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**Maryland Department of Housing**

**and Community Development (DHCD)**

**Homelessness Solutions Program**

**SFY2025 Provider Grant Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider / Project Name** | **Total Funding Request** | **Requested Activities (check all that apply)** | **New or Renewal Project** |
| NAME / NAME | $xx,xxx.xx | * Street Outreach * Shelter * Rapid Re-Housing * Homeless Prevention * HMIS * Permanent Supportive Housing * Direct Cash Transfer * Admin | New / Renewal |

|  |  |
| --- | --- |
| **Will this project primarily serve unaccompanied homeless youth?** | * YES |
| * NO |

Applicant Information

|  |  |
| --- | --- |
| **Organization Profile** | |
| Name |  |
| Federal ID # |  |
| Unique Entity Identifier # |  |
| Street Address: |  |
| City: |  |
| County: |  |
| State: |  |
| Zip Code: |  |
| Phone: |  |
| Web Address: |  |

|  |  |
| --- | --- |
| **Primary Contact** | |
| Name |  |
| Title |  |
| Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| **Secondary Contact** | |
| Name |  |
| Title |  |
| Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Phone |  |
| Email |  |

Part A: Strategy

1. Please check either YES or NO for your agency:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Does your agency participate in Anne Arundel County’s Continuum of Care (Homeless Coalition)? |  |  |
| Does your agency participate in Anne Arundel County’s Coordinated Entry process for Emergency Shelter and PSH client intake and prioritization? |  |  |
| Does your agency enter client-level program data into Anne Arundel County’s HMIS or a comparable database that has been approved by the County CoC Lead Agency? |  |  |

1. Describe any gaps analysis or strategic needs assessment conducted in the last three years regarding shelter, permanent housing, prevention, street outreach, and/or supportive services. What data and information did you use to determine the highest needs and priorities? How are these addressed by your proposed budget and projects for HSP?
2. Provide a brief description of the program that will be funded through this application, including the populations that will be served.
3. Describe how/if you are proposing to partner with other groups to operate this HSP program. In your description, please list the group name, the nature of the partnership, and the program activities that will be carried out by/with that group.
4. Describe how the agency will use the HSP funds in coordination with existing programs, including those funded by the HUD Continuum of Care program, HUD Emergency Solutions Grant (entitlement jurisdictions only), Medicaid, SAMSHA grants, VA grants, and other mainstream resources.
5. Please describe how your agency will meet the 25% match requirement for your HSP funding request, including cash and non-cash contributions.
6. Describe how/if you are proposing to use HSP funds to pilot new interventions or systems transformation projects. Please include information about your capacity for getting a new pilot intervention up and running. For example:

* Conversion of emergency or transitional shelters into permanent supportive housing
* Integrating/embedding workforce development into RRH programs
* Medical respite/special needs shelters
* New program models for existing interventions
* Direct cash transfer projects for unaccompanied youth, returning citizens, and pregnant and parenting families with children under 5
* Flex funds for landlord incentives/risk mitigation

Part B: System Performance

1. Please complete the table below comparing projected clients served to actual outcomes at the project level: *(NOTE: This is informational only and a non-scored question)*

|  |  |  |
| --- | --- | --- |
| **FY23 projected clients served (HSP only)** | **FY23 actual clients served**  **(HSP only)** | **FY24 projected clients served (HSP only)** |
|  |  |  |

1. Please explain any discrepancies between projections and reported clients served in HMIS. *(NOTE: This is informational only and a non-scored question)*
2. What actions are being taken to assist households with rapidly increasing income, benefits, and employment? Explain how you are working to increase income outcomes and note any other factors impacting this indicator in your community.
3. What actions are being taken to prevent future returns to homelessness? Explain how you work to support clients who have moved into permanent housing and prevent their return to homelessness and note any other factors impacting this indicator in your community.
4. What types of client outcomes have you seen because of participation in your program? For example, you may share the number of persons permanently housed, the number of successful linkages to services, the number of persons with increased income (either through employment or newly obtained benefits), or any other outcomes relevant to your program to measure success.
5. **Agencies applying for a budget change with a renewal program**, describe any proposed changes to existing projects and how these changes will impact the total numbers served under each activity, total bed availability and services offered. You may also comment on how these changes may affect the quality of care or service within this program. (If your agency does not propose any changes to their budget, please write “N/A” as your response.)

Part C: Equity

1. Please define what equity, diversity and inclusion are.
2. Does your organization consider equity, diversity and inclusion when designing, implementing, and evaluating your programs? If so, how?
3. Describe how people with lived experience are incorporated into the agency’s decision-making processes and governance. Does your board of directors include representation from one or more persons with lived experience of homelessness? If you do not currently engage individuals with lived experience in this way, describe your plan, strategy, and timeline for doing so.
4. Describe how the agency engages persons with lived experience to provide input into program policies and feedback on quality of services.
5. Describe how the agency analyzes racial, gender, age, disability, and ethnicity disparities in the provision of housing and services. Provide details on the following:

* Who is responsible for leading the evaluation
* What data metrics are tracked or utilized
* What information beyond HMIS data is used to evaluate disparities
* How often the analysis is conducted and/or updated

1. Describe the disparities that currently exist in access and outcomes for individuals in your agency/community in regard to race, gender, age, disability, and ethnicity (please be specific and include data points).
2. Explain how the agency is working to reduce barriers to entry system-wide and incorporate Housing First principles into services, to connect people with permanent housing solutions, along with any challenges you are having in doing so. You may also describe future actions that will be taken. Note: All agencies applying for HSP funding must implement the Housing First approach to their services.

Part D: Youth Projects

***This section is only required if you are proposing projects targeted at***

***unaccompanied youth homelessness.***

1. During FY2023, how many homeless youth and unaccompanied youth were served within your CoC, both as a number and as a percentage of the estimated total homeless population? Describe the 2023 outcomes for HSP-funded youth activities, including HMIS data for clients served and exits to permanent housing. Please note that the review committee has access to the PIT/HIC data, so please feel free to further expand on the number and definition that you use for “homeless youth”.
2. Describe how you engage with youth to develop policies, recruitment and hiring, grant decision making and/or evaluation of opportunities.
3. Describe any steps taken to meet the needs of overrepresented or particularly vulnerable groups, including: (1) black, indigenous, and people of color, (2) lesbian, gay bi-sexual and transgender youth, (3) minors, (4) victims of human trafficking and intimate partner violence, (5) youth with disabilities, (6) pregnant and parenting youth, and (7) immigrant youth.

Part E: RRH & PSH Projects

***This section is only required if you are proposing RRH/PSH project projects.***

***If any questions do not apply to a particular project, enter N/A for response.***

1. Describe who at your agency provides housing navigation services to tenants (community partner through MOU, number of staff, etc.), the type and intensity of services provided to tenants, and tactics the program utilizes to overcome barriers to leasing.
2. Describe the project’s landlord recruitment strategy.
3. Describe how the project ensures individuals are connected rapidly to benefits and employment opportunities.
4. (RRH only) Describe the policies and methodology for how each project determines the amount, length, caps, and timing of rental assistance provided to program participants.

Part F: Required Attachments

**Please ensure the following documents are included with your application upon submission:**

1. \*HSP FY25 Budget Workbook
2. \*Signed Letter of Partnership validating the collaboration from a partnering organization (if applicable)
3. W-9 with address and EIN
4. Agency Organizational Chart
5. \*Staff Job Description(s) (if applicable)
6. Most Recent Single Audit or Independent Financial Audit
7. Articles of Incorporation
8. Bylaws
9. Evidence of Authorized Signatory (if not stated in Bylaws)
10. Federal Tax Exemption Determination Letter
11. Certificate of Good Standing from [Maryland Department of Assessments and Taxation](https://egov.maryland.gov/BusinessExpress/EntitySearch)
12. Copy of Charity Registration Status from [Maryland Secretary of State website](https://onestop.md.gov/list_views/62f3e1797f7e3200016a3dab?8a4c8053-7ea7-4f7a-b215-52c9ab0779ae=f_1)
13. List of Board of Directors
14. Procurement Policy (if applicable)
15. \*Signed Request for Waiver of Insurance Requirements for any of the following insurance types that will not apply to your proposed program:
    1. Automobile Liability Insurance
    2. Worker’s Compensation

Part G: Signed Certification

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

\_\_\_\_\_\_ \_\_\_\_\_\_

Signature of Authorized Representative Date

\_\_\_\_\_\_ \_\_\_\_\_\_

Print Name Title