****

**Baltimore County**

**Department of Housing and Community Development**

**Public Services RFP**

**Table of Contents**

**And**

**Appendix I: Public Services**

**Proposal Questions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Public Services  Grant Application 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 | | | | |  |
|  | Project Synopsis | | | | |  |
|  | Vision, Problem to Be Addressed | | | | |  |
|  | Detailed Project Description | | | | |  |
|  | Capacity of the Organization to Manage the Project | | | | |  |
|  | Collaboration | | | | |  |
| **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 | | | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PUBLIC SERVICES APPENDIX I | | | | | | | | | |
| BALTIMORE COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  PROPOSAL SUMMARY SHEET | | | | | | | | | |
| **Name of Organization**  As registered with State Department of Assessments and Taxation. |  | | | | | | | | |
| **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 | | |
| *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).**  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 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 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** | |  | | |
| **Organization Website** | |  | | |
| I. BENEFIT TO LOW AND MODERATE INCOME PERSONS | | | | |
| * *Numbers provided below must match the numbers cited in the narrative portion of your Proposal.* * *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 FY2025** | | | **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 FY2024, report Actual Numbers.** | | | **Individuals** | **Households** |
| Select here if this project will be piloted in FY2024, 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 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 (10%) |
| * Complete each of the fields below to provide a brief synopsis of your project. * Numbers to be served and dollar amounts must be consistent throughout entire proposal. * Points will be deducted for inconsistencies. |
| a. State the Project Title and the Total Number of Individuals and Households to be served during the grant term. State the number of extremely low, low and moderate income individuals and households to be served if the numbers are different than the total numbers to be served. (500 Character Limit)  *Example: The ABC Homeless Service project will serve 100 individuals from approximately 75 households. Of the total to be served by this project, 90 individuals and 70 households will be extremely low, low and moderate income.* |
|  |
| **b. Briefly describe the services to be provided.** (1000 Character Limit) |
|  |
| c. State the total amount of grant funding requested from DHCD and, summarily, what it will support. (800 Character Limit)  *Example: The requested grant funding of $10 will support a portion of salary and fringe costs ($5) for the following positions: Case Manager and Outreach Specialist. Requested grant funds will, also, provide direct client services ($3) and operational support ($2).* |
|  |
| **d. State the total cash resources that this project will leverage.** (300 Character Limit)  *Example: This project will leverage $8 in cash resources from foundations and fundraising.* |
|  |
| **e. State the total in-kind contributions that this project will leverage.** (300 Character Limit)  *Example: In-kind contributions, from volunteer support valued at $4, will be leveraged.* |
|  |
| **f. State the total project cost.** (100 Character Limit)  *Example: The total project cost is $22.* |
|  |

|  |
| --- |
| **V**ISION, PROBLEM TO BE ADDRESSED (5%) |
| **a. Describe the vision for the proposed project.** |
|  |
| **b. Describe the community need, current gaps in service and how the proposed project will meet the community need/problem to be addressed.**  Provide data that supports the need for your program, as well as the source of the data. |
|  |
| **c. Describe the gains this project would offer to Baltimore County residents.** |
|  |
| **d. Will the project address racial or ethnic disparities? If so – how?** |
|  |

|  |
| --- |
| DETAILED PROJECT DESCRIPTION (30%) |
| **a. Provide a full detailed description of what the project will do.**  Be specific about who will carry out activities, the location in which they will be carried out, the period over which activities will be carried out, and the frequency with which services will be delivered. |
|  |
| **b. Explain, in detail, what the grant funds will support.**  Note:If you are requesting an increase to an amount awarded in the current fiscal year, included in your explanation of grant funds, you must specifically explain why the increased funds are requested, how they will be used and how the requested increase will impact the number of beneficiaries (individuals and households) to be served. |
|  |
| **c. Who is the target population that will benefit from this project? Will there be other beneficiaries of this project as well?** |
|  |
| **d. How many do you expect to serve with this funding?**  Explain this answer according to the number of individuals and the number of households expected to be served, as listed on your Project Beneficiaries Report. |
|  |
| **e. Explain how you will determine eligibility and priority for service.** |
|  |
| **f. Confirm that your Client Intake form has been provided in Appendix III, in the designated location.**  Your form must demonstrate how you will document eligibility for service according to HUD income/beneficiary status. |
| Client Intake form is attached: YES NO |
| **g. Will there be any limitations on service (e.g. time limitations, income, behavioral)?** |
|  |
| h. Explain your strategy to ensure the expected beneficiaries are aware of your project. |
|  |
| **i. Will this project involve seeking referrals from other agencies? If so, what protocol has been established with the involved agencies?** |
|  |
| **j. Provide a summary of any outcome or evaluation data resulting from this or a similar project during the current fiscal year (if applicable) and the expected performance measures for the fiscal year which will be covered by this proposal.** |
|  |
| **k. Describe your organization’s experience in meeting or exceeding the contractually required performance standards for the current fiscal year, including monthly reporting and fiscal reimbursement standards.** |
|  |
| l. Explain how this project is using industry “Best Practices/Evidence-Based Practices,” if applicable. |
|  |
| **m. How will the project be staffed, supervised and overseen?**   * Include all staff members and position titles which will be supported by grant funds, if awarded. * For each position, list the staff members’ qualifications, length of time in the position, experience with similar work, relevant licenses or certifications, if any, and explain the supervision/oversight that will be provided. * If a position is vacant/new, briefly explain the hiring plan, minimum qualifications, and anticipated start date. * If volunteers are included in your staffing plan, explain the anticipated number of volunteers, the services they will provide, the screening and training they will receive, and who is responsible for volunteer supervision and oversight for this project. (Remember to reflect this in your Budget as In-kind support.) |
|  |
| **n. Describe the administrative and fiscal staff support available to the project.**   * Identify the staff members and position titles which will provide fiscal and administrative oversight and support to the project and include information about their experience and qualifications, specifically noting experience working with federal funds, if any. |
|  |

|  |
| --- |
| CAPACITY OF THE ORGANIZATION TO MANAGE THE PROJECT (20%) |
| **a. Provide the Mission Statement for your organization:** |
|  |
| **b. List the date your organization was incorporated:** |
|  |
| **c. Describe the history of your organization serving citizens in Baltimore County.** |
|  |
| **d. Describe, briefly, the size and structure of the organization and the place this project will have in your organization.** |
|  |
| **e. List the number of current paid staff in your organization:** |
| Full time:       Part time: |
| **f. List the number of paid staff currently with your organization who will work on this project:** |
| Full time:       Part time: |
| **g. List the number of new staff that will be hired to work on the project, if funded:** |
| Full time:       Part time:       Not applicable |
| **h. Will a consultant(s) or contract staff be hired to help implement the project?** |
| No  Yes\*  \* If “yes”, explain the services the consultant or contract staff will offer, identify the source(s) of funds, and explain your selection process: |
| **i. Describe your organization’s fiscal management disbursement methods, financial reporting, recordkeeping and accounting procedures.** |
|  |
| **j. Explain the type of audit or financial review your organization undertakes. Describe any findings discovered and any corrective action plans created as a result.** Include the date the most recent audit or financial review was completed and provide the timeframe for your next audit or financial review. |
|  |
| **k. Describe any challenges the awarding of this grant might bring about for your agency and how you anticipate addressing them.** |
|  |
| **l. Describe any challenges the agency faced in the current fiscal year (extended staff absences, vacancies, physical plan, etc.) and how you expect to address those issues in the upcoming fiscal year.** |
|  |

|  |
| --- |
| COLLABORATION: PARTNERSHIPS, OUTREACH, LEVERAGE, FUNDRAISING & SERVICE LINKAGES (15%) |
| a. Discuss any partnerships with other organizations (public and private) which will bring expanded services to those you wish to serve with this project.  Indicate which partnerships are existing partnerships, expected to continue in the upcoming fiscal year, and which are new/anticipated partnerships. These partnerships may reflect cash donations, In-kind services, and/or programmatic offerings. |
|  |
| **b. Explain your organization’s outreach efforts to the community to convey your organization’s services and volunteer service opportunities.**  In your response, provide your organization’s website address and describe how you utilize your website, social networking sites, written materials and/or other outreach efforts. |
|  |
| **c. Explain how the organization will maximize the use of existing resources, to include linking service recipients with other resources, especially mainstream resources.** |
|  |
| **d. Explain your organization’s fundraising strategy outside of grants from this source in the upcoming fiscal year.** |
|  |
| **e. Explain the way your organization will leverage other sources of funding for this project.** |
|  |