

## BHA and DDA Maryland Nonprofit Recovery Initiative (NORI)

The system WILL NOT allow more than one application to be submitted by an organization. By completing this application, you certify that the statements and answers within are true and accurate to the best of your knowledge and that you are authorized to apply for these funds on behalf of the applicant organization.

### Applicant Organization Information:

The legal nonprofit name should match the name registered with State Department of Assessments and Taxation.

Legal Nonprofit Name \*

Trade Nonprofit Name \*

Federal ID # \*

Are you licensed by: (check all that apply) \*

- Behavioral Health Administration (BHA)
- Developmental Disabilities Administration (DDA)

Upload a copy of your IRS W-9 Taxpayer Identification Number and Certification \*



Drop your file here to upload  
Individual File size limit is 32 MB  
Total File size limit is 256 MB

[Choose file](#)

### Address

Street \*

City \*

State \*

Zip \*

County

Web Address

### Mailing Address

Is the address listed above the same as the mailing address? \*

- Yes
- No

## Primary Contact: Provide this information for your primary contact for this application

The person completing this application should be authorized to sign the Grant Agreement.

Name \*

Title \*

Mobile Phone/ Best Phone Number \*

E-mail Address \*

In what year was the organization founded? \*

4-4 characters required, 0 entered

How many employees (full time equivalents) did the organization have on January 1, 2020? \*

How many employees (full time equivalents) does the organization currently have? \*

Have you previously received any additional local, state or federal COVID-19 relief funding? \*

Yes

No

## Applicant Eligibility

The following series of questions will help you and BHA/DDA determine whether the organization is eligible to apply for this funding.

Organization Mission Statement: Eligible nonprofit applicants are those providing services to people with disabilities and that are licensed by the Maryland Behavioral Health Administration (BHA) and/or the Developmental Disabilities Administration (DDA).

What is the organization's official mission statement? \*

0/550 max characters

With which one of the following categories is the organization's mission and work most closely aligned? (choose one) \*

Economic Development and recovery

Health

Human Services

Housing

None of the Above

Is the applicant organization a nonprofit 501(c)(3)? \*

- Yes
- No

Organization Budget Finances: Upload a copy the organization's most recent year-to-date financial statement, preferably through May 2020: \*



Drop files here to upload

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Is the organization in good standing with the State of Maryland Department of Assessment and Taxation (SDAT)? \*

- Yes
- No

## Grant Request and Grant Information

The maximum grant request amount is \$75,000 and the minimum amount is \$5,000 based on the organization's annual operating budget.

- Grant requests up to \$75,000 are allowed from eligible applicants with annual operating budgets at or above \$5 million.  
(Maximum grant request is \$75,000)
- Grant requests up to \$50,000 are allowed from eligible applicants with annual operating budgets above \$1 million and below \$5 million.
- Grant requests up to \$25,000, but not below \$5,000, are allowed from eligible applicants with annual operating budgets at or below \$1 million. (Minimum grant request is \$5,000)

What is the amount of your projected operating budget in FY20? \*

\$

Did you apply to the Maryland Department of Commerce's Maryland Small Business COVID-19 Emergency Relief Grant Fund? \*

- Yes
- No

What is the amount of your grant request to BHA/DDA NORI? \*

\$

NOTE: The amount you can request from BHA/DDA NORI is the maximum you are eligible for based on your eligible budget

## Grant Information

Briefly describe the organization's (a) recent accomplishments and (b) the organization's financial ability to sustain its operations into the future. (2,500 characters max) \*

0/2500 max characters

Briefly describe and give the specific amount of the impact of COVID-19 on the personal protective equipment (PPE) and/or cleaning supply expense increases or loss of revenue incurred or projected within the period March 1, 2020, through December 30, 2020. Provide information on funds raised from local, state or federal COVID-19 relief programs that have addressed these impacts. (2,500 characters max) \*

0/2500 max characters

For "Uses of Funds," please list the specific personal protective equipment (PPE) and/or cleaning supplies for each line item, which will be supported by this BHA/DDA NORI grant request.

Please be specific, DO NOT use general terms such as "PPE" or "Cleaning Supplies".

Use of Funds *	Funding Requested *
<input type="text"/>	\$ <input type="text"/>

+ Add Another

Total Requested Amount \*

\$ 0

### DHCD Email Opt-In

Opt-in for email communication and updates from The Maryland Department of Housing and Community Development.

Opt in for email communication and updates from The Maryland Department of Disabilities.

Submit