

Provider Licensing Information:

Developmental Disabilities Administration License Number (or certification number if applicable) #:

Expiration Date:

PCIS Provider Number:

Medicaid Number:

Program Information/Grant Request:

Briefly describe the Organization’s mission statement. How will the requested grant funds support the furtherance of its mission and the ability to provide services and to sustain its operations into the future?

Which of the following categories is the Organization’s mission and work most closely aligned?

Economic Development & Recovery

Health

Human Services

Housing

Other: (Please Specify)

Requested Grant Funding:

My Organization is applying for funding in the following areas to (check all that apply):

Re-Opening

Transformation

Revenue Loss

Applicants may apply for funding in each of the three funding priority areas. Funding will be made available on a noncompetitive basis.

Maximum total grant awards are stratified according to the revenue tiers below. The tiers are based on the following: **1) FY 2019 DDA Provider Payment data provided to the Maryland Community Health Resources Commission, or 2) FY 2020 DDA Provider Payment data if no DDA Provider Payment data was available for FY 20219. (See tiers below).**

DDA Provider Payment Data from FY 2019	Maximum Award
Tier 1: Up to \$1,000,000	\$12,000
Tier 2: \$1,000,000 to \$2,500,000	\$20,000
Tier 3: \$2,500,000 to \$5,000,000	\$25,000
Tier 4: \$5,000,000 to \$10,000,000	\$30,000
Tier 5: Above \$10,000,000	\$40,000
Tier 6: Above \$20,000,000	\$50,000

Total Amount of Funding Requested from CHRC:

If applying for reimbursement of revenue loss must submit financial statements covering the three months prior to the application submission date:

- o Monthly Balance Sheet; **OR**
- o Profit & Loss Statements
- o Alternatively, submit your most recent audited Annual Income Statement

Provide a detailed explanation for use of all requested funds on the attached Budget Narrative and Budget Template (both documents are required). DO NOT use general terms such as "Cleaning Supplies." See Pages 6-9 of the RFP for examples of permissible use.

Did the Organization apply for and receive any additional State or federal COVID-19 Relief Funding: Yes No
Indicate Amount & Source of funding:

(Note: This includes requests/grants/loans from the Maryland Department of Commerce Small Business COVID-19 Emergency Relief Grants.)

Did the Organization apply for a BHA/DDA NORI funding: Yes No
Indicate Amount & Use of funding:

Did the Organization receive NORI funding: Yes No
Indicate Amount & Use of funding:

By signing below, the Organization attests that the funding requested above will not duplicate funding made possible by other local, state, and federal agencies. Furthermore, I attest that to the best of my knowledge and belief, all the information contained in the foregoing Grant Application is accurate and complete.

Official Authorized to Execute Contracts:

Printed Name: _____ Date: _____

Title: _____

Signature: _____