The proposal must address the following in no more than 20 pages (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: Partner Subrecipient Agency.** Identify a primary contact person for each partner subrecipient, if any, who are involved with your application.

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

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

|  |  |
| --- | --- |
| **Budget** | **Program Year** **(October 1, 2022 - September 30, 2023)** |
| Funds Requested | $ |
| Other Project Funds (including supporting project funds) | $ |
| Total Project Budget | $ |
| Annual Agency Budget | $ |

## 2. Interest and Understanding of Project

**2: Explain why your agency is interested in and committed to serving households experiencing homelessness using a rapid re-housing model. This section should link the project activities to the mission and vision of the applicant agency.**

Click or tap here to enter text.

## 3. Agency Experience and Capacity

**3A: Describe your agency’s experience and capacity with managing federal funding.** Include the number of projects you are currently operating that receive federal funding (project name and federal program). If you do not manage federal funding, please describe any other experience managing public and private funding. Describe your ability to submit monthly cost reimbursement invoices and to meet program expenses in advance of reimbursement.

Click or tap here to enter text.

**3B: Describe your agency’s experience and past performance in developing and implementing programs and services, including housing, supportive services, and/or referral services to individuals experiencing homelessness.** Include how your agency identifies specific culturally-based needs of populations and modify the way in which services are made accessible (language, location, delivery style) to those who are especially vulnerable and have the highest barriers accessing assistance. Include your agency’s experience or ability to document homelessness according to HUD’s defining “homeless” rule and utilizing HMIS and Coordinated Entry. Include any previous participation and compliance with HIC, PIT, and/or APR reporting. If your agency is currently providing housing, please indicate the type of housing you provide and how many households your agency is currently serving.

Click or tap here to enter text.

**3C: Describe your agency’s experience and past performance in landlord engagement and housing identification.** Include your agency’s experience and any referral services you provide to special populations such as individuals experiencing homelessness. Describe how you identify specific culturally-based needs of populations and modify the way in which services are made accessible (language, location, delivery style) to those who are especially vulnerable and have the highest barriers accessing assistance.

Click or tap here to enter text.

**3D: Describe the qualifications and experience of staff who provide direct services to individuals experiencing homelessness**. Include training staff receive (i.e. cultural competency and progressive engagement). Describe how the organization incorporates people with lived experience through the hiring process and employment opportunities, or how it will include people with lived experience.

Click or tap here to enter text.

**3E: Describe how your agency is collaborating with other providers or agencies in Baltimore City, as well as your knowledge of community partners and resources serving individuals experiencing homelessness.** How do these collaborative efforts help minimize or avoid the duplication of service and effort? Include how these will accommodate the unique needs of especially vulnerable individuals, including those who are of color, pregnant or parenting, identify as LGBTQ, have been involved with institutional settings, or victims of sexual trafficking and exploitation.

Click or tap here to enter text.

## 4. Project Design

**4A: Describe the target population that will be served by this project.** Please note that all projects will receive referrals directly through the Baltimore City’s Coordinated Access System.

Click or tap here to enter text.

**4B: Describe how scattered site rental units will be identified and secured.** Describe how the project will assist participants in identifying appropriate units, including any established arrangements with partner agencies and/or experience in engaging local landlords. 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 ensure clients are able to find housing units based on their choice and preference across different neighborhoods in Baltimore City.

Click or tap here to enter text.

**4C:** **Describe how you plan to rapidly move participants into housing**. Complete the housing inventory chart below. Describe how you will determine rental assistance amounts, duration, and redetermination for clients in the project using a progressive engagement approach that leads to the client paying 100% of their rent. What tools or objective assessments will you use in the determination process?

Click or tap here to enter text.

|  |
| --- |
| **Housing Inventory** (at maximum program capacity; reflects the number served at a single point in time, *not* the number served over the course of the program year.)  |
| **Total Units (#)** | **Total Beds (#)** |
|       |       |
| **Targeted to Households without Children** | **Targeted to Households with Children** |
| **Units (#)** | **Beds (#)** | **Units (#)** | **Beds (#)** |
|       |       |       |       |

**4D: Describe the housing and support services that will be provided through this project**. Explain how this project will address unique and specific culturally-based needs of individuals experiencing homelessness. Describe any partnerships with other services or agencies that will support program and service delivery. Describe how you will engage clients in decision-making around their housing preferences. Include collaboration with people with lived experience.

Click or tap here to enter text.

**4E: Describe how project will support households in accessing income through employment opportunities to sustain housing.** Describe examples of past organizational collaboration with workforce development partners. Please include information on ongoing supports, referrals, and partnerships.

Click or tap here to enter text.

**4F: Describe the range of supportive services by completing the chart below.** Indicate who will provide the service, how individuals will access the service, and how often the service will be provided.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Service** | **Provider (Recipient, Sub recipient, Partner)** | **Access to Service** | **Frequency (Daily, Weekly, Bi-monthly, Monthly)** |
| Outreach Services |  |  |  |
| Assessment of Service Needs |  |  |  |
| Assistance with Moving Costs |  |  |  |
| Housing Search/ Counseling Services |  |  |  |
| Utility Deposits |  |  |  |
| Food |  |  |  |
| Case Management |  |  |  |
| Child Care |  |  |  |
| Education Services |  |  |  |
| Employment Assistance/Job Training |  |  |  |
| Legal Services |  |  |  |
| Life Skills |  |  |  |
| Health Services |  |  |  |
| Mental Health Services |  |  |  |
| Substance Abuse Treatment Services |  |  |  |
| Transportation |  |  |  |

**4G: Describe the method for determining the type of supportive services needed by project participants, including how they will be assisted with services to increase life skills, independence, and self-sufficiency.** Describe the assessment and progressive engagement processes that you will utilize to determine and provide the appropriate length and depth of services to meet the needs of individual program participants.

Click or tap here to enter text.

**4H: Describe how your agency will measure participant progress and how program performance will be evaluated to improve outcomes and performance.** Include successful exits to permanent housing, increased income from all sources, decreased the number of days experiencing homelessness. Describe how your agency will ensure 100% compliance with HMIS documentation to include case notes? Describe how HMIS data quality will be evaluated.

Click or tap here to enter text.

**4I: Provide a staffing model that ensures that housing identification, rental assistance and administration, as well as intensive case management and supportive services will be met**. Describe the quantity and descriptions of staff (FTE/PTE) proposed for project, including standards and any specific expertise that will be required or if any existing staff positions will be leveraged. Include how you will hire and retain staff which reflect the demographics of individuals being served by the project. Include how staff will be trained in and demonstrate proficiency in Housing First, Trauma-Informed Care, Person Centered Services, and Cultural Competency strategies and practices. Describe how your agency and/or program leadership will ensure all program staff have been informed of the program expectations and how they are involved in executing them? Please include you plan to continue services when staffing shortages occur.

Click or tap here to enter text.

**4J: Describe how your project will ensure a smooth and successful transition for each participant entering into the program and/or service and exiting into the next program and/or sustainable permanent housing.** 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?

Click or tap here to enter text.

## 5. Lived Experience Involvement and Leadership

**5A: Describe how you will incorporate meaningful collaboration with individuals that have lived experience of homelessness throughout the project planning, design, implementation, and evaluation.** Describe any current or experience of this nature. Describe how you will incorporate lived experience voices in project staff hiring processes, establishing hiring preferences for individuals with lived experience of homelessness, and leadership development and peer mentorship opportunities. If your agency currently does not collaborate with individuals with lived experience, please describe how you would if selected.

Click or tap here to enter text.

**5C: Describe how you will convey, in language, practice, and policy, the assets of people with lived experience and avoid framing their experiences based on individual deficits.**

Click or tap here to enter text.

## 6. Implementation and Budget

**6A: Provide a timeline for project implementation and include proposed project milestones.**

|  |  |
| --- | --- |
| **Project Milestone** | **Dates for Milestone (MM/DD/YYYY)**  |
| Staff hiring complete |  |
| Staff training complete |  |
| Project Enrollment Start Date  |  |
| Supportive services begin and/or residents begin to occupy housing |  |
| Project at, or close to full capacity |  |

**6B:** Complete a separate Project Budget Workbook (Excel) with narrative. The budget is outlined with instructions in [Appendix B](#AppendixB).

* Budgets should be complete, thorough, and accurate, including a specific description of each cost in order to demonstrate that the costs are reasonable, well-supported, and justified.
* Budgets should include estimated costs of the housing, supportive services, and staff (FTE/PTE) proposed.
* 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.
* Budgets should include rental assistance for 12 months per unit using the FY 2022 FMR for Baltimore.

## 7. Authorization

**7A. 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 MOHS, as the collaborative applicant, to become the recipient of grand funds.

Signature of Authorized Representative:

Typed Name: Date Signed:

Title:

*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 American Rescue Plan Act (ARPA) 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 – ARPA funding to organizations that are primarily religious in nature. These provisions generally require that when funded under the ARPA 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 service(s) offered by the project, or any eligible activity permissible under the ARPA 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 ARPA 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_