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**Baltimore County**

**Department of Housing and Community Development**

**Homeless Services RFP**

**Table of Contents**

**And**

**Appendix I: Homeless Services**

**Proposal Questions**

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| --- | --- | --- |
| Homeless Services Grant Proposal CFY26 | **Organization Name:** |  |
| **Project Title:** |  |
| **Amount Requested:** |  |
| **Make Selection Below:**  |
| **Renewal (Level)** Choose an item. | **Renewal Increase:** Choose an item. | **New /Pilot Project:** Choose an item. |
| **PROPOSAL TABLE OF CONTENTS** |
| *PLEASE MAKE SURE PROPOSAL PAGES ARE NUMBERED, NOTED BELOW AND FOLLOW THE ORDER LISTED.* |
| **Appendix I** | **Proposal Questions** | **PAGE** |
| *Signature Required* | DHCD Proposal Summary Sheet |  |
|  | Project Beneficiaries Report Form |  |
| *Signature* | Acknowledgement |  |
|  | Capacity and Experience |  |
|  | Program Design |  |
|  | Project Needs |  |
|  | Data Collection and Reporting |  |
| **Appendix II** | **Proposed Project Budget** | **PAGE** |
|  | RFP Budget Request Form |  |
|  | Itemization of Other Costs |  |
|  | RFP Salary Schedule |  |
|  | Schedule of Equipment Costs |  |
|  | Anticipated Sources of Funds |  |
|  | Ability to Leverage Other Resources Worksheet |  |
|  | Budget Justification (Narrative Explanation – No form provided) |  |
|  | Applicant Organization’s Annual Budget for *Current* Fiscal Year |  |
|  | Applicant Organization’s Projected Budget for *Next* Fiscal Year |  |
| *Signature Required* | Baltimore County MD Application for Financial Assistance |  |
| **Appendix III** | **Required Attachments in Support of Proposal** | **PAGE** |
|  | Applicants most recent IRS 990 filing |  |
|  | Organization’s Most Recent Audit or Financial Review |  |
|  | List of prior grant and loans awarded, if applicable |  |
|  | Names and Addresses of Current Board of Directors |  |
|  | Organizational Chart (must note proposed funded positions)  |  |
|  | Resumes of ED/CEO, CFO, Key Program Staff |  |
|  | 501(c)3 Documentation |  |
|  | Articles of Incorporation |  |
|  | Bylaws of the corporation with any amendments |  |
|  | Sample Client Intake Form  |  |
|  | Resolution by Board (Approving Submission) |  |
| *Signature Required* | Certification of Resolution by Board |  |
| *Signature Required* | Certification Regarding Lobbying  |  |
| *Signature Required* | Certification of Alcohol and Drug Free Workplace |  |
| *Signature Required* | Certification of Non-Discrimination  |  |
| *Signature Required* | Certification of Affirmative Fair Housing Marketing |  |
| *Signature Required* | Audit Certification of Compliance |  |
| *Signature Required* | Declaration of Conflict of Interest |  |
| *Signature Required* | Grant Affidavit  |  |

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| HOMELESS SERVICES APPENDIX I |
| BALTIMORE COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENTPROPOSAL SUMMARY SHEET |
| **Name of Organization** |       |
| **Project Title** |       |
| **Amount Requested** |       | **Prior FY Amount Awarded**  |       |
| **Organization 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 |
| *If Yes, provide your agencies Unique Entity Identifier (UEI) Number:*  |       |
| **Is your organization subject to a Single Audit?** | [ ]  Yes [ ]  No |
| If YES, list the date of the last completed Single Audit: |       |
| If YES, list the anticipated date of the next Single Audit: |       |
| **List the Address(es) of Proposed Project Site(s).** If any of the locations are owned/operated by an outside organization, include the name of the organization with the associated address. |       |
| **Select Council District for Corporate Address** | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7[ ]  Located outside of Baltimore County. |
| **Select Council District(s) for Any/All Project Site(s)** | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7[ ]  Located outside of Baltimore County. |
| **CONTACT INFORMATION** |
| **Person Completing Proposal** |       |
| 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 Proposal is true and accurate.*** |
| Signature of President or Executive Officer |  | Date |       |
| Typed Name |       |
| Title |       |
| INCOME CATEGORIES  |
| Serving clients, recipients etc. at the following income amounts (Check all that apply): |
| 30% AMI or below only | [ ]  |
| 30-50% AMI only  | [ ]  |
| 50% AMI and below | [ ]  |
| Please specify designated census tract your program will serve within the county:       |

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| BALTIMORE COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENTPROJECT BENEFICIARIES REPORT |
| **Estimated numbers for FY2026** | **Individuals** | **Households** |
| A. | Estimated number to be served with requested grant funds |       |       |
| **If project is operating in FY2025, report Actual Numbers.** | **Individuals** | **Households** |
| A. | Provide the total number served between 7/1/23-6/30/24. |       |       |
| B. | If there is an increase or decrease between those served in FY2025 and those projected to be served in FY2026, please explain the difference.       |
| **Identify source of data used for estimates:**       |

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| **SERVICES PROVIDED**  |
| Check all of the services below which will be offered as part of this project: |
| Homeless prevention  | [ ]  |
| Homeless Outreach to the unsheltered homeless | [ ]  |
| Shelter Diversion | [ ]  |
| Emergency Shelter Operations | [ ]  |
|  Rapid Rehousing | [ ]  |
| Supportive Services to those that are housed permanently | [ ]  |
| Housing Stability Services | [ ]  |
| \*\*New Program Need - Overnight Safe Parking Program  | [ ]  |
| \*\*New Program Need – Cooling or Warming Centers | [ ]  |
| Other | [ ]  |
| If “Other” is selected, describe the details of the service.       |

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| **Acknowledgement** |
| **If selected for an award, your organization will be:*** Expected to join or to maintain membership and active participation with the Baltimore County Continuum of Care (CoC);
* Expected to meet System Performance Measures (SPM’s) as identified by Housing and Urban Development (HUD);
* Contribute to the CoC’s ability to meet the goals outlined in the updated Annual Plan to End Homelessness once finalized;
* Required to comply with all HUD Continuum of Care (CoC), ESG and Homeless Solutions Policy (HSP) Policy Requirements, written standards and regulations (and any applicable updates);
* Required to comply with all County and applicable State (Tenant Rights, fair housing etc.) requirements, written standards and regulations (and any applicable updates);
* Uphold programmatic policies that are in alignment with the Baltimore County CoC Standard Operating Policies (SOP) guide (and any applicable updates adopted by the CoC Governance Board); and
* Required to utilize the Human Management Information System (HMIS) to comply with all applicable federal requirements, data and reporting standards (and updates). (Domestic Violence Providers are required to utilize a comparable database that meets HUD data and reporting standards and requirements.)
 |
| Signature as Acknowledgement: |  |
| Date: |       | Typed Name |       |

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|  Program Design (Maximum 40 Points) – *Please label each answer accordingly so it can be scored properly*. |
| **1) Project Description (Maximum 20 Points)** *(3000 Character limit)* |
| 1. Detail the services to be provided and the activities the grant funds will support.
2. Provide a detailed description of the case management process, including frequency of services, how clients will be assessed, referred, and supported throughout their participation in the program.
3. What direct services will be offered to clients (e.g., housing assistance, mental health services, employment support)? Describe how these services will address the specific needs of participants.
4. Explain how the program incorporates a Housing First approach.
* *Client Intake form must be attached.*
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| **2) Partnerships and Collaborations (Maximum 10 Points)** (2000 Character Limit) |
| 1. Describe any partnerships or collaborations with other service providers or organizations to strengthen the support network for participants. Are any Memorandum of Understanding’s (MOU), Letters of Intent (LOI) or Letters of Agreement (LOA) in place?
2. Describe how participants are connected to other mainstream resources, such as healthcare, employment services, legal aid, and other community-based programs.
3. If volunteers are included in the staffing plan, provide the number of volunteers, services they will provide, screening and training they will receive, and who is responsible for their supervision.
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| **3) Project Budget (Maximum 10 Points)** (2000 Character Limit) |
| 1. Explain how the organization has ensured that proposed costs are eligible, reasonable, and consistent with the number of individuals/families the program expects to serve?
2. Explain how the proposed budget aligns with the planned activities and projected outcomes.
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| Capacity and Experience (Maximum 30 Points) |
| 5) Staff and Financial Structure (Maximum 5 Points) (2000 Character Limit) |
| 1. Describe the organization's staffing structure for the proposed project. Provide the staff names, qualifications and experience relevant to this project?
2. How does the organization ensure it has the necessary capacity (both in terms of staff and systems) to successfully administer the proposed program?
3. What are the predicted staff to client ratios for case managers and front-line staff to program manager ratios?
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| 6) Revenue Sustainability and Cost Controls (Maximum 10 Points) (2000 Character Limit) |
| 1. Outline the current revenue sources supporting the organization. How do you ensure financial sustainability for the proposed program?
2. What specific cost control practices and financial monitoring systems does the organization have in place to ensure that the proposed project stays within budget and remains sustainable?
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| **7) Prior Experience with Similar Activities (Maximum 10 Points)** (2000 Character Limit) |
| 1. Describe the organization’s previous experience in providing activities similar to those proposed in this application, including examples of prior organizational successes, when project impact met objectives.
2. What lessons learned from previous projects will inform the implementation of this proposed project?
3. Provide detail of spend down experience with prior federal, state or county awards including grant’s prescribed time period and percentages of each fund source, expended.
4. How does your organization manage timelines and resources to ensure objectives are met within the required timeframes?
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| **8) Demonstrated Effective Grant Management (Maximum 5 Points)** (2000 Character Limit) |
| 1. Describe the organization’s internal systems and processes for managing grants, ensuring compliance with funders’ requirements, and achieving project goals.
2. How does the organization ensure transparency, accountability, and timely delivery of results in its grant-funded projects?
3. How does your organization ensure that reports are submitted on time and meet all required guidelines?
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| PROJECT NEEDS (MAXIMUM 20 POINTS) |
| **9) Community Needs (Maximum 20 Points)** (3000 Character Limit) |
| 1. Describe the specific community need your project aims to address including the perceived critical gaps in services for individuals and families experiencing homelessness in the targeted area.
2. How will your proposed program uniquely and effectively meet these gaps and provide services that are currently lacking or insufficient?
3. How will your proposed program support the CoC in achieving the HUD and [CoC System Performance Measures1](https://files.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf) (SPMs)? Please specify the particular SPMs your project is targeting. Provide data from HMIS or internal tracking systems (if HMIS is not used) to show how the services your program offers effectively address the identified SPMs.
4. How does your program align with the priorities and needs identified by the Baltimore County Continuum of Care (CoC) Roundtable? Describe how your project supports the broader strategic objectives of the county.
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|      [1 https://files.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf](file:///C%3A%5CUsers%5Cekea%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CKH9IDXXO%5C1%20https%3A%5Cfiles.hudexchange.info%5Cresources%5Cdocuments%5Csystem-performance-measures-in-context.pdf) |
|  Data Collection and Reporting (Maximum 10 Points) |
| **For Current Grantees** |
| **10) HMIS Participation and Data Reporting (Maximum 10 Points)** (2000 Character Limit) |
| 1. Does your organization actively participate in the Homeless Management Information System (HMIS)? Describe your organization’s processes for accurate data collection and reporting through HMIS?
2. Has your organization received a Data Quality Improvement Plan in the past two Fiscal Years? If so, please explain changes the organization has implemented to improve Data Quality.
3. How does your organization use HMIS data to inform and improve program design and outcomes?
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| **For New Applicants** |
| **10) HMIS Experience and Data Collection (Maximum 10 Points)** (2000 Character Limit) |
| 1. Providers must agree to participate in the HMIS system, have staff complete all required HMIS trainings, and ensure that data entry into HMIS meets quality standards set by BC DHCD. Data entry is mandatory and includes, but is not limited to, conducting an intake assessment with each client, completing bed check-ins, and conducting an exit assessment with each client when they stop accessing services. If selected, how will your organization ensure successful participation in HMIS and meet the data reporting requirements? Describe how your staff will be trained to meet these needs.
2. If your organization has not previously participated in HMIS, describe your current system for tracking client data and monitoring program outcomes.
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