

**Maryland Department of Aging Naturally Occurring Retirement Community
Initiative FY2026 Grant Application July 1, 2025 - June 30, 2026**

Applicant Agency Name: _____

Service Area (County/Jurisdiction): _____

Program:

- ☐ **Traditional NORC**
- ☐ **Holocaust Survivor Program**
- ☐ **Elder Abuse Prevention**

Total Funding Requested: _____

Employer/Taxpayer Number (EIN/TIN):

(Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service)

Contact Person: _____

Phone Number: _____

Email Address: _____

Submit the following materials as part of this application:

1. **Project Narrative:** Describe in detail the project and core services to be provided, including the goals and objectives, proposed activities, and anticipated outcomes. Applicants are encouraged to use the goals and performance measures in the NORC Goals and Measures Attachment to help inform their description.

2. **Project Management Plan:** Describe the roles and responsibilities of project staff, consultants, and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. Specify who will have the day-to-day responsibility for key tasks such as leadership for the project, monitoring the project's ongoing progress,

preparation of quarterly reports, and communication with other partners and the Maryland Department of Aging (“Department”). Please attach the CVs of key personnel.

3. **Evaluation Protocols:** Describe the methods, techniques, and tools that will be used to determine whether or not the anticipated outcomes have been accomplished. Document and report lessons learned from the project, both challenges and opportunities, which will be useful for replicating the program. Provide a description of measurable performance goals and indicators you plan to use to determine and evaluate the success of your project. Applicants are encouraged to use the goals and performance measures in the NORC Goals and Measures Attachment to help inform the description.

4. **Project Budget:** Submit a complete Project Budget using the Excel Budget Attachment provided.

5. **Risk Assessment:** The Department has modified the Association of Government Accountants’ Financial and Administrative Monitoring Tool. To the extent possible, complete the enclosed Risk Self Assessment based on your fiscal procedures across all programs and funding sources. Questions are designed to be self-explanatory, with areas for additional comment below each question.

The applicant acknowledges that if it is awarded a grant, then it will abide by the following conditions:

1. Any grant awarded shall be for the term beginning July 1, 2025, and ending June 30, 2026. If the grant is awarded after the start of the designated term, the Department and the Applicant agree to abide by the provisions of this grant application for the entire term.
2. If awarded, the grantee agrees to the following reporting and monitoring processes:
 - a. Monitoring: The Department may conduct annual monitoring. Program monitoring will consist of meetings with the program director, interviews with selected program staff, review of program files and financial records, and observation of program activities.
 - b. Reporting: The Organization will submit quarterly program report narratives and quarterly financial reports using the templates provided by the Department. It is expected that reports will reflect the goals, activities, and performance measures outlined in the application. The reporting periods are July 1– September 30; October 1– December 31; January 1– March 31; and April 1– June 30.
3. If awarded, the actual total grant amount will be set forth in a Grant Agreement.

The Grant Agreement format and content will reflect that of the previous grant year.

4. The Department reserves the right to reallocate unspent funds to other grant recipients in the event that the Applicant has not fully utilized the available funding in accordance with the proposed time frames.

Grant Applicant's Full Legal Name: _____

Address: _____

Executed for Applicant by: _____
(Signature)

(Type or print name and title)

Date