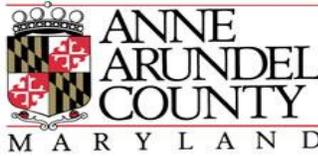


FY16
CAPITAL
Grant Application



For Office Use Only

FY16

Office of the County Executive

**COUNTY EXECUTIVE COMMUNITY SUPPORT GRANTS
FY16 CAPITAL GRANT APPLICATION**

Capital Grants provide funds to non-profit organizations to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration, or new construction of buildings).

**INCOMPLETE APPLICATIONS OR SUBMISSIONS NOT RECEIVED BY DEADLINE
WILL NOT BE CONSIDERED FOR FUNDING
DO NOT MODIFY THE FORMAT OF THIS APPLICATION**

ALL PAGES SHOULD BE PAPER-CLIPPED. DO NOT STAPLE, BIND, OR PUT INTO A NOTEBOOK

I. Grantee Information. If a section or question is not applicable to your grant, please indicate "N/A".

a. Organization/Entity Full Legal Name:

(Write it exactly as shown on SDAT Records)

Employer ID#

Organization's Address: _____

Primary Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail Address: _____

Attachment A. Copy of the determination letter from the IRS showing your organization is exempt from Federal income tax as an organization described in section 501 (c)(3) of the Internal Revenue Code.

STOP HERE IF YOU DO NOT HAVE PROOF OF YOUR ORGANIZATION'S IRS TAX-EXEMPT STATUS

Attachment B. Copy of most recent general entity information showing that it is currently in good standing with the State Dept. of Assessment & Taxation (SDAT).

STOP HERE IF YOU DO NOT HAVE PROOF OF GOOD STANDING

b. Is this your first time **ever** applying for a County Executive Community Support Grant? Yes No

Form W-9 Request for Taxpayer-Identification Number & Certification. (**Attachment J.**)

c. FY16 Funding Request:

\$ _____
Enter whole dollar amount

d. The use of this grant is:

- | | |
|--|--|
| <input type="checkbox"/> To purchase equipment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Renovation/Repair | <input type="checkbox"/> Final Stages. Expected completion date: _____ |
| <input type="checkbox"/> Expansion | <input type="checkbox"/> Other: (specify) _____ |

e. Does your program/project require matching funds?: No Yes How much?: _____ %
If Yes, what is the funding source?: _____

II. Program/Project Information. (If using additional sheets, please identify each item clearly)

a. Executive Summary (It should briefly cover the core aspects of this **particular project** and address the need. (Maximum 300 words).

b. Program/Project Category. Please mark **all** appropriate boxes that best apply to your organization:

- Priority Categories: Food/Nutrition Shelter Behavioral Health



● Other Categories:

- | | | |
|--|--|--|
| <input type="checkbox"/> Education/Training/Job Skills | <input type="checkbox"/> Elderly | <input type="checkbox"/> Health |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Disability | <input type="checkbox"/> Legal/Mediation |
| <input type="checkbox"/> Crisis/Emergency Response | <input type="checkbox"/> Children's Services | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Adult Services | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Other: _____ | | |

c. Purpose of this Request. Describe the **SPECIFIC WORK** of your proposed project (maximum 150 words)

The requested funds will

d. Describe the Need that will be the focus of your project.

e. Location of Project. If applicable, give a precise location (Street address and road intersections, prominent landmarks, etc.

f. Is this particular project part of a larger project? Yes No N/A
Please explain:

g. Is this project an extension of an on-going or recently completed project?: Yes No N/A
Please explain:

h. Timeline. FY16 (July 1, '15 to June 30, '16) funds shall be expended by June 30, 2016. Give a timeline for the implementation of the project/program you are requesting funding

i. Goals and Objectives

What are your program/project goals? Describe how this grant request will help you meet your goals in order of priority:

j. Outcomes. What specific, realistic measurable outcomes do you expect as a result of the implementation of this particular project?

k. Indicate how the proposed project relates to your organization's mission and goals:

III. Population Served. Identify the audience, geographical area, language.

a. Target Population

b. Number of individuals expected to benefit from, or be served by this request: # _____

c. Geographical Area of Anne Arundel served: County-wide North County East County
 South County West County Annapolis Only

d. In which language(s) is the program offered?

e. Is your organization accessible to people with disabilities/special needs? Yes No (If No, explain):

f. Are there any eligibility requirements for this particular project? Yes No

If Yes, please explain:

g. Describe any potential challenges you may encounter and alternative approaches and solutions to these challenges.

IV. Partnerships. Partners are those groups with whom your organization collaborates.

a. List the partner's organizations with whom you have an existing working relationship.

b. ***How will partners be involved?*** Describe their involvement and the type of resources/support they will provide to this particular project:

C. Include on this application one (1) ***Letter of Support*** with ***original signature*** from a partnering organization. Make sure to include a copy of this letter on each of the five copies requested.

V. Organization's Capacity

a. In your geographical area, what are the three organizations that are most similar to you?
Three similar organizations: (300 characters maximum)

b. What makes you different?: (150 characters maximum)

c. Please summarize your stronger achievements in the past 3 years, meaning those who have benefited from your program/project.

VI. FY16 Budget.

Total FY16 <i>Projected Annual</i> Budget Organization Budget for ALL Programs/projects (Should match the total on A-Budget Form-Column 3)	Total FY16 Budget For THIS Program/Project (Should match the total on A-Budget Form-Column 2)	Amount Requested from AACo. For THIS Program/Project (Should match the total on A-Budget Form-Column 1)
\$	\$	\$

a & b. FY16 Project Budget & Organization Budget Form. Fill out the form enclosed. Budget must be submitted on one page. Do not modify its format.

c. Budget Narrative for this particular FY16 funding request. Fill out the form enclosed. Explain in detail how AACo. funds will be used.

d. Equipment or Capital Improvement Specifications. Use the enclosed *Equipment or Capital Improvement Specifications Form (VI.d.)* to provide a detailed description of the equipment to be purchased or capital improvement to be made, including all estimated costs.

e. Other income sources for this FY16 program/project. (List ALL other income sources, grants, & public donations, etc.)* Refer to Budget Form-Column 2

Has your organization received/expect to receive funding for Fiscal Year 2016? Yes No

Funder's Name	Amount Provided/ Requested	Date when provided/requested	Projected	Pledged	Secured	Anticipated Approval Date

If Yes, please list sources, amounts and dates:

*Any information found inaccurate or incomplete could possibly disqualify any future funding your organization might receive.

f. If full funding is not received, would your grant be viable with partial funding?: Yes No
 Please explain: _____

g. Please detail your sustainability plans independent of financial assistance from the Office of the County Executive beyond the funded fiscal year. _____

h. General Annual Operating Budget: Is it Audited? Yes No

Do not leave any question unanswered

VII. Signing the grant agreement.

Let us know who is going to be signing the Grant Agreement:

Printed Name _____ Title _____
Phone #: _____ E-mail: _____

VIII. Certifications

a. Conflict of Interest

Attachment I.

I agree to maintain in full force and effect written policies and procedures prohibiting conflicts of interest of its officers and board members in the activities of this organization and restrictions of interested director transactions.

I further agree to maintain in full force and effect written policies and procedures prohibiting any financial or business transactions between this organization’s officers and directors and this entity.

 Signature: _____ Printed Name: _____
Title: _____ Today’s Date: _____
e-mail: _____ Phone #: _____

b. Disclosure Protection

I agree to adopt and maintain any and all policies and procedures necessary to provide my employees with Disclosure Protection consistent with § 6-2-107 of the Anne Arundel Code.

 Signature: _____ Printed Name: _____
Title: _____ Today’s Date: _____
e-mail: _____ Phone #: _____

c. Certification

I affirm that I am authorized to execute this application on behalf of this organization. I also certify that the information contained in this application, including all attachments, is true and correct.

I will notify the Office of the County Executive of any changes in organizational status or structure, or in the material contained herein within ten (10) days of any changes.

 Signature: _____ Printed Name: _____
Title: _____ Today’s Date: _____
e-mail: _____ Phone #: _____

Full Legal Name of Organization (Write it exactly as shown on SDAT Records)

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VI. FY16 BUDGET FORM. Program/Project & Organization Budget

A. **INCOME SOURCES.** Enter Whole Dollar Amount Column 1 Column 2 Column 3

BUDGET CATEGORY	THIS REQUEST** **(It should match the county funding request on page 1)	Total FY16 For THIS Program/Project Budget	Total FY16 Projected Annual Organization Budget for ALL programs/projects
1. AACO. GOVERNMENT GRANT	\$	\$	\$
2. FOUNDATIONS	XXXXXXXXXXXXXXXXXX	\$	\$
3. CORPORATIONS	XXXXXXXXXXXXXXXXXX	\$	\$
4. INDIVIDUAL CONTRIBUTIONS	XXXXXXXXXXXXXXXXXX	\$	\$
5. FUNDRAISING EVENTS	XXXXXXXXXXXXXXXXXX	\$	\$
6. MEMBERSHIP INCOME	XXXXXXXXXXXXXXXXXX	\$	\$
7. IN-KIND SUPPORT	XXXXXXXXXXXXXXXXXX	\$	\$
8. INVESTMENT INCOME REVENUE	XXXXXXXXXXXXXXXXXX	\$	\$
9. GOVERNMENT CONTRACTS	XXXXXXXXXXXXXXXXXX	\$	\$
10. EARNED INCOME (fee for services, etc.)	XXXXXXXXXXXXXXXXXX	\$	\$
11. OTHER (Specify)	XXXXXXXXXXXXXXXXXX	\$	\$
12. OTHER (Specify)	XXXXXXXXXXXXXXXXXX	\$	\$
13. TOTAL INCOME	\$	\$	\$

B. EXPENSES. Enter Whole Dollar Amount

BUDGET CATEGORY	THIS FY16 REQUEST How AACo. funding will be used?	Total FY16 Expenses For THIS Program/Project Budget	Total FY16 Projected Annual Organization Budget for ALL programs/projects
1. SALARIES & WAGES. (Break down by individual position, indicate Full or Part Time position and % of Share) % Share Position FT or PT	\$	\$	\$
a.	\$	\$	
b.	\$	\$	
c.	\$	\$	
d.	\$	\$	
1.1 SALARIES & WAGES SUBTOTAL	\$	\$	\$
2. INSURANCE, BENEFITS, & OTHER RELATED TAXES	\$	\$	\$
3. CONSULTANTS AND PROFESSIONAL FEES	\$	\$	\$
4. BUSINESS TRAVEL/TRANSPORTATION	\$	\$	\$
5. EQUIPMENT (Specify)	\$	\$	\$
6. SUPPLIES	\$	\$	\$
7. PRINTING & COPYING	\$	\$	\$
8. TELEPHONE/INTERNET/WEB	\$	\$	\$
9. POSTAGE & DELIVERY	\$	\$	\$
10. RENT & UTILITIES	\$	\$	\$
11. OTHER (Specify)	\$	\$	\$
12. OTHER (Specify)	\$	\$	\$
13. OTHER (Specify)	\$	\$	\$
14. TOTAL EXPENSES	\$	\$	\$

Budget must be submitted on one page. Do not modify this format

Please make sure all columns are added correctly

Full Legal Name of Organization (Write it exactly as shown on SDAT Records)

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FY16

VI.c. FY16 Budget Narrative. Grantee must provide a budget narrative fully describing the specific costs outlined in the budget submitted on the Budget Form.

Please explain each calculation and provide a narrative that supports each budget category.

Do not leave any blanks without an explanation. If N/A, write "N/A"

1. SALARIES & WAGES: _____

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

2. INSURANCE, BENEFITS, & OTHER RELATED TAXES:

3. CONSULTANTS AND PROFESSIONAL FEES:

4. BUSINESS TRAVEL/TRANSPORTATION:

5. EQUIPMENT (Be specific):

6. SUPPLIES:

7. PRINTING & COPYING:

8. TELEPHONE/INTERNET/WEB:

9. POSTAGE & DELIVERY:

10. RENT & UTILITIES:

11. OTHER (Be specific):

12. OTHER (Be specific):

13. OTHER (Be specific):

14. TOTAL EXPENSES:

Full Legal Name of Organization _____ (Write it exactly as shown on SDAT Records)

FY16

VI.d. FY16 Equipment or Capital Improvement Specification Form

Provide a detailed description of the equipment to be purchased, including all estimated costs.
AND/OR

Provide a detailed description of the capital improvement to be made, including all estimated costs.
(Provide maps, if applicable).

Be specific:

	Description	Estimated Costs
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total Estimated Cost:

\$ _____

FY16 CAPITAL GRANT APPLICATION CHECKLIST & Required accompanying documents

Use this checklist to assist you in preparing the right application. Please make sure it is complete before submission by checking the boxes to indicate that you have included the following required documents, even if you provided them in previous years. Be advised that all items listed in this checklist must be included in your application. One (1) copy of each of the following materials is required.

ALL PAGES SHOULD BE PAPER-CLIPPED. DO NOT STAPLE, BIND, OR PUT INTO A NOTEBOOK

Very Important: The organization must show the same full legal name in all required documents.

Did you select the right FY16 grant application?

Capital Grants provide funds to non-profit organizations to purchase equipment and related supplies, or to make capital improvements (renovation, remodeling, restoration, or new construction of buildings).

Non-Capital Grants provide funds to nonprofit organizations to help build up their capacity, increase their impact, and operate more efficiently and effectively to improve and enrich the general quality of life in the community.

One **original** FY16 grant application with **original** signature **and** accompanying documents

Five (5) copies of the grant application **only**. (Include on each copy Equipment or Capital Improvement Specifications Form (II.d.) and Letter of Support (IV.c.).)

Accompanying Documents with the original grant application: (Include one (1) copy each).
Identify each document alphabetically.

- A. FEDERAL tax-exempt IRS determination Letter** - Copy of most recent IRS determination letter under Section (501)(c)(3) indicating evidence of tax-exempt status. (Attachment A.)
- B. Good Standing Status** – Include most recent copy of the organization’s general entity information showing that it is currently in good standing with the State Department of Assessment & Taxation (SDAT). (Attachment B.) (Be advised that if the organization/entity is listed as « forfeited » or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.) Refer to *Obtaining a Printout of Good Standing* instructions below.
- C. Articles of Incorporation** – Include copy of Articles of Incorporation. If your organization's name has been officially changed by an amendment to your organizing instruments, you should also attach a conformed copy of the **Articles of Amendment** to your application. (Attachment C.)
- D. Organization’s By-Laws**. Include a copy. (Attachment D.)
- E. Organization’s Mission Statement**. Include the Mission Statement. (Attachment E.)
- F. Board of Directors/Trustees List** – Include a list of your organization’s Board of Directors/Trustees, including names and individual terms of office. (Attachment F.)
- G. Financial Statements** – Include **previous year** Financial Audit Report or **previous year** IRS Form 990-(Return of Organization Exempt from Income Tax.) If your organization has both, please submit the Financial Audit Report. (Attachment G.)
- H. Job Description** - Include a Job Description for each position you are requesting support. (Attachment H.)
- I. Conflict of Interest**-Include a copy of the written Conflict of Interest’s policy and procedures. (Attachment I.)
- J. Form-W9** Request for Taxpayer-Identification Number & Certification. Complete attached Form. (Attachment J.)

Did you...

- fill out the Application Cover Sheet for the Community Support Grant?
- sign the Application Cover Sheet for the Community Support Grant?
- answer items a.-e. on Part I Grantee Information?
- answer items a.-k. on Part II Program/Project Information?
- fill out items a.-g. on Part III Population Served?
- fill out items a.-c. on Part IV. Partnerships?
- include a Letter of Support with ***original signature*** from a partnering organization. (Item IV.c.) on each copy?
- fill out items a.-c. on Part V. Organization's Capacity?
- fill out Budget Template Part VI. Budget: Project & Organization Budget? (*Budget must be submitted on one page*)
- fill out items a.-h. on Part VI. Budget?
- fill out *Equipment or Capital Improvement Specifications Form* (VI.d.)?
- fill out Part VII. *Signing the Grant Agreement*?
- sign the Grant Application *Certifications* (x3) on Part VIII?
- attach a copy of the written *Conflict of Interest's* policy and procedures?
- fill out and attach a signed Form W-9?
- identify each supporting document alphabetically?

- *This grant application, along with all accompanying documents, must be submitted by the deadline.*
- *Application will be denied based on incomplete application materials and failure to follow application guidelines.*
- *Submission does not guarantee approval.*
- *Do not submit additional information that is not specifically requested.*

Please keep a copy of this grant application and supporting documents for your reference/files.

**FY16 Grant Application Deadline:
Wednesday, November 26, 2014 @ 12:00 noon**

ATTACHMENTS

Required Supporting Documents

Identify each document alphabetically.

Attachments to be included with the Grant Application

Identify each document alphabetically.

Very Important: The organization must show the same full legal name in all required documents.

Attachment A. Federal Tax-Exempt IRS Determination Letter.

(Organization's Legal Name must match the SDAT records)

Attachment B. Good Standing Status with the State of Maryland.

(Organization's Full Legal Name must match the SDAT records)

Attachment C. Articles of Incorporation/Articles of Amendment.

(Organization's Full Legal Name must match the SDAT records)

Attachment D. Organization's By-Laws.

(Organization's Full Legal Name must match the SDAT records)

Attachment E. Organization's Mission Statement.

Attachment F. Board of Directors/Trustees List.

Attachment G. Financial Statements.

Attachment H. Job Description.

Attachment I. Conflict of Interest Policies Certification.

Attachment J. Form W-9 Request for Taxpayer-Identification Number & Certification.

(Organization's Full Legal Name must match the SDAT records)

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

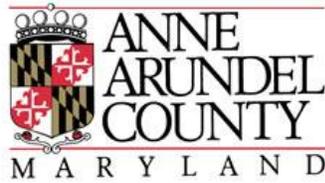
- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Do not include in the application



Office of the County Executive

44 Calvert St, Suite 400
Annapolis, MD. 21401
410-222-1879
mcasasco@aacounty.org

From: Maria Casasco, Grants Administrator
To: Grant applicants

Obtaining a printout of Good Standing Status from the Maryland Department of Assessments and Taxation

Information about business entities can be found at the Maryland State Department of Assessments and Taxation (“SDAT”) website.

Go to www.dat.state.md.us. From the center of the home page, select “Business Data Search”. From the menu in the second block, select “Business Entity Information”. Under “Name Search”, enter the name or a part of the name of the entity. There should be no spaces between words, and you should not include the words “the” or “and”. Also, do not include any “tail” such as “Inc.” or “LLC”. If you only search part of the name, follow the part with “%” for a wildcard search.

It will give you the entity’s name, status with the SDAT, and whether the entity is in good standing with SDAT.

A paid SDAT Certificate is not required

A printout entity detail from the Maryland Department of Assessments and Taxation webpage indicating the organization’s good standing is acceptable.

Please note that if the entity is listed as “forfeited” or not in good standing with SDAT, it cannot enter into a contract with the County until the forfeiture or lack of good standing is resolved.

Disclosure Protection

Grantee shall adopt and maintain any and all policies and procedures necessary to provide its employees with Disclosure Protection consistent with § 6-2-107 of the Anne Arundel Code.

(a) **Definition.** In this section, a “personnel action” means an act, a refusal to act or an omission by an appointing authority which has a significant adverse impact on the employee or a change in the employee’s responsibilities which is inconsistent with the employee’s grade and salary.

(b) **Action by appointing authority.** Unless a disclosure is specifically prohibited by law, an employee may not be subject to a personnel action by an appointing authority as a reprisal for seeking any remedy under this section or for a disclosure to a federal, State or County official or employee, that the employee reasonably believes, in good faith, demonstrates evidence of:

- (1) retaliation for a refusal to obey an instruction of an appointing authority or supervisor involving an illegal act or a refusal to participate in an illegal act;
- (2) an illegal action in County government;
- (3) an unauthorized use of County funds; or
- (4) a substantial and specific danger to public health or safety.

(c) **Other action authorized.** This section does not prohibit a personnel action that otherwise would have been taken regardless of the disclosure.

(d) **Disclosures to State officers.** An employee has the same protections provided in subsection (b) of this section regarding a disclosure that is specifically prohibited by law, if the disclosure is made to the Office of the State’s Attorney, the Office of the Attorney General of Maryland, or the Office of the Maryland State Prosecutor.

(e) **Other remedies.** This section does not preclude the aggrieved employee from seeking any legal action or other remedies available.

(Bill No. 17-11)