



Harford County Office of Community & Economic Development
15 S. Main Street
Bel Air, Maryland 21014

**FY2020 GRANT-IN-AID APPLICATION
(July 1, 2019 – June 30, 2020)**

HOMELESS AND HOMELESS PREVENTION SERVICES

Please read all instructions before completing this application. NOTE: Please submit one (1) original paper application package, plus one (1) electronic copy (to commdev@harfordcountymd.gov) by 5:00 pm December 3, 2018. Both the paper and electronic copies should include all attachments. All applications should be typed using Arial 12 point font. Late applications will not be accepted. Incomplete or incorrectly completed applications will be returned. This application is available on our web site at www.harfordhousing.org under the Department of Housing and Community Development tab.

SECTION A: ORGANIZATION INFORMATION

First -Time Applicant? Yes No

Note: There is a \$5,000 request limit for first time applicants.

Applicant Organization (Full legal name): _____

Address: _____

Program Contact person/title: _____

E-mail address: _____

Phone number: _____ Fax: _____

Organization's programs objective: _____

Target population: _____

Number of people to be served with Grant in Aid funds: _____

Amount of funding requested: _____

Funds are requested for the following program: _____

SECTION B: ORGANIZATIONAL HISTORY AND BACKGROUND

Background of the Organization

- Briefly describe your organization’s mission, history and goals, including how long your organization has been in existence. State how your mission, history and goals support the goal of the Harford County Grant-in-Aid Program which is to enhance the ability of public & private sector organizations to provide housing and homeless services to citizens and to address the resource needs of public/private organizations that are striving to assist homeless and at-risk of homeless.

- Does your organization hold any license/certifications/accreditations related to serving your targeted population? YES NO
(If yes, please include copies with your application.)

- How many employees and volunteers do you have?

Full time staff: _____ Part time staff: _____ Volunteers: _____

- Please list executive staff, titles, skill levels and number of years with the organization. Attach resumes for all key staff. *(Attach additional information as needed)*

Name	Title	Skill Level	Years with Organization

Define the problem your organization is working to solve

- Describe the community problem that your organization is working to solve. How many people in the county are affected by this problem? How many are currently aided or unaided? How many people does your organization turn away for lack of resources? Explain how your project supports Harford County's Consolidated Plan and/or Continuum of Care Plan or other County objectives. Details of these plans and status of Harford County are located on the County's website at:
<http://www.harfordcountymd.gov/DocumentCenter/View/223>

- Describe the long-term goals of your organization. How will the proposed program be used to advance your organization's objectives?

- What population will be served by the proposed program?

- What is the geographic area served? What other organizations currently provide this type of service in our community and how is your organization different?

SECTION C: EXPERIENCE/CAPACITY TO DELIVER RESULTS

Organization's History in Meeting Target Population Needs:

- Discuss how in the past your organization has been able to work with the target population within your identified targeted geographic area(s). Include detail on how your organization's experience and your staff's experience have demonstrated an understanding of the challenges of the targeted population and area, as well as details regarding your organization's capacity to meet these challenges. Briefly describe programs being offered by your organization and their purpose.

SECTION D: PROPOSED PROGRAM AND BUDGET

Detailed Program Description

- Provide a detailed description of the specific program that your organization will implement with the requested funds. Clearly describe the goals, strategies and timeline for implementation, and how the proposed project will help the Harford County Continuum of Care further its mission. Be sure to tell how staff and volunteers will deliver the program to clients over the course of a full program year.

Continuum of Care

- Describe your organization's role in the Harford County Continuum of Care. Be sure and include all subcommittee memberships and leadership roles.

Case Management

- Provide a detailed description of the case management services your organization currently provides. Be sure and cite relevant evidence-based practices and housing first strategies adopted by your organization.

Partnerships

- Describe the partnerships and collaborations that you have developed with other community resources to further enhance your clients' ability to succeed. For each partner listed, briefly describe current and/or planned efforts for shared planning, resources, data, and any other assets to help you create positive community change through the proposed program.

Program Budget

- Provide the total annual budget for the **program** for which you are seeking funding. Break this budget down by source and use. *(Attach additional information as needed.)*

Use/Expense	Amount	Source

- What is the organization’s **total annual** budget?
- If your organization is increasing its program budget by 20% or more, please elaborate on the specific areas of funding increase.

In-Kind Donations

- Describe non-cash donations (in-kind services, office/program space, materials, printing, etc.) given to your organization for this particular **program**. (*Attach additional information as needed.*)

Organization	Type of Donation	Estimated Value

Total Estimated Monetary Value of In-Kind Donations for this Program: \$ _____

SECTION E: PAST CLIENT RESULTS

Part I - Narrative of Past Performance

Describe your organization's FY18 (2017 -2018) program goals and performance. Please provide the following details about the program's performance and client results:

How much did we do?

- Describe program outcomes, number of clients served, activities or services delivered (type and frequency). **Example:** *Number of program participants served.*

How well did we do it?

- Describe how this program demonstrates quality. **Example:** *Describe ways in which your organization helped the Continuum of Care move closer to achievement of its homeless and at-risk goal.*

Who is better off and in what ways as a result of our program?

- Provide information on the methods used, and by whom, for measuring performance.
Examples:
 - *Numbers and percentage of program participants with changes in skills, knowledge, behavior, situation/circumstances.*
 - *Number and percentage of program participants who engaged in productive activities (such as employment, volunteering or education).*

- **Were all FY18 goals achieved?** **YES** **NO**

For each goal that was not achieved, explain why.

Determining Eligibility and Program Limitations

Please provide details regarding the following:

- How your organization determines client/household eligibility for your program; (please attach a copy of your organization's intake form)

- Where your clients come from;

- How your organization maintains clients in the program;

- Whether you have program limitations in place (i.e., income eligibility screening). If yes, how your organization addresses those limitations.

Part II – Client Data

- In the following tables, give details of the region served, income level of clients served and race/ethnicity of clients served for FY18 (2017-2018), and projected for FY18 and FY20.

Clients Served - Past and Projected

Location	Served – FY18	Projected – FY19	Projected – FY20
Aberdeen			
Bel Air			
Edgewood			
Havre de Grace			
Joppa			
Abingdon			
Fallston			
Northern HC			
Other-where?			
TOTAL:			

Income Levels Served

Income Level	Served - FY18	Projected – FY19	Projected - FY20
Extremely Low			
Low			
Low-Moderate			
Total # Households			
Total # Individuals			
Female-Headed Households			

Races/Ethnicity Served

Race	Served – FY18	Hispanic/ Latino Ethnicity	Projected – FY19	Hispanic/ Latino Ethnicity	Projected – FY20	Hispanic / Latino Ethnicity
White						
African American						
Asian						
American Indian or Alaskan Native						
Native Hawaiian or Pacific Islander						
Other or Multi-Racial						

SECTION F: SUSTAINABILITY PLAN

Funding Plan

Describe your organization’s plan to sustain the proposed program beyond funding from Harford County. Describe your organization’s planned fundraising efforts for this fiscal year.

How would you implement the program with a 50% reduction in the requested amount of funding?

Other funding requests

Please list other organizations to which you have applied or intend to apply for funding. Note the amount you are requesting and the status of said request. *(Add rows as needed.)*

Organization	Amount Requested	Status (Pending, Funded, Declined)

Match

Do you plan to use Grant-In-Aid, if awarded, as a Match for other funding?

- Yes No

If yes, please estimate below how much Grant in Aid funding will be used as Match and to what other funding source the Match will be attributed. Please note that Grant in Aid funds cannot be counted more than once as Match.

GIA Match Amount	Other Funding Source

Grant in Aid Application Checklist and Signature Page

Please review this checklist to ensure all sections are complete and all requested attachments are included. Please organize information as follows & use this checklist as your Table of Contents for submission.

Application Form:

- Section A: Organization Information
- Section B: Organizational History and background
- Section C: Capacity/Experience to Deliver Results
- Section D: Proposed Program and Budget
- Section E: Past Client Results
- Section F: Sustainability Plan

Please attach the following materials to the original and the electronic version of your application. If it is not attached, your application will be returned. This requirement also applies to organizations currently receiving funding:

- 501(c) (3) documentation
- Names, addresses, and organizational affiliations of current Board of Directors.
- A copy of any agency accreditations and/or licenses, as applicable.
- Resumes of principal administrative staff that include current job descriptions and functions. (Include this information also for any positions which may be funded by this grant.)
- Agency Intake Form
- Agency information/marketing brochure
- Most recent financial statement for fiscal year 2019 (quarterly or monthly), including income and expenses.
- Copy of current annual budget for your organization
- Financial summary statement or audit statement for fiscal year 2018, signed by a professional accountant or your organization's fiscal officer.

I certify that all information contained in this application and these attachments are true and accurate.

Print or Type Full Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Telephone Number: _____ Email: _____

All applications and supplemental information must be delivered by 5 pm on December 3, 2018 to:

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