

# Fiscal Year 2028 State Revitalization Programs Sample Application

## Application Information

Before continuing to any other application question, in this section, select the DHCD Funding Program for this proposed program or project and enter a short "Project Name" (of 100 characters or less) for this application. These entries will serve as identification for the application and will determine the appearance of subsequent questions, pages, and error-checks. Click the "Save" button before moving on to the next section.

**Apply for a specific SRP funding program, based on your review of the eligibility and requirements as detailed in the [SRP Application Guidelines](#).**

Note: At its discretion, the Department may elect to fund the program/project through any one of the State Revitalization Programs based on eligibility and funding availability.

### APPLICATION TYPE AND PROJECT IDENTIFICATION

**Select the SRP Funding Program for this application: \***

**What is the Project Name?: \***

### APPLICANT ORGANIZATION INFORMATION REVIEW

The following information is stored on your account's "Profile", Organization General Information page. If this information is incomplete or incorrect, please review and update your organization's Profile and update the information.

Note: Legally identifying information such as Federal ID (EIN) and Legal Name can only be edited by System Administrators. Contact [nrsystemsupport.dhcd@maryland.gov](mailto:nrsystemsupport.dhcd@maryland.gov) with legal change requests and provide evidence of the legal changes.

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**Organization Legal Name: \***

**Organization Name: \***

**Federal ID/EIN #: \***

**SAM/UEID #:**

**Organization Address - Street: \***

**Organization Address - City, State, ZIP: \***

**Organization Address - County: \***

**Organization Web Address: \***

**Is the applicant organization information correct? \***

Yes       No

**Is the organization address listed above the same as the mailing address? \***

Yes       No

**APPLICATION PRIMARY CONTACT INFORMATION**

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In this section, provide the Primary Contact information for this application. Should the Department have any questions about this application or for other correspondence, this person may be contacted by the DHCD Program Staff.

**Contact Prefix: \***

**Contact First Name: \***

**Contact MI:**

**Contact Last Name: \***

**Contact Suffix:**

**Contact Title: \***

**Contact Phone Number: \***

**Contact Email: \***

## APPLICANT EXECUTIVE OR ELECTED OFFICIAL (EO) INFORMATION

In this section, provide the full Name and Title of your organization's Executive Officer or Elected Official (EO) for this application. Should the Department award the application, this person will be addressed in the award letter and would have signature authority for an award's legal agreement.

Example: For nonprofit organizations, this may be your Chief Executive Officer or Board President. For local government organizations, this may be your Mayor or Commissioner.

**Executive/Elected Official Prefix: \***

**Executive/Elected Official First Name: \***

**Executive/Elected Official MI:**

**Executive/Elected Official Last Name: \***

**Executive/Elected Official Suffix:**

**Executive/Elected Official Title: \***

**Executive/Elected Official Phone Number: \***

**Executive/Elected Official Email: \***

#### APPLICATION DETAILS: PROPOSAL DESCRIPTION, TYPE AND RANK

In this section, provide a brief program/project description and other summarizing information about the application.

**Briefly describe the program or project. Be sure to name how requested funds will be used: \***

Example: The project rehabilitates approximately 10 homes to decrease the vacancy rate and increase homeownership units in this community.

**Select the option that best describes the primary type or purpose of the program/project: \***

**Does this application support a Program or a Project? \***

A Program normally targets more than one site, and a Project will consist of one site.

Example: A façade improvement program is considered a Program as it will target several addresses within a district.

**Program**

**Project**

**Program/Project Subsequent Phase?**

Check the box if this application represents a subsequent phase of a program or project, previously funded through this same DHCD Program.

**Phase**

**Program/Project Application Rank:**

Consider all the applications you are submitting across all funding programs for this SRP application round.

**How do you prioritize this application among the other SRP applications you are submitting? \***

out of  applications

**APPLICATION DETAILS: REQUEST TYPE AND AMOUNTS**

In this section, select the type of funding requested in this application - Capital, Operating, or Both.

Then enter the Requested Amount(s) and the Total Project Cost -- the SUM of the Total Requested Amount, plus any additional applicant or other funding that will be applied to the program/project budget.

Details of the program/project budget will be entered on the next page and must match the amounts entered in this section.

Note: Only the Baltimore Regional Neighborhood Initiative and the National Capital Strategic Economic Development Fund have operating funds available for this fiscal year

**What type of funds are you requesting? \***

**Capital**

**Operating/Non-Capital**

**Both**

**Capital Amount Requested:**

**Operating/Non-Capital Amount Requested:**

**Total Amount Requested: \***

**Total Program/Project Cost: \***

**Leverage: \***

#### **PROGRAM/PROJECT PRIMARY ADDRESS LOCATION**

In this section, provide a Primary Program/Project Site Address for the activities supported in this application.

The proposed program or project address:

- Will serve as the “primary mappable address for the purpose of this section. Additional program/project addresses can be listed in the next section of the application.
- Must be located within a designated Maryland Sustainable Community or other required geographic area, as outlined in the Program Guidelines.
- Should be the exact address of the project site where proposed activities will occur.
- May be an approximate centralized site address for applications serving multiple addresses, or if exact addresses are to be determined.
- Should be the organization’s physical address if the request is for operating funds. Cannot be a P.O. Box, Parcel Number or text description.

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To identify details and Sustainable Community, use the [Neighborhood Revitalization Mapper](#).

For complete instructions, go to [How to Use the Neighborhood Revitalization Mapper](#).

### **Provide a Program/Project Site Address Below:**

**Program/Project Address - Street: \***

**Program/Project Address - City, State, ZIP: \***

**Program/Project Address - County: \***

### **Upload the Primary Program/Project Site Address Map: \***

Generate and upload a digital file of the map displaying the Program/Project Address using the [Neighborhood Revitalization Mapper](#).

The map image must reference the Sustainable Community and/or other required geographic areas, as outlined in the Program Guidelines.

Click the plus (+) button to attach multiple map documents.

### **Select the name of the Sustainable Community: \***

Applications to the State Revitalization Programs must support activities located in a Sustainable Community Area. Referencing the Site Address map(s) attachment, select the Sustainable Community for the identified Primary Program/Project Site Address entered above.

### **Select the name of the BRNI Area: \***

For program/project activities within the Baltimore Beltway region (inside the I-695 corridor), referencing the Site Address map attachment, select the BRNI Area for the identified Primary Program/Project Site Address entered above.

**Select All the Counties served by the Program/Project: \***

Check each county served by the project or program. Or check the "Statewide" option at the bottom of the listing.

Allegany County

Anne Arundel County

Baltimore City

Baltimore County

Calvert County

Caroline County

Carroll County

Cecil County

Charles County

Dorchester County

Frederick County

Garrett County

Harford County

Howard County

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- Kent County
- Montgomery County
- Prince George's County
- Queen Anne's County
- Somerset County
- St. Mary's County
- Talbot County
- Washington County
- Wicomico County
- Worcester County

**PROGRAM/PROJECT ADDRESS DESIGNATIONS**

**In which federal, state, or local designation(s) will this program/project activities occur? \***

Check all that apply. If none of the activities will occur in any of the designations listed below, check the box for "None of the Above"

For assistance identifying program/project locations and designations, visit and enter an address using the [Neighborhood Revitalization Mapper](#).

- Arts & Entertainment District  
Name:

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Base Realignment and Closure Zone (BRAC)

Name:

Baltimore City

Name:

Enterprise Zone

Name:

Federal Opportunity Zone

Name:

Local Historic District

Name:

Main Street Maryland

Name:

Maryland Heritage Area

Name:

Maryland - National Register Historic Place

Name:

Maryland Scenic Byway

Name:

National Heritage Area

Name:

Find your National Heritage Area by visiting the [National Park Service website](#).

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National Road Segment

Name:

Find your National Road Segment by visiting the [Maryland Office of Tourism](#).

State Designated Transit Oriented Development (TOD)

Name:

OTHER - State, Federal or Local Designation (i.e. "Priority Funding Area")

Name:

None of the Above

If the program/project does not occur in any of the above listed designations, click this box

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## Additional Program/Project Address Information

**In the table below, enter all known additional addresses identified for your program or project.**

- For each Additional Address, enter the Street, City and ZIP and select the County.
- State is set to the default value of “MD.”
- Click the “plus” (+) button to add another address row
- Click the “minus” (-) button to delete an address row.
- Only enter individual addresses, one each line.
- Do not enter a range of multiple addresses on a single line (e.g. 100-116 East Main Street). These will not be accepted.

The Primary Address displayed here is copied from the Primary Address entered on the Application Information page of this application (page 1). If this Primary Address should be changed or edited, return to the Application Information page.

### PRIMARY PROGRAM/PROJECT ADDRESS

Street	City	State	Zip	County
Street Address	City Name	MD	Zip code	Maryland County

### ADDITIONAL PROGRAM/PROJECT ADDRESSES

Street	City	State	Zip	County
Street Address	City Name	MD	Zip code	Maryland County

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## Proposed Program/Project Budget and Financing

### APPLICATION PROGRAM/PROJECT BUDGET TABLE

**Complete program/project Budget table by Activity/Use of Funds, entering request amounts and other funding sources that will be applied to the total cost of the program or project. \***

Total Request Amounts and Total Project Cost must match the Amounts entered on page 1, Application General Information. If there is a mismatch and error, correct the amount in the Budget table or return to page 1 and revise the Request or Total Cost amounts.

- If the pre-set Activity/Use of Funds do not match the activity for this application, you may enter your own short category description under the "Other" section heading. Try to restrict these entries to 2 or 3 words (maximum 150 characters) Under the "SRP Requested Amount(s) columns, labeled "Capital Amount" and "Operating/Non-Capital Amount," provide the requested amount for that Activity or Use of Funds row.
- Under the "Applicant Amount" column, provide the amount contributed by your organization to the overall cost of this application's program or project. Under the "Other Source Amount" column, provide the amount contributed by other government programs or commercial funding source.
- For each "Other Source Amount" entered, provide a short name of the funding source (e.g.. "2024 MDOT Grant"). Try to restrict these entries to a few abbreviated words (maximum 150 characters) The Total Amounts -- by column and by row -- are calculated on page save.
- Restrict this budget table to the Activities, Requests and Cost for this application's stated program or project. DO NOT enter your organization's entire annual budget.

**SITE PREDEVELOPMENT ACTIVITIES**

<b>Activity / Use of Funds</b>	<b>Capital Amount</b>	<b>Operating / Non-Capital Amount</b>	<b>Applicant Amount</b>	<b>Other Source Amount</b>	<b>Name of Other Source(s)</b>	<b>Totals By Activity / Use of Funds</b>
Acquisition	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Architectural / Engineering Design	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Demolition	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Infrastructure	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Stabilization	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

**SITE DEVELOPMENT ACTIVITIES**

<b>Activity / Use of Funds</b>	<b>Capital Amount</b>	<b>Operating / Non-Capital Amount</b>	<b>Applicant Amount</b>	<b>Other Source Amount</b>	<b>Name of Other Source(s)</b>	<b>Totals By Activity / Use of Funds</b>
New Construction	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Rehabilitation / Renovation	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

**OPERATIONS AND NON-CAPITAL ACTIVITIES**

<b>Activity / Use of Funds</b>	<b>Capital Amount</b>	<b>Operating / Non-Capital Amount</b>	<b>Applicant Amount</b>	<b>Other Source Amount</b>	<b>Name of Other Source(s)</b>	<b>Totals By Activity / Use of Funds</b>
Studies (Market / Feasibility) and Planning	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Project Administration (Cash)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Project Administration (In-Kind)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

**OTHER ACTIVITIES OR USES OF FUNDS**

<b>Activity / Use of Funds</b>	<b>Capital Amount</b>	<b>Operating / Non-Capital Amount</b>	<b>Applicant Amount</b>	<b>Other Source Amount</b>	<b>Name of Other Source(s)</b>	<b>Totals By Activity / Use of Funds</b>
	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

**PROPOSED PROGRAM/PROJECT BUDGET TOTALS**

<b>Activity / Use of Funds</b>	<b>Capital Amount</b>	<b>Operating / Non-Capital Amount</b>	<b>Applicant Amount</b>	<b>Other Source Amount</b>	<b>Name of Other Source(s)</b>	<b>Totals By Activity / Use of Funds</b>
TOTALS BY SOURCES OF FUNDING	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

**ESTIMATED TOTAL COST OF THE COMPLETED PROGRAM/PROJECT**

Provide an estimated cost of the project/program when all aspects and phases are completed. This Estimated Total Completed Cost would include not only the current phase for which you are currently requesting funding, but also any past completed phase(s) and/or future phase(s) of development.

**Estimated Total Completed Cost: \***

**APPLICATION PROGRAM/PROJECT BUDGET NARRATIVE**

Complete the narrative question below.

- The question has a minimum character limit of 250 (short paragraph) and a maximum character limit of 1,500 (approximately one-third page of text).
- Explain each proposed budget line item and how the requested funding, applicant or other amounts will support the program/project.
- Describe how costs were determined, including describing consultant proposals or vendor/supplier estimates.

**Describe the specific activities that this award would fund: \***

## APPLICATION PROGRAM/PROJECT FINANCING

**What type of financing are you requesting? \***

Grant

Loan

Grant/Loan Combination

**For a Grant Request equal to or greater than \$250,000, provide justification on why a Loan is not possible.**

**What is your strategy to secure the remaining funds necessary to complete the program/project if your award amount is less than requested?  
When do you anticipate that the necessary funding would be secured? \***

Explain each line item and how requested funding, applicant or other amounts support the program/project.  
Describe how costs were determined, including describing consultant proposals or vendor/supplier estimates.

## APPLICANT SOURCES OF FUNDS

**Based on the "Applicant Amounts" entered in the budget table above, describe your organization's Financial and/or In-Kind Contributions that have been identified as part of the total program/project cost. \***

**For each Applicant Source of Funds described above, upload supporting documentation below. Select the Status of this source and provide a short file description.**

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Click the "PLUS" (+) button to add another attachment row

## OTHER SOURCES OF FUNDS

**Based on the "Other Source Amounts" entered in the budget table above, describe the other Contributions that have been identified as part of the total program/project cost, which may include other grant awards, corporate or governmental financing. \***

**For each "Other Source of Funds" (Non-Applicant) listed and described above, upload supporting documentation below. Select the current Status of this source and provide a short file description.**

Click the "PLUS" button to add another attachment.

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## Proposed Program/Project Timeline and Readiness

### APPLICATION PROGRAM/PROJECT TIMELINE (SCHEDULE)

**Complete the following timeline table by entering key dates of activities or milestones and provide a short description of the activities for your program or project. \***

- Activities detailed here should be specific to the funding programs’ two-year award period, where applicable.
- Commencement Date, Completion Date and Final Report Due Date are required. Final Report Due Date is 45 days after the Completion Date.
- Activity Description is limited to 150 characters, and the completed timeline is limited to a maximum of 18 rows.
- Click the “plus” (+) button to add another Timeline row
- Click the “minus” (-) button to delete and Timeline row.

Activity Start Date	Activity End Date	Description of Activity
MM/DD/YYYY	MM/DD/YYYY	Program/Project Commencement Date
MM/DD/YYYY	MM/DD/YYYY	Additional Description of Activity
MM/DD/YYYY	MM/DD/YYYY	Program/Project Completion Date
MM/DD/YYYY	MM/DD/YYYY	Final Report Due Date (45 Days after Completion)

### READINESS TO PROCEED

**Describe how this program/project is ready to proceed. \***

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Explain how site control status, zoning, building code, regulatory review, funding, or other issues may affect the timely completion of the program/project with the two-year award period. You will have an opportunity to describe site control status in more detail in the next section of the application.

This narrative response has a minimum character limit of 250 and maximum of 1,500; or approximately one third (1/3) page of text.

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## Application Narrative Questions

### PROGRAM/PROJECT DESCRIPTION

**Provide a comprehensive description of the program or project for which funding is requested. \***

Clearly describe:

- Specific activities to be funded
- Target population and/or geographic focus area
- Implementation strategy and how funds will be deployed and managed
- Key partners and their roles

Your response should help evaluators understand exactly what the State is investing in and how the work will be carried out.

**What measurable products, services, or deliverables will be completed by the end of the award period using the requested State funds? \***

Clearly identify:

- Quantifiable outputs (e.g., number of housing units rehabilitated, square feet improved, loans made, businesses assisted, properties demolished, jobs created).
- To the extent possible, ensure that your narrative aligns with the metrics reported in the Application Program/Project Impact Data table.

**Describe the broader outcomes expected as a result of this project. \***

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- Identify three to five measurable changes that will positively affect community conditions over time (e.g., reduction in vacancy rates, increased homeownership, improved housing stability, increased private investment, job growth, improved environmental health indicators).
- Outcomes should demonstrate how the project contributes to sustained neighborhood revitalization beyond the grant period.

### **Explain how the proposed program or project responds to documented community needs. \***

- Provide at least three specific examples supported by: data (e.g., vacancy rates, cost-burden statistics, unemployment data); adopted plans; community input; market analysis or other studies.
- Clearly articulate why this investment is strategically important at this time.

### **Describe the community engagement process that informed this program/project. \***

Responses should include:

- Outreach methods used
- Opportunities for public input
- Collaboration with community-based organizations
- Explanation of how community input influenced the program/project's design or priorities.

**Indicate which Sustainable Community vision areas apply and briefly describe how the program/project advances the implementation of your jurisdiction's adopted Sustainable Community Action Plan and/or BRNI Action Plan. \***

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Responses should demonstrate that the Action Plan provides the strategic framework guiding this investment.

**Housing Access & Stability**

Community residents have stable, high-quality, affordable housing options that meet their needs, reduce housing cost burdens, and equitably build wealth.

**Community Climate Resilience**

The community mitigates the adverse impacts of climate change, receives investments for equitable resilience, and uses clean energy sources.

**Transportations Access & Mobility**

A safe, sustainable, intelligent, exceptional, and inclusive transportation system that connects people to life's opportunities and necessities.

**Community & Environmental Health**

A healthy environment that enhances community wellbeing and addresses environmental injustice

**Community Economic Vitality**

An economy that grows local businesses and jobs where all community members benefit from economic change.

**Community Placemaking & Amenities**

A built environment that equitably fosters physical, emotional, and social well-being where people of all backgrounds and abilities can actively work, live, thrive, and play.

## MARYLAND STATE AND DEPARTMENT REINVESTMENT PRIORITIES

Additional consideration will be given to initiatives that address the overarching priorities of the Moore-Miller Administration, including ensuring that all those who want to live in Maryland can do so.

Priority consideration will be given to those projects and places that reflect the core objectives of MD DHCD, including to create great, lovable places and to right the wrongs of the past. Great places – lovable places – result from consistent targeted investment in locally-driven and inclusive community reinvestment plans.

**Select the priorities below that apply to your program or project: \***

- Increase the production of mixed-income, middle-market and affordable housing, particularly near transit. DHCD is interested in supporting innovative development approaches -- such as modular and off-site construction -- to accelerate housing production.
- Increase household and generational wealth building, such as through homeownership, legacy homeowner renovations, and small business development.
- Accelerated elimination of vacant properties, particularly in Baltimore City.
- Create Loveable Communities:
  - Create safer, more appealing public spaces and community facilities that expand access to community services and strengthen neighborhood cohesion.
  - This may include revitalizing Maryland's diverse Main Streets, downtowns and commercial cores through projects that: enhance their unique physical, visual, and historic character; improve economic vitality by supporting existing businesses and attracting new ones; and helping small businesses and entrepreneurs connect to resources.
- Invest in key designated areas:
  - [Engaging Neighborhoods, Organizations, Unions, Governments and Households \(ENOUGH\)](#) areas, which represent rural, suburban and urban communities that have been historically impacted by barriers to economic mobility.
  - [Just Communities](#) where all Marylanders, regardless of background, have access to fair housing and economic stability and opportunity, righting the wrongs of the past.
  - Use the [Neighborhood Revitalization Mapper](#) website to identify if your Program/Project is in a designated ENOUGH or Just Communities Area.

**Based on your selections above, describe how the program or project advances these over-arching priorities. \***

Note: If none of the selections above apply to the program or project, please enter "Not Applicable" in the narrative box below.

## ORGANIZATIONAL CAPACITY

**Describe the applicant's experience in administering similar programs or projects within the past five years. Describe the key strengths of the organization and its partners to accomplish this program or project. \***

**During the past two (2) calendar years, has the applicant received any awards from one or more funding programs of the Maryland Department of Housing and Community Development? \***

Examples include awards from Community Legacy, Community Development Block Grant, Special Loans, LIHTC, Community Investment Tax Credits, or others.

Yes       No

**In the table below, list any funding received through DHCD programs over the past two (2) years (such as State Revitalization Programs, Community Development Block Grant, Special Loans, LIHTC, Community Investment Tax Credit, etc.). Include the calendar year awarded, the amount awarded, and the current award balance. \***

Click the "plus" (+) button to add another row to the table.

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DHCD Funding Program Name	Calendar Year Awarded	Award Amount	Current Award Balance
	YYYY	\$0.00	\$0.00

**Describe how your organization is a good steward of publicly awarded funding. \***

Responses should include:

- Demonstrations of timely submission of progress reports, payment requests and required documents, and responsive communications with award contacts
- If applicable, description of how you failed compliance with award program policies and how you remedied the situation

**PROGRAM/PROJECT ADMINISTRATION**

**Will the program/project be administered entirely by the applicant organization? \***

- Administrative activities should include oversight, management, reporting and/or payment requests.
- Answer YES if the applicant organization will perform all of the administrative activities for the program/project.
- Answer NO if any of the activities will be performed by a partner, sub-recipient, or other formal relationship between the applicant and at least one other organization.
- This question does not pertain to consultants or contractor services.

**Yes**             **No**

**Describe the roles and responsibilities of each person responsible for the administrative activities of the program/project. \***

Provide the person’s name, title, affiliated organization, and role.

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In particular, clarify who is responsible for submitting progress reports, payment requests, and required documents; and coordinating with partners.

Click the "plus" (+) button to add another row to the table.

Administrating Organization Name	Administrating Organization Type	Relationship to Applicant	Activity

**Where applicable, upload the Memorandum Of Understanding (MOU), letter, or other evidence of the formalized relationship between the applicant and other organization(s) listed as program/project administrators. \***

Click the "plus" (+) button to add another attachment.

**Describe the roles and responsibilities of each person responsible for the administrative activities of the program/project.\***

Provide the person's name, title, affiliated organization, and role. In particular, clarify who is responsible for submitting progress reports, payment requests, and required documents; and coordinating with partners.

**Will this program/project use consultants, contractors, architects, or any other contracted services? \***

Yes

No

**If Yes, provide the Business Name(s) that will contribute to the program/project, briefly describe the business' role or the service provided. \***

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Where applicable and for informational purposes only, click the checkbox to identify if the Consultant/Contractor business is a Minority Business Enterprise and/or a Small Business Enterprise.

Click the "plus" (+) button to add another row to the table.

Consultant/Contractor Business Name	Program/Project Role and Services Provided	Minority Business Enterprise	Small Business Enterprise

PROPERTY SITE CONTROL (Deed, Lease, MOU or Formal Agreement)

**Does the applicant have Evidence of Site Control of one or more of the known properties included in this application? \***

Site control is a documented connection between the owner of the property and the entity applying for award funds. Examples include a print out of the State Department of Assessments and Taxation (SDAT) Real Property Search of the property, deed, lease, Memorandum of Understanding, or a formal agreement with the legal nexus. There is a site control letter template available. Capital programs/projects require evidence of site control for each property involved. There is a site control letter template available from SRP Program Staff

Yes       No

**If answering Yes, upload copies of the site control evidence, such as a the deed, lease, Memorandum Of Understanding (MOU) or a formal agreement with the legal nexus property owner. \***

Click the "plus" (+) button to add another attachment.

**Explain the current status of site control and plans for obtaining site control. \***

## MARYLAND HISTORICAL TRUST (MHT) REVIEW

**Has an MHT review already been obtained for this project/program for one or more of the known properties through other state or federal funding sources? \***

All capital projects receiving State financial assistance are subject to the Maryland Historical Trust Act, which requires State agencies to consider the effect their funding will have on historic resources. DHCD coordinates the MHT Review process for all SRP awards through a Programmatic Agreement after funding decisions are made. Work should not begin, and funds will not be disbursed until the historic preservation consultation is complete.

Only respond Yes if you obtained a determination of effect from a prior consultation for other state or federal sources (NBW, CDBG, MHT grant, etc.) or received certification for historic tax credits for this project/program.

**Yes**

**No**

**If answering Yes -- an MHT Review was initiated or completed, upload the evidence document and enter the property address or a short file description. \***

Click the "plus" (+) button to add another attachment.

**For each known property listed in this application, describe the status of MHT review (initiated or approved), or explain why an MHT review may not be required. Describe any historical review issues that may affect the program/project readiness. \***

## Application Project/Program Impact Data

Complete the "Anticipated" column of the table, providing answers to the questions based on your program or project as described in your application.

- The information provided should relate only to the program or project proposed in this application
- You must answer at least one Impact Data question with a number greater than zero (0).
- For questions that do not apply, leave the default "0".
- Provide estimates if exact amounts are not known.
- "Anticipated" refers to the numerical values for the proposed program or project upon application.
- Should the application be awarded, at a later date and as part of the agreement, these values will be updated for the "Awarded" column. The "Progress To-Date" column will be maintained when submitting Quarterly Reports, and then in the Final Report to reflect the actual and final numbers.
- For questions that include a text box, provide a brief explanation (maximum 250 characters) and/or the calculation used to arrive at the numerical value.

### FAÇADE IMPROVEMENT PROGRAMS

Impact Data Question	Numerical Value: Anticipated
1. Total number of facade improvements (automatically calculated 1.1 to 1.2)	
1.1 Residential facade improvements	
1.2 Commercial facade improvements	

**NEW CONSTRUCTION**

Impact Data Question	Numerical Value: Anticipated
2. Total number of new housing units constructed (automatically calculated 2.1 to 2.4)	
2.1 Homeownership, market rate	
2.2 Homeownership, affordable	
2.3 Rental, market rate	
2.4 Rental, affordable	
3. Number of new commercial or industrial buildings constructed	
3.1 Square feet of commercial or industrial buildings constructed	
4. Number of new community or recreational centers constructed	
5. Number of new institutional buildings constructed (e.g. healthcare, school/educational, library, town hall)	

**REHABILITATION/RENOVATION**

Impact Data Question	Numerical Value: Anticipated
6. Total number of housing units rehabilitated or renovated (automatically calculated 6.1 to 6.4)	
6.1 Homeownership, market rate	
6.2 Homeownership, affordable	
6.3 Rental, market rate	
6.4 Rental, affordable	

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Impact Data Question	Numerical Value: Anticipated
7. Number of commercial or industrial buildings rehabilitated or renovated	
7.1 Square feet of commercial or industrial buildings rehabilitated or renovated	
8. Number of community or recreational centers rehabilitated or renovated	
9. Number of institutional buildings rehabilitated or renovated (e.g. healthcare, school/educational, library, town hall)	

PREDEVELOPMENT

Impact Data Question	Numerical Value: Anticipated
10. Total number of residential properties stabilized, demolished or acquired (automatically calculated 10.1 to 10.3)	
10.1 Number of residential properties Stabilized	
10.2 Number of residential properties Demolished	
10.3 Number of residential properties Acquired	
11. Total number of commercial properties stabilized, demolished or acquired (automatically calculated 11.1 to 11.3)	
11.1 Number of commercial properties Stabilized	
11.2 Number of commercial properties Demolished	
11.3 Number of commercial properties Acquired	

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Impact Data Question	Numerical Value: Anticipated
12. Number of properties undergoing other types of predevelopment activities properties  (e.g. architecture and design, environmental remediation, infrastructure)	
12.1 Description:	

OTHER ACTIVITIES

Impact Data Question	Numerical Value: Anticipated
13. Number of newly installed transportation infrastructure projects	
13.1 Linear feet installed	
13.2 Description:	
14. Number of transportation infrastructure improvement projects	
14.1 Linear feet improved	
14.2 Description:	
15. Number of greenspace improvement projects (e.g. parks and community gardens)	
15.1 Square feet of greenspace	
15.2 Description:	
16. Number of placemaking or beautification projects (e.g. public art, welcome signage, light installations)	
16.1 Description:	

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Impact Data Question	Numerical Value: Anticipated
17. Number of households provided with downpayment assistance grant	
18. Number of workforce development programs provided	
19. Other - For a project or program not addressed by the previous questions, provide a numerical count, a unit of measurement definition, and a short description of the activity. (For example: 19.1 Count = 50; 19.2 Unit definition "trees"; and 19.3 Activity description = "planted")	
19.1 Total number or count	
19.2 Unit Definition:	
19.3 Description:	

OPERATING IMPACT

Impact Data Question	Numerical Value: Anticipated
20. Number of senior households supported by the project or program	
21. Number of existing clients served annually at the project location	
22. Number of new clients served annually at the project location	
23. Number of Full Time Equivalent (FTE) direct permanent employees	
24. Number of Full Time Equivalent (FTE) direct permanent employees that are Maryland residents	
25. Number of Full Time Equivalent (FTE) direct temporary employees (e.g. construction)	

Fiscal Year 2028 State Revitalization Programs Sample Application

<b>Impact Data Question</b>	<b>Numerical Value: Anticipated</b>
26. Number of Full Time Equivalent (FTE) direct temporary employees (e.g. construction) that are Maryland residents	
27. Number of Minority Business Enterprise (MBE) and/or Women Business Enterprise (WBE) contracts	

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## Application Organization Demographics

Applicants and awardees are requested to provide race/ethnicity demographic information for your organization's Board of Directors and Senior Staff. This data is entered and stored on your account Profile's "Organization Demographics" page, and is displayed in the table on this application form.

Edits to this data must be entered and saved on your account's Profile - Organization Demographics page prior to the completion and submission of the application.

### APPLICANT PROFILE – ORGANIZATION DEMOGRAPHICS

#### **Review the reported Organization Demographics of your Board and Senior Staff**

This data is entered and stored on your account Profile's "Organization Demographics" page, and is displayed in the table below for submission with this application.

The information you enter and save on your Profile's Demographics page will appear here and in every application created. This information needs to be edited only one time per year.

- In order to submit this application, this table must be filled-out so that both columns Total to 100%.
- For the purposes of this application, "Senior Staff" is defined as staff with decision making authority or management responsibility within the organization.

Note: State, County or Municipal Government Organizations who do not have Boards of Directors are requested to provide only Senior Staff demographics.

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Race/Ethnicity	Board Composition (%)	Senior Staff Composition (%)
White	0%	0%
Black or African American	0%	0%
Hispanic or Latino	0%	0%
American Indian	0%	0%
Native Alaskan	0%	0%
Native Hawaiian	0%	0%
Other Pacific Islander	0%	0%
Asian - Indian	0%	0%
Asian - Chinese	0%	0%
Asian - Other	0%	0%
Other - Single Race	0%	0%
Other - Multi-racial	0%	0%
Unknown/Decline to State	0%	0%
<b>TOTAL</b>	0%	0%

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## Application Attachments and Authorization

State Revitalization Programs require multiple supporting documents and legal exhibits to be submitted with the application. The requirements vary, based on funding program or applicant organization type.

- Review the SRP Program Guidelines
- Review the SRP Application Checklist for complete listing and descriptions of the required forms and exhibits.

### REQUIRED LEGAL EXHIBIT ATTACHMENTS – ALL APPLICANTS

The following attachments are REQUIRED for ALL APPLICANTS.

#### **Applicant-Signed Disclosure Authorization \***

Upload a PDF scanned copy of the completed and signed Disclosure Authorization.

Template available

#### **Program/Project Photograph: \***

Upload at least one (1) high-quality photograph representing the proposed program/project. This photo will be used for application reviews and award recommendations. This photo may be of a project-specific property or site in its current state; or in cases of programs or operating requests, a photo representing the type of activity performed or supported.

Click on the "plus" (+) button to add another attachment.

#### **Organization Financial Documents \***

Click on the links below to review the current documents stored on the applicant's "Organization Profile – Organization Uploads" page.

## Fiscal Year 2028 State Revitalization Programs Sample Application

If any document has expired or is out-of-date, it must be replaced by the applicant with a current or valid document prior to the submission of this application. View the application training or contact DHCD Program Staff for technical assistance.

**IRS Taxpayer Identification and Certification (W-9 Form) \***

**Operating Budget (Current) \***

**Independent Financial Audit (Most Recent) \***

## OPTIONAL LEGAL EXHIBIT ATTACHMENTS – ALL APPLICANTS

The following program/project application-specific attachments are OPTIONAL for ALL APPLICANTS.

### **Applicant-Signed Local Government Authorization or Letter of Support (OPTIONAL)**

If available, upload a PDF scan of the signed local government resolution or letter of support from an authorized official in the county or municipal government(s) in which the program/project will occur.

Click on the "plus" (+) button to add another attachment.

### **Organization Financial Documents - Prior Year (OPTIONAL)**

Click on the links below to review the prior-year documents stored on the applicant's "Organization Profile – Organization Uploads" page.

If a document is out-of-date, it can be replaced by the applicant with a more-recent document prior to the submission of this application. View the application training or contact DHCD Program Staff for technical assistance.

**Operating Budget (Prior Year)**

**Independent Financial Audit (Prior)**

**Additional/Other Signature Authorization or Letter of Delegation:**

If applicable, upload a PDF scan of another form of Signature Authorization or letters delegating signature authority on behalf of the executive or elected official.

Click on the "plus" (+) button to add another attachment.

**REQUIRED LEGAL EXHIBIT ATTACHMENTS – NONPROFIT APPLICANTS**

The following attachments are REQUIRED for NONPROFIT APPLICANTS.

**Applicant-Signed Corporate Resolution \***

Upload a PDF scan of the completed and signed Corporate Resolution.

**Temporary Evidence of Good Standing (SDAT Print) \***

Go to the [Maryland Business Express website](#) perform a search of the applicant's business name. Open and print as PDF the resulting "General Information" page, which includes "Good Standing" status. Upload the PDF.

**Temporary Evidence of Maryland State Charitable Registration (OneStop Print) \***

Go to the [Maryland Secretary of State website](#) at and perform a search of the applicant's business name or Federal ID. Print as PDF the resulting status page. Upload the PDF.

**Nonprofit Organization Documents**

Click on the links below to review the current documents stored on the applicant's "Organization Profile – Organization Uploads" page.

If any document has expired or is out-of-date, it must be replaced by the applicant with a current or valid document prior to the submission of this application. View the application training or contact DHCD Program Staff for technical assistance.

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**Annual Corporate Diversity Addendum (CDA)**

**Articles of Incorporation**

**By Laws or Operating Agreement**

**Board of Directors List of Certifications**

**IRS Letter of Determination**

ADDITIONAL SUPPORTING DOCUMENTS

**Attach any additional or supporting documents below and provide a brief, identifying file description for each attachment.**

Click on the "plus" (+) button to add another attachment.

APPLICATION AUTHORIZATION

**Review the application pages to make sure all required questions have been answered and required documents attached; and then enter your name and title.**

CLICK THE "SAVE" BUTTON PRIOR TO SUBMITTING THE APPLICATION

**Authorizing Signature Name: \***

**Authorizing Signature Title: \***

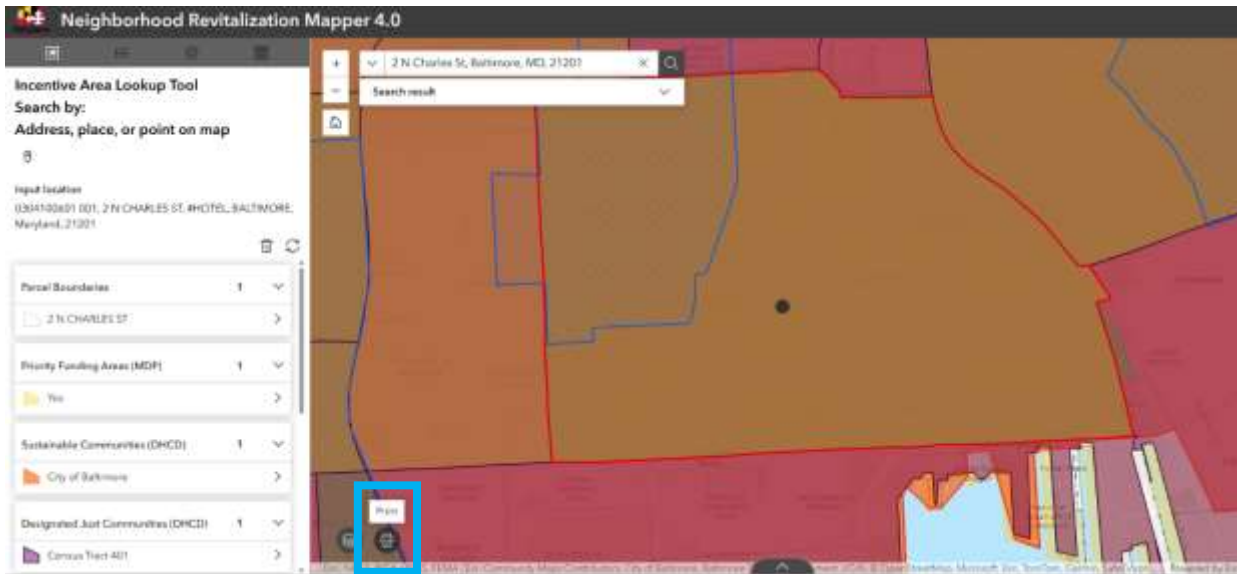
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## How to use the interactive Neighborhood Revitalization Mapper

Go to the [Neighborhood Revitalization Mapper](#).

### Specific Address Search:

1. Type the street address into the “Find address or place” box.
2. Click the Search icon. The map will automatically zoom to the address selected.
3. After clicking “Search,” the Results Tab will appear as will a black dot on the map. If an address is in an incentive area, it will list it here. If something does not appear in the list, the address does not fall into that incentive area.
4. Capture a static map image by using the Print function at the bottom left of the map; screen print and save to PDF; or screenshot and save the image. The document created should include the location, a listing of the incentive layers where the address is located, and the date of the search.



5. Save the map image document with the address in the name of the file and upload to the requested field with the address in the description:

Example: 2NCharles\_NRMapper

**Notes about Address Entries:**

- Primary mapping address must be the exact address of the project site where proposed activities will occur.
- Programs and projects with multiple addresses should choose one single or central address to serve as the “primary” mappable address for the purpose of this section.
- If there is no site-specific address (or is to be determined at a later date), enter the approximate location of where the work is planned.
- If the application represents a strictly “Operating” request, enter your organization’s physical building location as the “Program/Project Site Address.”
- Do not enter PO Boxes, parcel numbers, or text descriptions.
- Do not enter ranges or intersections in a single row.
  - Acceptable: 100 N. Charles St
  - Unacceptable: 100 to 200 N Charles St; 100 block of N Charles St to 200 block of Fayette St; nor 100, 102, 104, 108 N Charles St