

**Consolidated Funding Application (City Fiscal Year 2024)**

**Renewal Projects**

**Local Competition Guidelines Release Date: February 8, 2023**

**Project Applications Due: March 17, 2023 at 4:00pm**

**Submit Proposals by email to:**

**HSPApplications@baltimorecity.gov**

**\*No late submissions will be accepted**

Application Checklist

**Required Forms**

[ ]  Application Cover Sheet & Narrative (saved as PDF)

[ ]  Project Budget (Excel workbook – make sure to complete all tabs)

[ ]  Conflict of Interest Questionnaire and Limits to Primarily Religious Organizations

[ ]  Fair Housing Policy Agreement

[ ]  Housing First Policy Agreement

**Required Supporting Documents**

[ ]  Articles of Incorporation and Bylaws (only if changed since previous year)

[ ]  Federal Tax Exemption Determination Letter

[ ]  Grievance Procedures

[ ]  Current Certificate of Good Standing from State of Maryland

[ ]  List of Board of Directors

[ ]  Project Organizational Chart (must include name, title, email, and phone for each staff position at project – this is a requirement for the grantors)

[ ]  Copy of Project’s Policies and Procedures (must include Project’s Termination, Non-Discrimination, and Grievance Policies Provided to Clients)

[ ]  Most Recent Single Audit or Independent Financial Audit

Please use the following format: Single-spaced, 11pt Calibri font, 1” margins

**PROJECT APPLICATION**

## 1. Basic Applicant Information

**1A: Subrecipient Agency (Applicant).** MOHS will release funds to a subrecipient agency. Provide the following agency information:

|  |  |
| --- | --- |
| Name |  |
| Employer Identification Number (EIN) |  |
| DUNS Number |  |
| Address  |  |
| Mailing Address (City, State, Zip) |  |
| Phone Number |  |

**1B: Proposal Contact Person.** Identify a primary contact person at your agency for questions about the proposal and/or notifications regarding the proposal process.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Phone Number |  |

**1C: Secondary Contact Person.** Identify a secondary contact person for your agency for questions about the proposal and/or notifications regarding the proposal process.

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email Address |  |
| Phone Number |  |

**1D: Project(s).**

|  |  |
| --- | --- |
| Project Name |  |
| Site Address |  |
| Project Type  | [ ]  **Street Outreach**[ ]  **Emergency Shelter**[ ]  **Rapid Re-Housing** [ ]  **Housing Stabilization and Homelessness Prevention**[ ]  **Housing and Services for People with HIV/AIDS**[ ]  **Support Services for Permanent Supportive Housing**[ ]  **Transitional Housing** |

**1E: Budget.** Complete the below information outlining the requested funds.

|  |  |
| --- | --- |
| **Budget** | **Program Year** **(July 1, 2023 – June 30, 2024)** |
| Funds Requested | $ |
| Other Project Funds (including supporting project funds) | $ |
| Total Project Budget | $ |
| Annual Agency Budget | $ |

## 1F: Budget Forecasting City Fiscal Year 2023 (July 1, 2022 - June 30, 2023). Provide a brief overview of your current spending. Is your agency on track to spend down your award by June 30, 2023? If not, please explain why.

Click or tap here to enter text.

## 1F. Project Description (150 word maximum). Provide a brief overview of the program describing the population to be served, the number of people to be served, the services to be provided, and the proposed outcomes.

##  Click or tap here to enter text.

## Project Description (no more than 5 single-spaced pages)

1. **Provide a description of the project scope including the following information:**
* Target population
* Number of households/clients projected to serve
* Types of services provided and frequency of services provided

Click or tap here to enter text.

1. **Describe how your project meets the HEARTH Act objectives to:**
* Reduce the rate of first-time homelessness
* Reduce the time individuals and households remain homeless
* Reduce returns to homelessness

Click or tap here to enter text.

1. **Describe any achievements and any challenges encountered during the last year of operation. Describe any changes or improvements you plan on making this year.**

Click or tap here to enter text.

1. **Note any evidence-based practices or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to clients.**

Click or tap here to enter text.

1. **Describe how you engage clients in organizational and program planning, policy and decision making.**

Click or tap here to enter text.

1. **Describe how participants will be assisted to increase their employment, income, and benefits to maximize their ability to live independently. Provide examples of specific community resources and external partners your agency will collaborate with.**

Click or tap here to enter text.

1. **Describe your familiarity with the Coordinated Access system in Baltimore City. What roles and responsibilities will your project and staff fulfill as part of Coordinated Access? What specific strategies will you use to accelerate housing placements through Coordinated Access?**

Click or tap here to enter text.

1. **Describe how you assist clients with limited English proficiency, hearing, or visual impairments.**

Click or tap here to enter text.

## Organizational Capacity (no more than 2 single-spaced pages)

1. **Describe the organization’s leadership and management in ensuring program effectiveness and fidelity to funding agreements.**

Click or tap here to enter text.

1. **Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. Describe any auditing findings or concerns during the last 24 months as well as the resolution of each.**

Click or tap here to enter text.

## Community Partnerships (no more than 2 single-spaced pages)

##

##  Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.

Click or tap here to enter text.

1. **Describe how your agency is collaborating with other homeless service providers and mainstream service providers.**

Click or tap here to enter text.

1. **Describe the extent to which you leverage in-kind donations and volunteers for the project.**

Click or tap here to enter text.

**RAPID RE-HOUSING PROJECTS ONLY (no more than 3 single-spaced pages)**

1. **Describe how you determine rental assistance amounts, the duration of assistance, and eligibility/subsidy redetermination for clients in the project. What tools or objective assessments are used?**

Click or tap here to enter text.

1. **Describe how you work with landlords to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history, zero income, or a criminal background.**

Click or tap here to enter text.

1. **Describe how participants quickly move into housing and how you engage clients in decision-making around their housing preferences.**

Click or tap here to enter text.

1. **Describe the assistance that clients receive when moving into housing that prepares them to manage a potential future episode of housing crisis (describe any steps and tools used).**

Click or tap here to enter text.

**HIV/AIDS PROJECTS ONLY (no more than 3 single-spaced pages)**

**Provide an explanation about how your agency’s programs are consistent with the National HIV/AIDS Strategy (** [National HIV/AIDS Strategy: Updated to 2020 | HIV/AIDS Bureau (hrsa.gov)](https://hab.hrsa.gov/about-ryan-white-hivaids-program/national-hivaids-strategy-updated-2020)**):**

1. **The Strategy’s four primary goals directed toward HIV care and coordination:**
	1. **Reduce new HIV infections.**
	2. **Increase access to care and optimize health outcomes for persons living with HIV.**
	3. **Reduce HIV-related health disparities and health inequities.**
	4. **Achieve a more coordinated national response to the HIV epidemic by addressing HIV & housing coordination through data integration to improve health outcomes along the HIV care continuum.**

Click or tap here to enter text.

**Budget Workbook [All Project Types].** Complete one (1) Project Budget Workbook (Excel). The budget requirements are outlined below, with further instructions in the RFP.

Budgets should be complete, thorough, and accurate. Please include a specific description of each line item in the “description of expense” column of the workbook in order to demonstrate that costs are reasonable, well-supported, and justified. Be sure to provide a basis of cost allocations and explanations for all cost categories, including how costs were calculated. We provide a few details and examples below.

* All budgets should include estimated costs of the housing, supportive services, and staff (FTE/PTE) proposed, as relevant to the project. For example:
	+ Personnel/Labor
		- Ensure that you provide detail for all positions, with particular emphasis on non-traditional positions if they are budgeted in Direct Services.
		- Explain how benefits were calculated: for example, FICA costs are estimated based on \_\_\_% of the budgeted salaries, Medical was projected using $\_\_\_ as a base cost per employee multiples by the amount of staff time budgeted to the grant.
	+ Temporary Financial Assistance (If applicable)
	+ Other Non-Personnel Provision and Coordination of Supportive Services Expense. For example:
		- Travel: if applicable, please include staff mileage rates and projected travel.
		- Office Supplies/Postage: calculations can be based on historical usage or estimation per FTE.
		- Lease/Rentals: E.G. office space calculated as \_\_% of FTEs with projected lease total lease costs for the grant period.
* Budgets should also include all other financial resources to be used in the project to demonstrate that there are sufficient resources to support the successful implementation of the project.

## Authorization: Please read and sign the below statement:

Authorized Signature of Applicant: To the best of my knowledge and belief, all information in this local application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. By signing below, I hereby certify that the agency does not have any outstanding monitoring or audit findings from any federal, state, or local entity. I also agree that, if awarded funding as a subrecipient, I allow the Mayor’s Office of Homeless Services to be the recipient of grant funds.

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Click or tap here to enter text.

**Typed Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

*Conflict of Interest*

Applicants must avoid any conflict of interest in carrying out activities funded by City, State, and Federal grant dollars, such as the Emergency Solutions Grant –CV Application. Generally, this means that a person who is an employee, otherwise in a decision-making position, or has information about decisions made by the organization (such as an agent, consultant, volunteer, Board member, officer or elected or appointed official of the grantee or recipient) may not obtain a personal or financial interest or benefit from the organization’s activity, including through contracts, subcontracts, or agreements. This exclusion continues during the employee’s tenure and for one year following employment.

As part of general guidelines for the procurement of goods and services using Federal funding (such as ESG), organizations are required to have a “code of conduct” or “conflict of interest” policy in place that prohibits employees, officers, agents, or volunteers of the organization from participating in the decision-making process related to procurement if that person, or that person’s family, partner, or any organization employing any of the above has a direct financial interest or benefit from that procurement. In addition, these persons may not accept any gratuity, favors, or anything of monetary value from a contractor, consultant, or other entity whose services are procured for the organization. Organizations should develop standards for avoiding such apparent or potential conflicts. Such standards must include written policy that is part of the employee policies. Employees, board members and volunteers are required to sign a statement indicating that they have read the policy and will comply.

*Limits on Funding to Primary Religious Organizations*

In order to uphold the basic provisions of separation of church and state, a number of conditions apply to the provisions of Emergency Solutions Program - CV funding to organizations that are primarily religious in nature. These provisions generally require that when funded under the Emergency Solutions Program - CV program, the religious organization will provide services in a way that is free from religious influences and in accordance with the following principals:

* The organization will not discriminate against any employee or applicant for employment on the basis of religion, and will not limit employment or give preference in employment on the basis of religion.
* The organization will not discriminate against, limit services provided to, or give preference to any person obtaining shelter, other service(s) offered by the project, or any eligible activity permissible under the Emergency Solutions Program - CV program on the basis of religion and will not limit such service provision or give preference to persons on the basis of religion.
* The organization will not provide religious instruction, counseling, religious services, worship (not including voluntary nondenominational prayer before meetings), engage in religious proselytizing, or exert other religious influences in the provision of shelter or other activities.

Requiring that a program participant attend religious services or meetings as a condition of receiving other social services at the organization (such as shelter or a meal) is not allowed under this provision. Allowing participant to choose to take part in services or meeting offered by the organization as they wish, separate from the Emergency Solutions Program - CV funded activities provided, is allowable.

### Conflict of Interest Questionnaire

1. Are there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is/are or has/have been within one year of the date of this application a City employee or consultant, or a member of the City Council?

Yes ☐ No ☐ If yes, please list the names(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Will the funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is/are or has/have been within one year of the date of this application a City employee, consultant, or a member of the City Council?

Yes ☐ No ☐ If yes, please list the name(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is/are there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes ☐ No ☐ If yes, please list the name(s) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have answered “YES” to any of the above, a disclosure notice must be submitted to the Mayor’s Office of Homeless Services to determine whether a real or apparent conflict of interest exists.

**Name of Agency:**

**Name of Applicant’s Authorized Representative:**

**Authorized Representative’s Title:**

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Fair Housing Policy & Statement of Agreement

It is imperative that all programs tailor their program to comply with all federal, state and local laws dealing with Fair Housing. The Mayor’s Office of Homeless Services (MOHS) complies with these laws as applicable, and wishes to underscore the importance of bringing all programs into compliance. All programs funded by MOHS must comply with these regulations:

**The Fair Housing Act of 1968 ensures** equal access to housing and guarantees equal opportunity without regard for race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), or disability.

**The City of Baltimore** ensures protected class status regardless of race, color, religion, national origin, ancestry, sex, marital status, physical or mental disability, sexual orientation, gender identity and gender expression.

**The Age Discrimination Act of 1975** ensures that persons cannot, on the basis of age, be excluded from participation, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

**Section 504 of the Rehabilitation Act** prohibits discrimination as it applies to service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance. A recipient of Federal financial assistance may not, on the basis of disability:

* Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
* Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.
* Deny employment opportunities, including hiring, promotion, training, and fringe benefits, for which they are otherwise entitled or qualified

**The Equal Access Rule** requires equal access to HUD programs without regard to a person’s actual or perceived sexual orientation, gender identity, or marital status.

A program that is not currently in compliance with these guidelines must present a clear timeline demonstrating how their agency is actively engaged in a process to correct their adherence to these regulations. An agency that substantiates such a timeline for corrective action may be issued a performance-based contract that may be terminated within 6 months if compliance or satisfactory progress toward compliance is not met.

MOHS reserves the right to impose additional requirements and conditions on projects to ensure that all programs and services are easily accessible to clients, reduce barriers to housing whenever possible, and do not unnecessarily screen out potential participants.

The purpose of this Notice and requirement is that it be signed ONLY when Fair Housing Law as applicable. Nothing in this Notice shall be read, in any way, to suggest that other federal, state or local laws are not applicable to any program funded under this RFP.

**Statement of Agreement**

By signing this policy, I (Authorized Representative), as the authorized representative for (Project), agree that our project will comply with the stated regulations and laws in the delivery of services provided to clients. I understand that if the project is found to be in non-compliance with these regulations, that the Mayor’s Office of Homeless Services will take corrective action up to and including termination of funding.

**Name of Agency:**

**Name of Applicant’s Authorized Representative:**

**Authorized Representative’s Title:**

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Housing First Agreement

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. The Housing First approach is rooted in these basic principles:

* Homelessness is first and foremost a housing problem and should be treated as such
* Housing is a right to which all are entitled
* Issues that may have contributed to a household’s homelessness can best be addressed once they are housed
* People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible without preconditions of treatment acceptance or compliance for issues such as mental health and substance use
* The service provider working with the individual should connect the client to robust resources necessary to sustain that housing, and participation is achieved through assertive engagement, not coercion

To be considered “Housing First,” the program must meet the following minimum expectations:

1. **The program must focus on quickly moving residents to permanent housing**
2. **The program may not screen out clients for:**
	* Having too little or no income
	* Active or history of substance abuse
	* Having a criminal record
	* History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
3. **The program may not terminate clients for:**
	* Failure to participate in supportive services
	* Failure to make progress on a service plan
	* Loss of income or failure to improve income
	* Being a victim of domestic violence

By completing and signing this agreement, I (full name), as the authorized representative for (project), agree that our project will utilize a housing first approach for this grant. I understand that if the project is found to be in non-compliance with housing first, that the Mayor’s Office of Homeless Services will take corrective action up to and including termination of funding.

**Name of Agency:**

**Name of Applicant’s Authorized Representative:**

**Authorized Representative’s Title:**

**Signature of Authorized Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_