**Capital Projects**

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| **Project Title:** |  | |
| **Amount Requested:** |  | |
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| APPENDIX I | | | | | | | | | | | | |
| BALTIMORE COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  APPLICATION SUMMARY SHEET | | | | | | | | | | | | |
| **Name of Organization**  As registered with State Department of Assessments and Taxation. | |  | | | | | | | | | | |
| **Project Category**  Circle (a) or (B) in the box to the right | | (A) Project Serves People with Disabilities  (B) Project Meets General Community Development Need(s) | | | | | | | | | | |
| **Project Title** | |  | | | | | | | | | | |
| **Amount Requested** | |  | | | **Amount Awarded in Prior Fiscal Year, if applicable.** | | | |  | | | |
| **Corporate Street Address** | |  | | | | | | | | | | |
| **City** | |  | | | **State** |  | | | **ZIP Code** | | |  |
| **Organization’s Main Phone** | |  | | | **Organization’s FAX** | | | |  | | | |
| **Type of Organization** | | Non-Profit  Government Other: | | | | | | | | | | |
| **Federal Tax ID#** | |  | | | **DUNS/UEI#** | | | |  | | | |
| **Are you registered in the System of Award Management (SAM) Database?**  If your organization does not apply directly for Federal Funds, you are not required to register. | | | | | | | | | Yes  No | | | |
| **Is your organization subject to a Single Audit (fka A-133)?** | | | | | | | | | Yes  No | | | |
| If YES, list the date of the last completed Single Audit: | | | | | | | | |  | | | |
| If YES, list the anticipated date of the next Single Audit: | | | | | | | | |  | | | |
| If NO, explain what type of financial review was undertaken and  list the date the financial review was last completed: | | | | | | | | |  | | | |
| **List the Address(es) of Proposed Project Site(s).**  Include Street Address, City, State and  ZIP Code for each location.  If any of the locations are owned/operated by an outside organization, include the name of the organization with the address. | | | | |  | | | | | | | |
| **Councilmanic District(s) of Project Site(s)** | | | | |  | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | |
| **Person Completing Application** | | | | I | | | | | | | | |
| Job Title | | | |  | | | | | | | | |
| Email Address | | | |  | | | Phone | | |  | | |
| **Executive Director** | | | |  | | | | | | | | |
| Email Address | | | |  | | | Phone | | |  | | |
| **Financial Officer** | | | |  | | | | | | | | |
| Email Address | | | |  | | | Phone | | |  | | |
| **Program Officer** | | | |  | | | | | | | | |
| Email Address | | | |  | | | Phone | | |  | | |
| **Board President** | | | |  | | | | | | | | |
| Direct Mailing Address  (Not Applicant Address) | | | |  | | | | | | | | |
| Email Address | | | |  | | | Phone | | |  | | |
| certification: | | | | | | | | | | | | |
| ***I certify that all the information provided in this application is true and accurate.*** | | | | | | | | | | | | |
| Signature of President or Chief Executive Officer | |  | | | | | | Date | |  | | |
| Typed Name | |  | | | | | | | | | | |
| Title | |  | | | | | | | | | | |
| BALTIMORE COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  PROJECT BENEFICIARIES REPORT | | | | | | | | | | | | |
| **Name of Organization**  As registered with State Department of Assessments and Taxation. | | |  | | | | | | | | | |
| **Project Title** | | |  | | | | | | | | | |
| I. BENEFIT TO LOW AND MODERATE INCOME PERSONS | | | | | | | | | | | | |
| * *Numbers provided below must match the numbers cited in the narrative portion of your application.* * *You must provide an individual and a household number.* * *Numbers provided for Households should NOT be larger than the number provided for Individuals.* | | | | | | | | | | | | |
| **Estimated numbers for FY2026** | | | | | | **Individuals** | | | | | **Households** | |
| A. | **Total** number to be served | | | | |  | | | | |  | |
| B. | Of the total number to be served, estimate the total combined number of **extremely low, very low and low income** persons to be served.  Refer to RFP for Income Guidelines. | | | | |  | | | | |  | |
| What percentage of the total to be served (A) are estimated to be extremely low, very low and low income (B) persons? (B / A x 100 = %) | | | | | |  | | | | |  | |
| **If project is operating in FY2025, report Actual Numbers.** | | | | | | **Individuals** | | | | | **Households** | |
| This project will be piloted in FY2026, therefore there are no actual beneficiary numbers to report. | | | | | | | | | | | | |
| A. | **Total** number served between July 1, 2024 and December 31, 2024 | | | | |  | | | | |  | |
| B. | Of the total number served in that time period, report the total combined number of **extremely low, very low- and low-income** persons.  Refer to RFP for Income Guidelines. | | | | |  | | | | |  | |
| What percentage of the total served (A) YTD were extremely low, very low and low income (B) persons? (B / A x 100 = %) | | | | | |  | | | | |  | |
| **Identify source of data used for estimates:** | | | | | | | | | | | | |
| II. PRESUMED BENEFICIARIES  Will the proposed project EXCLUSIVELY serve one of the following *presumed beneficiary categories?* | | | | | | | | | | | | |
| **If yes,** check the box that applies below. **Check only one box**. | | | | | | | | | | |  | |
| *Abused children (report as Extremely Low Income)* | | | | | | | | | | |  | |
| *Battered spouses (aka Domestic Violence/Intimate Partner Violence) (report as Low Income)* | | | | | | | | | | |  | |
| *Severely disabled adults (report as Low Income)* | | | | | | | | | | |  | |
| *Homeless persons (report as Extremely Low Income)* | | | | | | | | | | |  | |
| *Illiterate adults (report as Low Income)* | | | | | | | | | | |  | |
| *Persons with AIDS (report as Low Income)* | | | | | | | | | | |  | |
| *Migrant farm workers (report as Low Income)* | | | | | | | | | | |  | |
| *Elderly (report as Low Income)* | | | | | | | | | | |  | |
| **If no,** check here. (Further eligibility information will be required.) | | | | | | | | | | |  | |
| III. PROGRAM BENEFIT Select only one benefit category from below. | | | | | | | | | | | | |
| Low-Mod Clientele (LMC): Presumed Beneficiaries (if selected above). | | | | | | | | | | |  | |
| Low-Mod Clientele (LMC): Beneficiaries – requires information on family size and income so that at least 51% of clientele are low/mod persons [570.208(a)(2)(i)(B)] | | | | | | | | | | |  | |
| Low-Mod Clientele (LMC): Beneficiaries – has income eligibility requirements which limit activity exclusively to low/mod persons [ 570.208(a)(2)(i)(C)] | | | | | | | | | | |  | |
| Low-Mod Clientele (LMC): Beneficiaries – the activity is of such a nature and is in such a location that it may be concluded that the activity's clientele will primarily be low/mod persons [ 570.208(a)(2)(i)(D)] | | | | | | | | | | |  | |
| Low-Mod Area (LMA): At least 51% of the residents within the targeted area must be low- to moderate-income persons. | | | | | | | | | | |  | |
| If LMA selected, specify designated census tract: | | | | | | | | | | | | |
| PROJECT SYNOPSIS | | | | | | | | | | | | |
| Provide a ONE paragraph synopsis of your project BRIEFLY explaining the following:   * What the project will accomplish * The number expected to be served * What the grant funds will support (i.e. -- construction, rehabilitation, expansion, design, acquisition, site clearance, fabrication, labor, materials, etc.) * A brief summary of other CASH funding sources - Other donations/grants (with appropriate dollar amounts included – i.e., total dollars from foundations, total dollars from private donors) This is the math sentence that shows total CASH that will help sustain the program and matches final budget pages. * A brief summary of Total in-kind contributions (NON-CASH) (with appropriate dollar amounts included) should also be in this paragraph as an example of matching support for the program. * Total project cost. | | | | | | | | | | | | |
| *Note: Make sure that the numbers to be served as well as the matching/leveraged funds mentioned in this synopsis match those mentioned in the application and budgeted for in the final page of your project’s budget submission. Points will be deducted for inconsistencies in numbers served and mismatched budgets.* | | | | | | | | | | | | |
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| **DETAILED PROJECT DESCRIPTION** | |
| **A. Describe:**   * The purpose of the facility/structure for which capital funding is being requested, e.g., whether the facility is used as a residence, day/vocational program site, day care center, administrative site, playground, trail, public facility, etc. * Identify the population that will access the facility, i.e., individuals with developmental disabilities, elderly, children, etc. | |
|  | |
| **B**. **Identify what problem/need/deficiency the project will address and explain how the project will meet the identified problem/need. What will residents of Baltimore County gain from this project?** | |
|  | |
| **C. How many do you expect to serve with this funding?**  **Define the number of individuals and households that will benefit from this project. Make sure to explain this answer according to the number of individuals and the number of households expected to be served.** (Hint: Number should match Project Beneficiaries Report.) | |
|  | |
| **D. Explain whether the work will be conducted by in-house staff or if it will be sub-contracted? If the work will be sub-contracted, how will the applicant evaluate the qualifications of the contractor?** | |
|  | |
| **E. Will this project be impacted by the Davis Bacon Act?** | Yes  No |
| If the response to this question is “YES,” please explain how Davis Bacon will impact the project. |  |
| **F. Will this project be impacted by HUD's Section 3 policy,**  at 24 CFR Part 135 regarding the need under certain contract amounts for the contractor to hire low-income individuals? (See Instructions Section III) | Yes  No |
| If the response to this question is “YES,” please explain how the Section 3 policy will impact the project. |  |
| **G. Will the Project be impacted by HUD Lead-Based Paint policies?** (See Instructions Section III) | Yes  No |
| If the response to this question is “YES,” please explain how the lead-based paint policies will impact the project. |  |
| **H. Will the project be located in a Baltimore County Historic District?** | Yes  No |
| If the response to this question is “YES,” please discuss your organization's capacity to provide architectural drawings of the project. Such drawings are often required as part of a historic preservation review. |  |
| **I. Will the project be located in a Baltimore County Design Review Area?** | Yes  No |
| If the response to this question is “YES,” please discuss your organization's capacity to provide architectural drawings of the project. Such drawings are often required as part of a project review by the Baltimore County Design Review Panel. |  |
| **WORK PLAN** | |
| Provide a detailed, itemized work plan, including each step and a timetable for the implementation of the project, each stage of the project and the completion of the project.  Please discuss the following points to the extent they are relevant to your project:   * 1. What work on this project has taken place prior to the date of this application. This could include: an assessment of a facility, a determination of the need for improvements; preparing the project cost estimate; preparing concept drawings, schematic drawings, design work, engineering work; hiring of a consultant of firm; fundraising efforts.   2. What work do you expect to take place between the date of this application and the date of a potential grant award, July 1, 2025 at the earliest.   3. Describe in detail the steps you will take to implement the project after a potential award of CDBG funds. | |
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| **MANAGEMENT, EXPERIENCE AND MONITORING** |
| 1. **Management** |
| Identify the person(s) in the organization who will be responsible for implementing and overseeing the capital project. Discuss the qualifications and experience of the identified person(s) relevant to their ability to handle the responsibilities of implementing a capital project. Briefly list prior projects that have been successfully completed, and the role that your project manager(s) played in completing those projects. |
|  |
| Identify who in the organization would maintain primary responsibility for fiscal management of the project. |
|  |
| Describe the ability of the organization to operate and manage the facility upon completion of the capital project. |
|  |
| Describe your organization's approach to obtaining estimates/price quotes from contractors or vendors and the extent to which your organization seeks competitive bids/quotes. Explain this approach as it pertains to your organization as a whole and as it pertains to the work contemplated should this funding request be granted. Please indicate whether your organization has a written procurement policy. If it does, please attach it. |
| Discuss your process in estimating the cost of this project and identify the people/entities involved in preparing the cost estimate. |
|  |
| **II. Monitoring** |
| Provide a detailed description of how and how often the project will be monitored:   1. for timeliness of execution and 2. for regulatory and contractual compliance. |
|  |
| Indicate who in the applicant organization will maintain primary responsibility for monitoring. |
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| BACKGROUND, HISTORY AND ABILITY OF ORGANIZATION | |
| **a. Please describe:**   * **The mission/ vision of your organization;** * **The size and structure of the organization;** * **The place this project will have in your organization;** * **Key staff who will have a role in the provision, administration and/or management of the project.** * **The history of your organization serving citizens in Baltimore County.** | |
|  | |
| **b. Describe your organization’s experience in meeting or exceeding the contractually required performance standards for current or recent prior contracts/grant awards, citing specific contracts or projects, performance standards met, and whether the project was completed successfully** | |
|  | |
| **c. Has Baltimore County awarded grant funds to your organization for a capital or acquisition project in previous years?** | Yes  No |
| ***If yes****: List the Total amount of capital/acquisition funds awarded fiscal year 2025 to present* |  |
| ***If Yes****: Amount of capital/acquisition funds unexpended for fiscal year 2025 to present* |  |
| **d. Have you received funds from the County/Department of Housing and Community Development for this project in prior years?** | Yes  No |
| ***If Yes:*** *List by fiscal year the funds received* |  |
| **e. What is the anticipated start date of the applicant’s project?** | |
|  | |
| **f.** **Does the project require funds administered by the County/ Department of Housing and Community Development after fiscal year 2026?** | Yes  No |
| ***If Yes****, how much?* |  |
| ***If yes,*** *for how long?* |  |
| ***If yes,*** *explain why continued funding is needed:* |  |
| **g. Does the proposed project involve new construction or renovation/rehabilitation to an existing facility** | Yes  No |
| Funding is requested to support (check one) |  |
| New construction |  |
| Addition or expansion of and existing building |  |
| Major repairs, Renovation, Remodel, Rehabilitation |  |
| **h. Does the proposed project involve construction or activities on property not owned by you?** | Yes  No |
| *If yes, is written permission from the owner to undertake the project and a copy of a fully executed lease attached?* ***The lease must be for a period of fifteen (15) years or longer.*** | Yes  No |