

The Maryland Department of Human Resources (DHR)

GRANT APPLICATION FOR FISCAL YEAR 2017

The Maryland Department of Human Resources (DHR), through the Family Investment Administration's Bureau of Homeless Services (BHS), is requesting homelessness grant funding proposals from our established Local Administering Agency (LAA) partners for the coming fiscal year, **July 1, 2016 through June 30, 2017**. LAAs currently funded through DHR to serve individuals and/or families who are experiencing homelessness or are at risk of becoming homeless receive priority to continue their programming. However, we encourage new programs to apply directly through the LAA within each jurisdiction. We have a list of LAAs on our website under the [provider link](#).

We will base decisions about future funding on the reporting outcomes and feedback received from our LAAs and providers this year, as well as goals set by the Interagency Council on Homelessness (ICH) and the State Legislature. As soon as the BHS becomes aware of any policy or funding changes, we will alert all providers so they may plan accordingly.

There are four homeless grant programs available through this application: Emergency and Transitional Housing and Services Program (ETHS); Service Linked Housing Program (SLHP); Housing Counselor and Aftercare Program (HCAP); and Homelessness Prevention Program (HPP). Please refer to the *Guide for Homeless Services Grantees* available on our [website](#) as you complete this application, as it clarifies program requirements, service goals and use of funds. If you are a sub-grantee and have questions, please contact your LAA or Continuum of Care (CoC) lead.

Directions for completing your application

Please complete all sections of this application carefully as they will become part of your final contract, once approved for funding. Be certain to label each attachment accurately. Please review the application for spelling, grammatical and mathematical errors as well as organization. Applications that must be returned for revision, can delay implementation of the contract. **Do not use any other format for your application other than what is provided here.**

- All components of the electronic application must be emailed to Renee Duzan, rlduzan@harfordcountymd.gov **no later than COB April 5th, 2016. Original signature pages should be mailed or dropped off to arrive no later than April 6th.**
- Please write “N/A” in all sections pertaining to a grant that you are not applying.

Each Applicant must include a copy of the following with this grant application:

- **Include a signed individual Signature Page for each grant you are applying for** (see appendix). This coversheet is crucial so we have the correct contact information for each local entity. Complete the highlighted portion only. **(i.e. If you apply for both ETHS and HPP, you will complete 2 signature pages.)**
- **Organizational charts** –The applicant must submit an organizational chart to illustrate management structure. The template provided may be used. All information must be clear and all organizational charts must include the following:
 - Information in chart format, not narrative.
 - Name, position and supervisory authority of staff paid for by each grant and/or those responsible for overseeing the grant, but not necessarily paid for by the grant.
 - Weekly hours worked for each staff person paid for by each grant.
 - Email and phone number for each staff person
 - **Please note:** Domestic Violence emergency shelter providers can omit specific contact information and hours worked for front line staff. BHS may request this information in another way.
- **Budget Funding Request Sheets** for each Sub-Grantee, for each grant type. Sub-grantee sheets must detail cost breakdowns for each anticipated funding amount. All projected funding uses must meet the “Allowable Use of Funding” (outlined in the *Guide for Homeless Services Grantees* (dated Oct. 2015) pertaining to the specific homeless grant for which the sub-grantee proposes to provide services.
 - Please use the excel worksheets provided for each grant type, to ensure all math adds up correctly and is no more or less than the anticipated grant allocation.
- Include a most recent copy of the **990 form** for your organization.

Additional Information about the Grant Process

The Continuum of Care Steering Committee will rank and review all applications received and will follow up with questions if necessary. We anticipate notifying applicants of approved funding levels **on or before July 1, 2016**. We will let you know if this timeline changes.

What we will consider as we review this application

- All grant applications must be complete and include all supplemental information (LAA Cover Page, Budget forms and organizational charts).
- Please provide specific details when answering the questions to illustrate the knowledge and involvement of how your organization serves the homeless population within the Continuum.
- Policies and procedures must meet the qualification outlined in the *Guide for Homeless Services Grantees*.
- HMIS compliance (where applicable) and timeliness of reporting.
- Effective and timely use of funds in past grant cycles.

Timeframe –

- All grant applications are due to Renee Duzan, rlduzan@harfordcountymd.gov **no later than COB April 5th, 2016**.

**III. Individual Grant Questions –
Emergency and Transitional Housing and Services Program (ETHS)**

- a. **When was the last fiscal year your agency received the ETHS funds? How will your agency use the ETHS funds this fiscal year** (please state specifically if the grant will cover the following: shelter operations, case management salary, cold weather shelter operations, motel vouchers, move out assistance, etc.)?

Response:

- b. **If your agency received ETHS funding last fiscal year, please summarize the total number of clients served and total number of bed nights provided through March 2016.**

Response:

- c. **How many individuals and families do you anticipate serving during FY2017?**

Response:

- d. **Please list the other sources of funding used in complement with ETHS funds to cover the costs of this program. Please include an approximate percentage breakdown for each funding source** (example: DHR 25%, HUD funding 40%, ESG Federal 10% and Local Government Funding 25%).

Response:

- e. **If your agency used this grant to pay for cold weather bed nights last fiscal year, approximately how many additional beds were provided to your existing shelter stock and at what approximate cost?**

Response:

- f. **Does your agency collect “Fees for Service” (Yes/No)? If fees are collected, please describe how your agency will meet the data collection and reporting standards outlined in the *Guide for Homeless Services Grantees*.**

Response:

**IV. Individual Grant Questions –
Homelessness Prevention Program (HPP)**

- a. **When was the last fiscal year your agency received the HPP funds? How will your agency use the HPP funds this fiscal year** (please state specifically if the grant will cover the following: eviction prevention/back rent, legal services, financial counseling or other early intervention and prevention services)?

Response:

- b. **If your agency received HPP funding last fiscal year, please summarize the total number of clients served through March 2016.**

Response:

- c. **Then please provide the total number of clients that received an eviction prevention stipend up through the month of December 2015 and the percentage of those that retained their housing 3 months later.**

Response:

- d. **Please list the other sources of funding used in complement with HPP funds to cover the costs of this program. Please include an approximate percentage breakdown for each funding source** (example: DHR 25%, HUD funding 40%, ESG Federal 10% and Local Government Funding 25%).

Response:

- e. **How many individuals and families do you anticipate serving during FY2017?**

Response:

- f. **Does your agency use HMIS to record HPP recipients and their progress? If not, please list those that do not, the reasons why and what tool they do use to track participants housing retention rates.**

Response:

**VI. Individual Grant Questions –
Service Linked Housing Program (SLHP)**

PLEASE NOTE: Due to flat funding levels for the coming fiscal year, jurisdictions that did not receive SLHP funding last fiscal year will likely not receive SLHP funding in FY17. However, if your jurisdiction’s Resident Advocate position was vacant for more than 3 months during Fiscal Year 2016, BHS may shift SLHP funding from your jurisdiction to another in FY17.

- a. **How many positions will this grant pay for? Please indicate if the funding covers a fulltime or partial time employee(s).**

Response:

- b. **Please summarize the total number of clients served by the Resident Advocate (RA) position through March 2016. What primary support services did clients require from this position?**

Response:

- c. **Please list the other sources of funding used in compliment with SLHP funds to cover the costs of this program. Please include an approximate percentage breakdown for each funding source** (example: DHR 25%, HUD funding 40%, ESG Federal 10% and Local Government Funding 25%).

Response:

- d. **How many individuals and families do you anticipate serving during FY2017?**

Response:

Appendix

I. SAMPLE Organizational Chart

II. Signature Page

Jurisdiction: [Click here to enter text](#)

Name of Local Administering Agency (LAA): [Click here to enter text](#)

Address: [Click here to enter text](#)

Phone: [Click here to enter text](#)

Grant Type: [Click here to enter text.](#) **Amount Requested for FY2017:** [Click here to enter ext.](#)

W-9 Taxpayer Identification Number (TIN): [Click here to enter text.](#)

Authorization Signature for LAA:

[Click here to enter text](#) _____

Printed Name

Signature

Date

[Click here to enter text.](#) _____

Title

Phone: [Click here to enter text.](#)

Contact Email: [Click here to enter text.](#)

Name of Sub-Grantee : [Click here to enter text](#)

Address: [Click here to enter text](#)

Phone: [Click here to enter text](#)

Grant Type: [Click here to enter text](#) **Amount Requested for FY2017:** [Click here to enter text](#)

W-9 Taxpayer Identification Number (TIN): [Click here to enter text](#)

Authorization Signature for Sub-Grantee:**

**This point of contact should be the person, responsible for the operation of the funded program.

[Click here to enter text.](#)

Printed Name

[Click here to enter text.](#)

Signature

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Title

Phone: [Click here to enter text.](#)

Contact Email: [Click here to enter text.](#)

I. Sub-Grantee Budget Funding Request - ETHS

**LAA's must complete one of these for each Sub-Grantee funded, including an additional one for the LAA, if they are a direct service provider.

Jurisdiction:	Harford County, MD
Name of LAA:	Harford County, MD
Name of Sub-Grantee:	

Anticipated Jurisdictional ETHS Grant for FY 2017:	\$54,338
Amount to be allocated to this Specific Sub-Grantee:	

ETHS Budget Category	Approximate Annual Expenditure	Projected Number of Clients to Receive Service Annually (Approximate)
Maintenance/Operations Costs:		
Emergency Shelter		
Transitional		
Day Shelter		
Inclement weather		
Vouchers/Stipends For:		
Move-out Funds (rent or security deposit)		
Eviction Prevention Stipends		
Other:		
Purchase of Motel Stays		
Start Up/ Renovation Costs		
Case Management Costs Paid to		

External Provider(s)		
TOTAL:		

Average bed night cost (estimated by the Sub-Grantee):	
Narrative justifying bed night cost calculation using the figures in chart above:	
Average cost per night for 1 motel stay:	

II. Sub-Grantee Budget Funding Request - HPP

**LAA's must complete one of these for each Sub-Grantee funded, including an additional one for the LAA, if they are a direct service provider.

Jurisdiction:	Harford County, MD
Name of LAA:	Harford County, MD
Name of Sub-Grantee:	

Anticipated Jurisdictional HPP Grant for FY 2017:	\$19,734
Amount to be allocated to this Specific Sub-Grantee:	

HPP Budget Category	Approximate Annual Expenditure	Projected Number of Clients to Receive Service Annually (Approximate)
Stipends For:		
Eviction Prevention (back rent only)		
Revolving Loan Fund (Please consult with BHS)		
Salary and FICA For:		
Legal Services & Landlord Mediation		
Financial Counseling and Budgeting		
Tenant Education and Life Skills		
Other:		
TOTAL:		

Average per-client cost (estimated by the Sub-Grantee):	
Narrative justifying this per-client calculation using the figures in the chart above:	

III. Sub-Grantee Budget Funding Request - SLHP

**LAA's must complete one of these for each Sub-Grantee funded, including an additional one for the LAA, if they are a direct service provider.

Jurisdiction:	Harford County, MD
Name of LAA:	Harford County, MD
Name of Sub-Grantee:	

Anticipated Jurisdictional SLHP Grant for FY 2017:	\$17,242
Amount to be allocated to this Specific Sub-Grantee:	

SLHP Budget Category	Approximate Annual Expenditure	Projected Number of Clients to Receive Service Annually (Approximate)
Personnel Costs:		
Salary		
FICA/Benefits		
Other:		
Transportation costs for clients or staff		
TOTAL:		

Average per-client cost (estimated by the Sub-Grantee):	
Narrative justifying this per-client calculation using the figures in the chart above:	