Maryland Department of Housing and Community Development (DHCD)

**State FY23/ Federal FY22 Homelessness Solutions Program (HSP) Application**

**Provider Profile**

Continuum of Care: MD-503

Provider Name:

Provider Funding Request:

Funding Request Type:

\_\_\_ Renewal Request

\_\_\_ Program Renewal Request with Budget Increase

\_\_\_ New Program Request

 

 Larry Hogan Boyd K. Rutherford Kenneth C. Holt

 GOVERNOR LT. GOVERNOR SECRETARY

**FY23 HSP GRANT APPLICATION GUIDELINES & INSTRUCTIONS**

HSP funds are made available in order to assist households experiencing homelessness to be connected with emergency shelter, quickly regain stability in permanent housing and to prevent households from becoming homeless. The goals of the program include efforts to:

* Provide shelter as a crisis response for people experiencing homelessness;
* Reduce the number of individuals/households who become homeless;
* Shorten the length of time an individual or household is homeless;
* Reduce the number of individuals/households that return to homelessness; and
* Provide fixed or short-term rental assistance payments to people at risk of being homeless.

***Please review all guidelines and instructions before beginning the application.***

1. **Applications must be received at the ACDS office on Wednesday, April 20, 2022 by 3:00 pm.**
2. Applications and all required attachments may be submitted by hand, mail, or electronically to:

Arundel Community Development Services, Inc.
ATTN: Hannah Breakstone
2666 Riva Road, Suite 210
Annapolis, MD 21401
Email: hbreakstone@acdsinc.org

1. Please include the following attachments with your application:
	1. Recent Financial Statement/Audit
	2. Insurance Certificate(s)
	3. 501(c)3 Letter
	4. Articles of Incorporation
	5. Bylaws
	6. Current Board List
	7. Match documentation

**ELIGIBLE HSP ACTIVITIES**

HSP provides funding for five main activities:

1. **Housing Stabilization Services.** Housing Stabilization Services are designed to help people locate, pay for, and remain in permanent housing. Eligible costs include rental assistance, financial assistance, and case management. Housing Stabilization Services are also separated by the type of client being served: **Rapid Re-Housing (RRH)** covers services to individuals and households that are “literally homeless,” meeting the HUD Category 1 definition of homelessness. **Homelessness Prevention (HP)** is for households who do not meet the Category 1 criteria, but are still considered at-risk of homelessness. DHCD prioritizes Rapid Re-Housing as an intervention that focuses on those most in need of services, but recognizes that both RRH and HP are necessary strategies for addressing homelessness.
2. **Emergency Shelter.** Emergency Shelter covers activities that connect people with immediate access to overnight shelter in order to respond to a crisis. Funding provided for Emergency Shelter can be used both to pay for the operations of the shelter, such as rent and utilities, as well as services provided by the shelter, including case management. **Please note that any shelter that accepts children is considered a “Family” shelter, and therefore must accept all families, regardless of the sex, sexual orientation, gender identity, or age of any members of the family.** “Women and children only shelters” are not eligible for funding through HSP.
3. **Outreach.** Outreach is for services that are provided to currently unsheltered individuals and families, including engagement and case management. This also covers the Homeless Resource Day events that are intended to connect people with available services, and activities designed to support the annual Point-in-Time (PIT) count.
4. **Permanent Supportive Housing Case Management**. Permanent Supportive Housing Case Management services include linking residents to supportive services such as job training, health care, budgeting counseling, parenting skills, substance treatment, etc, as well as staff costs for those who assist clients in applying for food, medical, and other benefits.
5. **Homeless Management Information System (HMIS).** HMIS funding helps cover the costs of data collection through an HMIS database. **All providers must be entering data into HMIS or, for victim services providers, a comparable database.**

**HSP SUBGRANTEE APPLICATION**

**Section I. GENERAL INFORMATION**

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| Legal Name of Applicant: |  |
| Federal Tax Employer ID: |  |
| DUNS Number: |  |
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| ***Address of the Main Agency Location:*** |
| Address: |  |
| City/County, State, Zip: |  |
|  |
| ***Main Mailing Address:*** |
| Address: |  |
| City/County, State, Zip: |  |
|  |
| ***Grant Contact Information:*** |
| First Name: |  |
| Last Name: |  |
| Phone: |  |
| Ext.: |  |
| Email: |  |
|  |
| ***Executive Director Contact Information:*** |
| First Name: |  |
| Last Name: |  |
| Phone: |  |
| Ext.: |  |
| Email: |  |

**Section II. AGENCY INFORMATION**

**Current Projects and Programs**

1. Describe the history, mission, and vision of your agency.

2. Explain the agency's efforts to reduce homelessness within your community, specifically describing the agency's strategies for connecting clients with housing solutions.

3. Explain how your agency is working to reduce barriers to entry for your programs. Specifically, explain any eligibility requirements your program has for entry (besides regulatory requirements), including policies regarding substance use ("clean and sober" rules) or prior involvement with the criminal justice system.

4. Describe case management and supportive services provided by your program. Also describe how your agency connects and coordinates with other providers in order to ensure that clients have access to any other services that they may need.

5. Explain the methods your agency utilizes to evaluate client need and progress, and any limitations your agency has within the program, such as the length of time and amount of assistance clients are able to receive.

**Continuum of Care**

6. Does your agency currently participate in your local Continuum of Care meetings? If yes, please describe your current level of involvement, including the number of meetings attended in the prior twelve months.

7. Describe how your agency participates (or will participate) in the Continuum of Care’s Coordinated Entry process for client intake and prioritization.

8. Describe how your agency will help the Continuum of Care to meet the goals of the Homelessness Solutions Program, including moving clients into permanent housing and assisting them in maintaining it, and reducing the length of time people are homeless.

**Homeless Management Information System (HMIS)**

9. Is your agency currently entering client-level program data into HMIS? If no: Grantees are required to enter data into an HMIS or comparable database. If your agency is not entering into HMIS, what is your agency's plan and timeline to begin using HMIS or comparable database?

10. If your agency provides services to survivors of domestic violence, describe how you utilize a comparable database to HMIS. Please describe the system and the extent to which your agency currently utilizes it. Include the timeline for entering client data.

11. Grantees must be in compliance with HMIS requirements at the time of the application. Has your agency received any HMIS or comparable database concerns or findings since January 2017?

If yes, discuss how your agency addressed these concerns or findings, including any corrective action.

**Section III. PROPOSAL INFORMATION**

**HSP Program Overview**

13. Provide a brief description of the program that will be funded through this application, including the populations that will be served.

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**Funding Request**

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| **Program Activity** | **Amount** |
| Housing Stabilization Services | $0 |
| Emergency Shelter | $0 |
| Outreach | $0 |
| Permanent Supportive Housing Case Management | $0 |
| HMIS | $0 |
| Admin | $0 |
| TOTAL Funding Request | $0 |

\*\*Please ensure your Total Funding Request matches your cover sheet.

**HSP Activity Areas**

14. ***Housing Stabilization Services***: If applying for housing stabilization funds, describe how you work to locate permanent housing options, provide financial and rental assistance, and help people become stably housed.

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15. ***Emergency Shelter****:* If applying for emergency shelter funds, describe how you work to connect people with available shelter beds, and your efforts to reduce the amount of time people spend homeless in shelter. Please refer to average length of stay data.

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16. ***Outreach***: If applying for outreach funds, describe how you are working to reach unsheltered populations and engage them with available services. Feel free to include data.

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17. ***Permanent Supportive Housing Case Management***: If applying for permanent supportive housing funds, describe any additional information that is specific to this program that was not addressed in #8.

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**Program Renewal with Budget Increase**

18. Agencies applying for a budget increase with a renewal program, describe any proposed increases to existing projects budgeted under competitive funding through this HSP application, and how these increases will impact the total numbers served under each activity, total bed availability and services offered. New applicants, please skip this question.

**Matching Funds**

19. Please demonstrate how your agency's request will meet the 25% renewal match requirement, including cash and non-cash contributions. For FY23, the 25% match requirement is waived for all new projects.

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**Past Performance**

20. Has your agency previously been awarded funds from any of the six programs included in the Homelessness Solutions Program (ESG, RAP, ETHS, HW-CS, SLH, HNP) within the past three years? If “yes,” list grant type and year(s) those funds were awarded.

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| --- | --- | --- |
| **Funding Type** | **Year** | **Amount** |
|  |  |  |
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21. Has your agency been awarded any funds through Maryland DHCD **other than** HSP funds (e.g., Community Development Block Grant funds) within the last three years? If “yes,” list program(s) and year(s) those funds were awarded.

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| --- | --- | --- |
| **Funding Type** | **Year** | **Amount** |
|  |  |  |
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**Section IV. SIGNED CERTIFICATION**

“I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true.”

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Signature of Authorized Representative Date

Print Name Title