programs
- Senior Support Services
- Behavioral Health Services
- Services to vulnerable populations
- Emergency relief services for individuals impacted by COVID.
(housing stabilization services, utility assistance, food, other relief)
- Reimbursement for supplies/services since March 2020 not funding by other COVID relief funding.
- Other COVID related adverse economic impact gaps that have impacted ability to provide services.

Type of Funding Request: (Check all that apply)

- Reimbursable expenses from March 2020-April 30, 2021
- New Services from May 1, 2021-December 31, 2021

Total Amount Requested: _____ (May not exceed \$10,000)

Has your organization received any other COVID Relief funding? If yes, please list the amount received and funding source.

YES NO



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SECTION 3

Brief Description of Organization and population served:

Briefly describe the adverse economic impact COVID has had on your organization:



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INSERT EXCEL WORKSHEET FOR BUDGET

NOTE: Reimbursable expenses must be supported by receipt attached to the application.



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SECTION 4:

Affirmation and Certification:

I affirm and certify that all of the information contained in this application are complete, true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any facts called for in the application may render this application void and will be cause for rejection of this application upon discovery.

Signature: _____ Date: _____