

Project Restore 2.0 (FY2024)

Maryland Department of Housing and Community Development

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Section 1. Eligibility

Are you a place-based organization located in Maryland?

Yes

No

Place-based organizations are non-profit or local government entities that work to improve a specific business district within their Maryland jurisdiction whose mission and work substantially contribute to the economic development and/or historic preservation of the local commercial corridors and business district/s they serve, and whose programs and activities support the small businesses within the communities they serve.

Is your organization located in a DHCD-designated Sustainable Community?

Yes

No

The Sustainable Communities Program is a place-based designation offering a comprehensive package of resources that support holistic strategies for community development, revitalization and sustainability. Look up your organization's address to determine if you are in a Sustainable Community here: [Sustainable Community Search](#)

Does your organization have at least a 0.5 full-time equivalent (FTE) dedicated, paid staff member?

Yes

No

Are you an/a:

IRS-determined nonprofit organization

Local government entity

Upload W-9: Taxpayer Identification Certification

W-9, must be signed and dated from within the last year.

Upload a screenshot of your entity's Certificate of Good Standing

Upload a screenshot from the Maryland State Department of Assessments and Taxation (SDAT) website from within the last 30 days and it must show the entity is in good standing. Visit: [egov.maryland.gov Business Express](http://egov.maryland.gov/BusinessExpress)

Upload IRS Letter of Determination of Nonprofit Status

Upload the Organization's Bylaws

Bylaws must be signed and dated.

Upload the Organization's Articles of Incorporation

Upload a list of your current Board of Directors

The list must include list first name, last name, term, position, and contact information for each board member. Indicate if any positions are vacant.

Describe how your staff and Board demographically represent the community you serve. Consider demographics broadly including race, language, gender identity, age, socioeconomic status, ability/disability, etc. If your staff and Board do not demographically represent the community you serve, please describe strategies or initiatives that you plan to implement to ensure your staff and Board reflects the community being served.

0/1000 max characters

Section 2. Tell us about your organization

For nonprofit organizations, your Legal name needs to be typed as it appears on your Certificate of Good Standing with the Maryland Department of Assessment and Taxation (SDAT). Be sure to include any abbreviation and punctuation as it

appears on your Certificate of Good Standing.

Organization Legal Name:

Primary Contact

First name

Last name

Title

Email

Cell phone / best phone number

Do you have a secondary contact?

Yes

No

First name

Last name

Title

Email

Cell phone / best phone number

MAILING ADDRESS DIRECTIONS: This mailing address MUST be the same as listed on the W-9 submitted with this application. Please carefully review and ensure that these items are correct before submitting.

Street Address

Suite/unit#

City

State

Zip

County

Are you (Select all that apply)

One of the state's 34 designated Main Street Maryland communities;

SAMPLE
All applications to be submitted via Maryland One Stop.
Application opens March 13, 2024 at 8am EST.

One of Baltimore City's 8 designated Main Street neighborhoods;

One of the designated Arts & Entertainment districts;

Website

Facebook

X/Twitter

Instagram

YouTube

Number of employees (FTE/full time equivalent) as of February 1, 2024:

Do you plan to hire additional employees if awarded this grant?

Yes

No

How many FTEs would you hire?

0.0

Is your organization currently signed up to receive ACH payments from the State of Maryland?

Yes

No

ACH is direct deposit of grant funds rather than receiving a paper check.

If awarded Project Restore funds, you will be required to complete the ACH request form. Grant payments for Project Restore will be made via ACH.

What is your organization's official mission statement?

0/250 max characters

What year was your organization established.

YYYY

4-4 characters required, 0 entered

What is your organization's current strategy to create and sustain a thriving local business district?

0/2000 max characters

Upload your current strategic plan, or feasibility or market study here, if available.

(It is recommended to provide a 72 dpi - low resolution file)

Plans / Studies

Document Description

Who has been involved in the creation of the plan, including how you've engaged the community you serve?

0/2000 max characters

Describe how your organization currently supports small businesses located in your district.

0/2000 max characters

DHCD seeks to make lovable places and right the wrongs of the past through our programs. In that spirit, describe how your organization has demonstrated a commitment to creating a more equitable community. Equitable communities are often defined as ones where everyone is included in the full benefits of society, treated with fairness and justice, and empowered to participate fully in social, cultural, and economic life.

0/2000 max characters

How does your organization support minority and women owned businesses in the district? Provide specific examples.

0/2000 max characters

Describe how you've managed and complied with grants in the past, especially grants for similar projects.

0/2000 max characters

Describe specific accomplishments your organization has achieved during the past year relating to placemaking, business attraction/retention/expansion and economic/community development.

0/2000 max characters

Upload your organization's most current annual report, if available.

Section 3. Tell us about how you plan to use Project Restore funds, if awarded.

Describe the overall strategy for how you will utilize awarded funds to activate vacant property/s in your district.

0/2000 max characters

How will this effort improve both resident and visitor experiences overall in your district?

0/2000 max characters

Describe how activating the properties advances your current strategic plan.

0/2000 max characters

Describe your outreach and marketing strategy to activate the vacant buildings identified below. Please include specific strategies or actions related to an inclusive, equitable process for attraction and expansion of businesses.

0/2000 max characters

Describe your organization's experience completing projects similar to what is planned here if awarded Project Restore funds.

0/2000 max characters

Provide details on the properties you want to activate with Project Restore funds.

- List the properties in the order of priority. That is, the first property listed is the top priority, the second is the next highest priority, and so on.
- The list must include vacant commercial buildings. Vacant lots, sidewalks or other outdoor spaces will not be considered.
- The focus of Project Restore is to support downtown, historic and commercial corridors, street-level retail to support walkable business districts.

Property Details

Street address

City

Zip

Property condition

- Poor
- Fair
- Good
- Excellent

Current zoning for the property

Commercial, Industrial, Resic

Property priority

(1, 2, 3,)

Suite / unit #

State

MD

SAMPLE to be submitted via Maryland One Stop. Application opens March 13, 2024 at 8am EST.

Will a change in zoning be required for this property given the intended use?

Yes

No

What will the zoning be changing to?

Commercial, Industrial, Resid

**** Only commercial properties are eligible uses for Project Restore. If the property is not zoned commercial at the time of application, a zoning change will be required **.**

Is this property historic?

Yes

No

- DHCD will work with awardees to coordinate with the Maryland Historical Trust (MH) after funding decisions are made to ensure compliance as necessary for each property activated with these funds.
- Historic is defined as a building that is individually listed in the National Register, located within a listed National Register Historic District, or was surveyed in the Maryland Inventory of Historic Properties and include a link to MEDUSA. You can verify the property here- [Medusa Maryland's Cultural Resource Information System - Version 1.6](#)

Landlord / property owner

First name

Last name

Title

Company affiliation

Email

Phone number

Rent sq/ft or sale price

\$

Total rentable sq/ft

ALL APPLICATIONS TO BE SUBMITTED VIA MARYLAND ONE STOP. APPLICATION OPENS MARCH 13, 2024 AT 9AM EST.

Most recent use

Light manufacturing

Hotel/lodging

Mixed use

Office

Restaurant/Cafe

Retail (that is not restaurant/cafe)

Other

Vacant since

MM/YYYY

7-7 characters required, 0 entered

(Other) description

Upload one internal photo of this property

Upload one exterior photo of this property.

Project Team

If awarded, tell us who will be supporting the implementation of this program.

Will a current staff member be implementing the program?

Yes

No

Staff member full name, email and phone number.

0/100 max characters

Position description

0/500 max characters

Staff resume

Will you be hiring a new staff member to implement the program?

Yes

No

New hire position description

0/500 max characters

Expected hire date

MM/DD/YYYY

Will you be partnering with an organization to implement the program?

Yes

No

Name of partner organization/s and their role/s

0/500 max characters

Describe the current financial condition of your organization generally. Provide key summary stats regarding year over year changes in revenue and expenses and explain the changes.

0/2000 max characters

Upload current budget

Upload most current year-to-date financial statements.

Financial statements should include Statement of Financial Position or Balance Sheet and Statement of Activities or Income Statement, minimally.

Project Budget

Complete a budget for your program for items and activities over the grant period. Enter total requested funds for the activity. Total requested funds will calculate based on the activities entered and must be between \$30,000 and, \$300,000.

Eligible costs are:

1. Rent payments (up to \$30,000 per building).
2. Renovation and fit out of buildings (interior and/or exterior) and furniture, fixtures and equipment. Project Restore funds cannot be used for new construction;
3. Up to 15% of total request may go toward the salary of one (new or existing) staff member responsible for attraction, retention, and support of sub-grantees and other direct program expenses.

Requested amount

\$

Activity

Total grant request

\$

Provide an explanation of the budget included in the budget table above. If you are requesting funding for renovation and fit-out, please describe why the budgeted amount is necessary to address the condition of the building. Funds do not have to be divided equally across property/s.

Explanation of budget

0/1000 max characters

Timeline

Complete a timeline for your program including dates for key milestones. Be sure to add such milestones as sub-grant applications submitted, sub-grant agreements finalized, property improvements complete, and when the business will be open and operational. Use July 1, 2024, as the expected start date of the grant period. You can enter up to 12 milestones here.

Milestone

Enter tasks / activity

Expected date of completion

MM/DD/YYYY

Signature Section

I hereby certify that, to the best of my knowledge, the provided information in this application is true and accurate.

Authorizing signature

Text

Draw

Your Name

I agree to be legally bound by this document.

Name of authorized signee

Title of authorized signee

Date of signature

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