|  |
| --- |
| **Consolidated Funding Application**  **NEW PROJECT CHECKLIST** |
| **Required Forms**  Application Cover Sheet & Narrative (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  Federal Tax Exemption Determination Letter  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)  Copy of Zoning Document for the Program Facility Site  Proof of Ownership or Lease Agreement  Letter(s) of support from the community where the project is or will be located  Most Recent A-133 or Independent Financial Audit |

|  |
| --- |
| **Consolidated Funding Application – City Fiscal Year 2021**  **NEW PROJECT COVER SHEET** |
| **Organization Information** |
|  |
| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
|  |
| Administrative Address City, State, Zip |
|  |
| Phone Fax Website |
|  |
| Executive Director Name Phone Email |
|  |
| **Contact Information** |
| Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director. |
| **Primary Contact** |
|  |
| Name Title Phone Email |
| **Secondary Contact** |
|  |
| Name Title Phone Email |
| **Proposal Information** |
|  |
| Project Name Site Address (if different than administrative address) |
|  |
| Proposal Request Total Project Budget Total Agency Budget |
| **Project Type**  Emergency Shelter  Street Outreach  Homeless/Eviction Prevention  Drop-In Center  Rapid Re-Housing  HIV/AIDS Services or Housing |
| **Project Description (150 word max) -** 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. |
| **Authorization** |
|  |
| Printed Name Signature Date |

|  |
| --- |
| **PROJECT DESCRIPTION**  **(no more than 7-10 single-spaced pages)** |
| **Provide a detailed description of the project scope, including the target population, number of households/clients served, types of services provided, frequency with which services will be provided, and the location where services will take place.** |
|  |
| **Describe how your project meets the HEARTH Act and Journey Home objectives to:**   1. **Reduce the rate of first time homelessness;** 2. **Reduce the time individuals and households remain homeless; and to** 3. **Reduce returns to homelessness.** |
|  |
| **Describe how your project addresses or supports one or more of the five key strategies in the Baltimore City Continuum of Care Action Plan:**   1. **Increase the Supply of Affordable Housing;** 2. **Create a More Effective Homeless Response System;** 3. **Transform the Shelter System;** 4. **Improve Access to Employment and Economic Opportunity; and to** 5. **Establish a Race Equity Agenda.** |
|  |

|  |
| --- |
| **Describe your agency’s vision for implementing a housing first approach or experience in utilizing a housing first approach. Describe how you will lower barriers to entry and during program enrollment. Describe your experience working with individuals or families who have behavioral health needs, domestic violence survivors, trauma survivors, or other vulnerability factors (as applicable for proposed project population). Describe what strategies you will use to engage clients in voluntary services.** |
|  |
| **Note any evidence-based, best, promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to clients in a cost effective way. Discuss why the service delivery model you describe will help individuals/ families maintain or regain housing stability.** |
|  |
| **Describe how you will engage clients in organizational and program planning, policy and decision making.** |
|  |
| **Describe specifically how participants will be assisted to increase their employment, income and benefits in order to maximize their ability to live independently. Name specific community resources/processes you will link clients to.** |
|  |
| **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?** |
|  |
| **Describe how you will assist clients with limited English proficiency, hearing, or visual impairments.** |
|  |
| **RAPID RE-HOUSING PROJECTS ONLY**  **Describe how you will determine rental assistance amounts, duration, and redetermination for clients in the project. What tools or objective assessments will you use in the determination process?**  **Describe how you will work with landlords and community stakeholders 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. Describe how you will engage clients in decision-making around their housing preferences.**  **Reducing returns to homelessness (recidivism) is a key objective of the HEARTH Act. Describe how your program’s operation and the assistance that clients receive when moving into housing prepares them to manage a potential future episode of housing crisis; what steps and tools are imparted upon clients to prevent them from returning to homelessness?** |
|  |

|  |
| --- |
| **HIV/AIDS PROJECTS ONLY**  **Provide an explanation about how your agency’s programs are consistent with the National HIV/AIDS Strategy:**   * 1. **Services directed toward HIV care and coordination**  1. **Provide specific information on new points of entry into the HIV care system in your region; in particular, the points of entry that allow increased access to HIV/AIDS services or to clients receiving services.** 2. **Services directed toward reducing barriers to early diagnosis of HIV Infection.** 3. **Services directed toward increasing access to care and improving health outcomes for persons living with HIV.** 4. **Services directed toward reducing new HIV infections and ongoing prevention for persons diagnosed with HIV and their partners.** |
|  |

|  |
| --- |
| **ORGANIZATIONAL CAPACITY**  **(no more than 3 single-spaced pages)** |
| **Describe the organization’s mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of your agency’s experience and capacity to implement the project.** |
|  |
| **Describe the organization’s leadership and management, their ability to supervise the project and staff, and the organization’s history in ensuring program effectiveness and fidelity to funding agreements.** |
|  |
| **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.** |
|  |

|  |
| --- |
| **First Operating Year Project Work Plan** |

Please use the work plan template below to organize the components of your project into a modified logic model. There is no page minimum or maximum for this section, so please provide sufficient technical detail for reviewers to gain a clear understanding how the project will be modeled and operate in the first year.

|  |
| --- |
| **PROJECT GOALS: Provide an appropriate set of goals to be accomplished through the implementation and operation of your project during the first program operating year. These goals should address individual level, agency level and community level goals resulting from your project’s operation. Please ensure that goals are SMART (*Specific, Measurable, Achievable, Realistic, and Timely*) goals.** |
|  |
| **ACTIVITIES: Outline the timeline and components of the project’s startup and the services provided on a day-to-day basis. Using quantifiable language, provide a detailed account and description of activities, including locations, responsible parties, key action steps, inputs (such as materials, time, money, equipment, etc.), partnerships, community resources, etc. that factor into the service delivery model.** |
|  |

|  |
| --- |
| **Project Staffing Plan** |

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate their percent of time on the project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |
| --- |
| **Community Partnerships and Leveraging** |
| While no formal amount of leveraging is required for the CFA, leveraging is a means to measure established relationships and the extent to which community resources are pooled to provide more effective and efficient services to clients across the Continuum’s partners.  New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations. |
| **Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.** |
|  |
| **Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in Baltimore City in your service plan?** |
|  |
| **Describe the extent to which you leverage in-kind donations and volunteers for the project.** |
|  |

**CONFLICT OF INTEREST AND LIMITS TO PRIMARY RELIGIOUS ORGANIZATIONS**

*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 Consolidated Funding 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 CFA funding to organizations that are primarily religious in nature. These provisions generally require that when funded under the CFA 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 CFA 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 CFA-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 CFA 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 Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant’s Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. MOHS requires all grantees, regardless of funding source, to comply with these regulations.

Shelter and housing programs serving families with children and receiving funding through MOHS may not exclude children from programs on the basis of age or gender.

MOHS, in collaboration with the Housing Authority of Baltimore City, is required to maintain an ongoing Analysis of the Local Impediments to Fair Housing Choice as part of its Consolidated Plan, and must report on the progress of eliminating these impediments in the Consolidated Annual Performance and Evaluation Report (CAPER), which is submitted each spring to HUD.

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.

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 use and, or alcohol use
   * 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_