FY24 Next Step Housing Operating Grant Application

Applications accepted on a rolling basis pending funding availability through Anne Arundel County.

Funding is being made available to support the operation of group homes and transitional living units operated by nonprofit providers serving previously underserved populations.

Provider Name:	
Funding Request:	**$**
Funding Type:	☐ **Operating Funds**
	☐ **Leasing Funds**
	☐ **Supportive Services* Funds**
Length of Project:	☐ **One Year** ☐ **Two Years**

*Limited funds for supportive services are available. Supportive Services eligible for funding must be a necessary component to support the housing program (e.g., case management).

Organization Information

Full Legal Name of Organization:	
Organization Address:	
Website Address: (if applicable)	
SAME UEI #:	
Employer Tax ID #:	

Incorporation Date:	
Incorporation State:	
501(c)(3) Registration Date:	

Contact Information

Contact Person Name:	
Contact Person Title:	
Phone Number:	
Email:	

Authorized Signatory Information

Authorized Signatory Name:	
Authorized Signatory Title:	
Phone Number:	
Email:	

*Please attach a corporate board resolution indicating organization is authorized to apply for and accept Next Step Operating funds to carry out the activities described in this application.

Project Beneficiaries

1. Please identify the target population that this project will serve, if applicable.

    ☐ Persons who are homeless or at risk of homelessness, including unaccompanied youth
    ☐ Persons with Disabilities
    ☐ Victims of Domestic Violence and/or Human Trafficking
    ☐ Returning Residents (persons exiting incarceration)
    ☐ Veterans
    ☐ Vulnerable Older Adults
    ☐ Other (please specify) _____

Executive Summary and Description of Need

Executive Summary

Please provide a brief summary of your project. Please be sure to address the following items: the purpose of the project, the length of the project, how many people will be served, and how the funding will be used.

Description of Need

1. Describe the need(s) your project is trying to address. Include census data, waiting list information, program data and any other statistics that document need for this project. Why does the population you are serving need operating costs for an affordable housing program and what other projects, if any, exist to support this population?

2. Describe how the project creates and/or expands access to interim or transitional housing for the County's vulnerable populations?

3. Is this a new or existing housing program?

4. Please describe your site or facility. Does your project involve the purchase or lease of new property to implement the program?

5. If this is an existing housing program, is the project expanding or is this funding replacing existing operational funds?

*Please attach a copy of your management plan, or policies and procedures.

Project Status and Goals

1. What is the primary goal of your project?

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2. What interim or transitional housing strategy are you implementing to meet your goal? Does the project location involve a leased property or a property that will be acquired?

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3. If the property involves a leased property, do you already have site control? If yes, what is the location and how is the site suitable (eg. access to public transit, access to employment, access to services)? If no, what geographic area are you targeting?

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4. If the housing program involves new construction and/or acquisition and rehabilitation, please describe the status of the capital project including a copy of the total capital budget and anticipated construction completion date

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5. Using the strategy described in question number 2, how many people will be served?

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6. What are the program outcomes you want to achieve?

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7. How will you measure the outcomes?

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Organization Experience and Capacity

1. Describe your organization's mission, activities currently being undertaken, and how your proposed project furthers that mission and current activities. Please describe similar housing programs you have managed and/or complementary services for the population you are serving.

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2. How many paid staff work for your organization? Please indicate the number of full-time staff members and the number of part-time staff members. Please indicate the number of paid full-time and part-time staff members assigned to this specific housing program.

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3. What is your organization's current annual operating budget?

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*Please attach a copy of your organization's complete operating budget as Attachment A. You may utilize your own format, but ACDS may request additional information.

4. Does your organization currently receive funding, or are you applying to receive funding, through ACDS or other County agencies? If yes, please provide the information of your funding source(s) and request(s).

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5. Describe your organization's most recent key accomplishments.

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Optional: How does your agency incorporate lived experience into feedback and policy development? Does your board of directors include representation from one or more persons with lived experience of the populations you are serving? Do you have existing committees and policies to receive feedback from program participants?

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Licensing Requirements. Does your program serve a population that requires State of Maryland Licensures?

       ☐   Yes, please provide a copy of the license.
       ☐   No

Project Budget

Please complete the following budget questions and project specific budget template. <u>Do not leave any sections blank.</u>

Total Funding Request to ACDS for Operating Expenses: $

Please complete the attached budget template (Attachment B).

***Please ensure your Total Funding Request in this table matches the amount on this application's cover page.*

Leveraging and Funding

1. Have you applied, or do you intend to apply for funding from other sources for the operating aspect of this project? If no, why not? If yes, where have you applied? Please provide copies of commitment letters.

2. Please identify all the sources of funds available for the Operating aspect of this Project and if the funds will be provided ~~to the organization~~ in the form of a loan or grant.

3. If the project location involves site development (e.g. acquisition and rehabilitation of an existing unit or new construction on acquired or donated land), please attach a sources and uses budget with a list of committed and pending funds. Please identify any capital funding gaps.

4. If the organization will use volunteers or in-kind contributions for the project, please explain.

5. Do you anticipate needing additional operating funds from ACDS for this project in future years? If yes, how many years do you anticipate applying for funds?

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6. How will the project be continued in the future if funds are not available?

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7. What steps has the organization taken to secure other sources of funds to ensure the continuation of this project? Provide project details as to a fundraising plan to ensure the project's long-term success. (Please consider any actions taken within the past five years when answering this question.)

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Applicant Minimum Submission Requirements

Checklist:

1. The applicant must
   a. have nonprofit status for at least five (5) full years, or

2. The applicant must be registered to conduct business in the State of Maryland at the time of application and be in good standing.

   The applicant must have an audit or audited financial statements. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. Nonprofit organizations must have a Board of Directors that has been active within the last 12 months

3. The applicant must have at least twelve (12) months' experience directly related to the proposed project or program.

Required Attachments

☐ Board Authorization to apply for grant and signatory authority. (Copy of Minutes of meeting and resolutions.)
☐ 501(c)(3) documentation
☐ Bylaws
☐ Articles of Incorporation
☐ Current list of Board of Directors
☐ Current (within 6 months) Certificate of Good Standing

☐   Organizational Chart
☐   Evidence of Insurance
☐   Current W-9
☐   Most recent Audit or Financial Statement
☐   Financial Accounting Procedures
☐   Procurement Policy

Signed Certification

"I am the authorized representative and 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."

_____   _____

Signature of Authorized Representative   Date

_____   _____

Print Name   Title