

**Prince George's County/Prince Georges Provider Council DSP Grant Direct
Service Provider Information & Certification**

Fiscal Year 2025

Complete Application packet with all attachments must be received on or before **September 1st**
Incomplete or late applications will not be processed*

Provider: _____ Application Date: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Provide the total NUMBER for each of the following as of the application date (current fiscal year):

- People served by your agency residing and/or served in Prince George's County
- Direct support staff positions per budget Budgeted positions that are currently vacant
- Entry level wage for direct support positions as of 7/1 for this fiscal year

New Applicants Only: *[Actual number of DSP hours reported in the prior fiscal year will be used for those participating agencies]*

Projected number of Eligible DSP Hours (based on payroll records):

Check each box below to indicate that the required attachment* is included with the Application Packet:

- | | | |
|--|--|--|
| <input type="checkbox"/> Schedule A - List of People Served | <input type="checkbox"/> Proof of active OHCQ Licensure | <input type="checkbox"/> DDA Certification |
| <input type="checkbox"/> Compliance Certification – Signed | <input type="checkbox"/> Proof of Good Standing - SDAT Certificate | |
| <input type="checkbox"/> Acknowledgment of Terms & Conditions – Signed | <input type="checkbox"/> Certificates of Insurance (2 or 4 total) | |
| Board of Director's Corporate Resolution – Signed | <input type="checkbox"/> Form W-9 – Signed | |
- Or will be submitted no later than September 15**

ATTESTATION: My signature certifies that the information presented in this application packet is correct to the best of my knowledge, and that upon approval, I agree to ensure timely submission of additional required documents, as well as full compliance with *Terms and Conditions* for participation in the Grant program, to include payment of membership dues or service fees as indicated. I further understand that approval will not be granted without timely submission of required attachments, to include the properly executed and signed *Board of Directors Corporate Resolution*.

Signature

Date

Name

Title (*Executive Director or Chief Executive Officer*)

Signature

Date

Name

Title (*Responsible for Grant reporting & oversight*)

Send completed Application with attachments to: joyce.sims@pgprovidercouncil.org

See written *DSP Grant Application Instructions* document for specific directions and clarification as needed
Applicants will be notified regarding the status of their applications by October 1st
Initial fund distribution is based on Application approval and receipt of County funds

