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| **Emergency Homeless Shelter Grant Application**  **Project Checklist** |
| The deadline to submit all applications is Thursday, April 9, 2020, 5:00 p.m. EST. Submissions must be in PDF format and emailed to [mohs.hsp.application@baltimorecity.gov](mailto:mohs.hsp.application@baltimorecity.gov). Late or hand delivered submissions will not be considered.  **Required Forms**  Application/Cover Sheet  Project Budget (Excel workbook – make sure to complete all tabs)  Conflict of Interest Questionnaire and Limits to Primarily Religious Organizations  **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)  Most Recent A-133 or Independent Financial Audit  Match and Leveraging Documents; and |

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| **Emergency Homeless Shelter Grant Application**  **PROJECT COVER SHEET** |
| **Project Type** |
| **Choose one Project Type. Applicant must provide a project cover sheet and supporting documentation for each submission (see New Project Checklist).**  Single Men / Single Women - City Owned 620 Fallsway, Baltimore, MD  175 Single Adult Male Beds / 75 Single Adult Female Beds  Single Women / Families – City Owned 1200 N. Fremont Avenue, Baltimore, MD  70 Single Adult Female Beds 8 Family Beds  Privately Owned -TBD  150 Family Beds |
| **Organization Information** |
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| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
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| Administrative Address City, State, Zip |
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| Phone Fax Website |
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| Executive Director Name Phone Email |
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| **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** |
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| Name Title Phone Email |
| **Secondary Contact** |
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| Name Title Phone Email |
| **Proposal Information** |
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| Project Name Site Address (if different than administrative address) |
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| Proposal Request Total Project Budget Total Agency Budget |
| **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** |
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| Printed Name Signature Date |

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| **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.** |
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| **Describe how your project meets the City’s Action Plan on Homelessness 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.** |
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| **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.** |
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| **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.** |
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| **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.** |
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| **Describe how you will engage clients in organizational and program planning, policy and decision making.** |
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| **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.** |
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| **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?** |
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| **Describe how you will assist clients with limited English proficiency, hearing, or visual impairments.** |
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| **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.** |
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| **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.** |
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| **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.** |
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| **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.

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| **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.** |
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| **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.** |
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| **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.).

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

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

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

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| **Community Partnerships and Leveraging** |
| 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. Applicants are required 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.** |
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| **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?** |
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| **Describe the extent to which you leverage in-kind donations and volunteers for the project.** |
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**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. 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, 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 funding to organizations that are primarily religious in nature. These provisions generally require that when funded under the project, 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 project 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 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:

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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:

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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:

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_