**Maryland Department of**

**Housing and Community Development**

**State Fiscal Year 2022**

**Community Services Block Grant**

**Discretionary Application**

**Due Date: May 14, 2021**

**Division of Neighborhood Revitalization**

**7800 Harkins Road**

**Lanham, Maryland 20706**

**301-429-7525**



**OWEN McEVOY**

**DEPUTY SECRETARY**

**KENNETH C. HOLT**

**SECRETARY**

**LARRY HOGAN**

**GOVERNOR**

**BOYD K. RUTHERFORD**

**LT. GOVERNOR**



The Maryland Department of Housing and Community Development pledges to foster the letter and spirit of the law for achieving equal housing opportunity in Maryland

**Overview**

The Community Services Block Grant (CSBG) Program is funded by the U.S. Department of Health and Human Services and is administered by the Maryland Department of Housing and Community Development, Division of Neighborhood Revitalization. Per 42 U.S.C. §106 (the CSBG Act) the Secretary of the Department of Health and Human Services received authority to make grants to the States with the intent to alleviate the causes of poverty in communities.

Under the CSBG Act, the state may utilize five percent of the federal allocation as discretionary funding to support a wide range of activities and programs conducted by Community Action Agencies or other non-profit organizations to eliminate poverty, promote self-sufficiency, and promote community revitalization. Additionally, the funds may be used to provide training and technical assistance and support coordination and communication among community action agencies.

Final awards are dependent upon funds appropriated by the U.S. Congress and made available through the Office of Community Services (OCS) within the U.S. Department of Health and Human Services.

**Eligible Applicants**

Entities eligible to apply include Community Action Agencies and non-profit organizations that serve or target low-income individuals and families at or below 125% of poverty, and non-profit organizations that support and serve Community Action Agencies (CAAs) in Maryland. The eligible applicant’s proposed program must include measurable outcomes that help families and individuals move toward self-sufficiency.

Community Action Agencies and non-profit organizations with a demonstrated history of working with the Community Action network will receive priority in funding.

Funding requests typically exceed available resources. As a result, the Department will not accept multiple applications from the same organization.

**Grant Term and Available Funding**

The grant term for the CSBG Discretionary Round will be July 1, 2021 through June 30, 2022.

The Department has estimated that after set asides, approximately $500,000 in CSBG Discretionary funds will be available. As funding is limited, applicants are encouraged to only apply for an amount that can be reasonably expended during the grant term. Applicants are strongly encouraged to leverage other funding sources for their projects.

Organizational capacity will be considered when reviewing and selecting awards. The Department may fund applications at a level lower than requested, with the understanding that outputs and outcome may need to be revised.

**Eligible Funding Categories**

Per the Department’s FFY 2021 / 2022 CSBG State Plan approved by the U.S. Department of Health and Human Services, Office of Community Services, below are the categories eligible for CSBG Discretionary funds. Applications are not limited to the examples provided.

***Competitive Funding Categories***

**Innovative Programs to Address Poverty** – Programs and projects that result in the alleviation of poverty, including jobs initiatives, outreach programs, homelessness solutions, and other projects that serve a targeted population. Awards in this category are capped at $50,000.

**Asset Building Programs** - Programs and activities aimed at establishing and increasing savings of low-income households. Examples of activities funded through this category include Volunteer Income Tax Assistance (VITA), budget counseling, reducing unbanked or underbanked populations, and increasing access to benefits. Awards in this category are capped at $25,000 for local programs and $100,000 for statewide programs.

**Other Activities -** Activities that specifically address documented gaps in services to low-income households. Awards in this category are capped at $25,000.

***Set-aside Categories (Not Available for Competition)***

**Statewide Coordination and Communication among Eligible Entities.** The Department has set aside $75,000 to support approved coordination and communication activities of the Maryland Community Action Partnership.

**Training and Technical Assistance.** The Department has set aside approximately $25,000 to cover costs related to State training and technical assistance activities. Eligible activities include:

* Staff administration and program operating costs (capped at 20%)
* Case management
* Stipends, promotional costs, outreach
* Direct service delivery program costs

Ineligible activities will not be considered or funded and will result in a deduction from the total amount requested.

**Criteria for Determining Awards**

The Department will consider the following criteria when evaluating proposals:

* Universal Application Questions (Community Investment Needs, Strategies, Outputs, and Outcomes) (20 Points)
* Program-Specific Questions (70 Points)
* Budget Narrative (10 Points)

**Application Sections**

* Universal Application Questions
* Program-Specific Questions

**Application Deadline and Submission**

Applications must be submitted through the [DHCD Project Portal](about:blank) by **3:00 pm on May 14, 2021**. Contact the Department’s program staff for assistance with accessing the Project Portal.

**Program Contacts**

**General Information**

CSBG Inbox, [csbg.dhcd@maryland.gov](about:blank)

**Eastern Shore & Western Maryland Regions**

Michelle Bass, [michelle.bass@maryland.gov](about:blank)

**Baltimore and Washington Metro Regions**

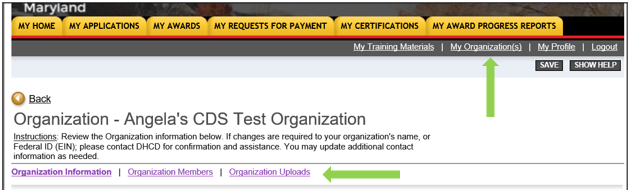
Sanam Kalhoro, [sanam.kalhoro-escoto@maryland.gov](about:blank)

**DHCD Project Portal Application Forms**

**IMPORTANT NOTE:** The DHCD Project Portal is fully supported by Internet Explorer 11. The system **will not** function properly if accessed using Google Chrome, Microsoft Edge, or other internet browsers. Review the training materials on the Portal’s [home page](about:blank) for additional details.

**DHCD Project Portal Organization Profile**

Prior to starting an application, review your Organization Profile in the Project Portal. Each DHCD funding program requires certain organization documents are attached and updated, serving as exhibits or supplements to the standard application forms. For this reason, applicants are strongly encouraged to review and update their “My Organization” profile prior to creating or submitting an application. To access the Organization Profile, click on the “My Organization(s)” link in the menu bar.

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**Review and update the contents of the following pages as needed:**

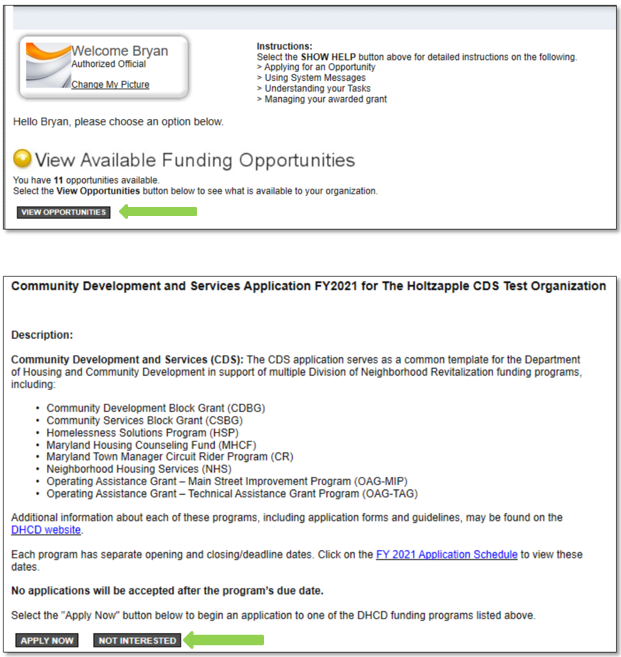
**Organization Information –** this page contains the general information about your organization. Some fields can be edited by the applicants, but “grey” fields must be edited by DHCD program staff.

**Organization Members –** this page displays the system user accounts affiliated with your organization. When staff changes occur – new users can register for an account on the DHCD Project Portal login page. If user accounts need to be closed or removed, contact DHCD program staff for assistance.

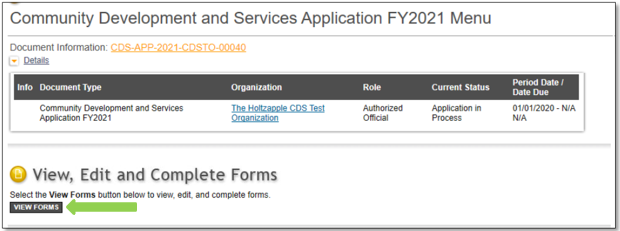
**Organization Uploads –** this page stores organization-related documents, such as the W-9 form, IRS Determination Letter, and Corporate Resolution/Signature Authority. Many of these documents are requirements for several CDS application types. Review the documents currently stored on this page and replace any outdated documents.

**Initiating Your Application**

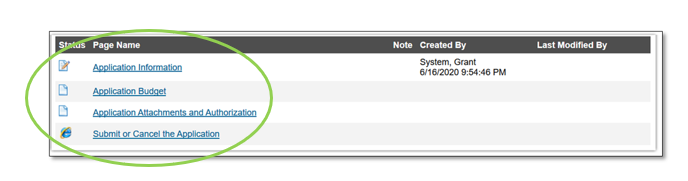
When the application template is open in the Project Portal, you will be able to initiate your application by going to the My Home tab, clicking the “View Opportunities” button, and then selecting the appropriate link to “Apply Now”.

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Upon successful creation, you will see the application record’s main Menu page. Click “View Forms” to begin completing this portion of your application.

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**DHCD Project Portal Application Forms**

Follow the navigation links found at the bottom of the page to complete the required application forms and to upload and authorize submission of your agency’s application. 

**Application Information**

There are several sections of the Application Information form that require responses. See the instructions below for completing each section.

**Applicant Organization Information** - provide information for your organization’s primary point of contact for this application.

**Application Details** – select “Community Services Block Grant-Discretionary” as the program for this application. Also provide a brief project name and description. **Do not** check the box to indicate this application represents a subsequent phase of a program or project.

**Application Request Amounts** – select Operating/Non-Capital as the funding type and enter the total amount of your FY22 funding request. This is the amount you will use to develop your application budget.

**Program/Project Address Location** – select “yes” to indicate that the program address is the same as your organization’s mailing address. Also select the county or counties that will be served by your organization during fiscal year 2022.

**Program/Project Address Designation** – select any designations that apply to your organization’s service area. There is also an option to select “none” if none of the designations apply to your organization’s service area.

**Universal Application Questions (Community Investment Needs, Strategies, Outputs and Outcomes)** – the Application Information page includes four universal application questions that all organizations are required to complete. For your convenience, these questions are listed below along with descriptions of the information you should provide. The point value for each question is shown at the end of the question. Your responses must be entered on the Application Information page in the DHCD Project Portal. **Responses are limited to 2,000 characters**.

**1 - Briefly describe the Community Investment Needs that will be addressed by this program or project. (5 Points)**

*Community Investment Needs are problems or issues identified in the community that require action to resolve. Some criteria to focus on when describing the community need(s) are frequency and duration of the need, the amount or scope of the problem, the issue’s severity, where does the issue occur, and who does the issue effect. The answer should include the evidence-based data that was used to identify and evaluate the community needs. The answer should also include demographic information about individuals that will be served (e.g., individuals with limited proficiency in English, seniors, veterans, disabled persons etc.).*

**2 - What is your overarching Strategy to address the community need(s)? What specific Activities will be undertaken to address the need(s)? (5 Points)**

*A strategy is your overarching approach to addressing the needs of your clients or community. Activities are specific actions or processes. With respect to activities and strategy, the focus is on the actions of the organization as it pertains to this program/project. The answer should include information or data on how the activities and strategies will be deployed in a successful manner. The answer should include descriptions of the types of services to be undertaken and the methods by which services will be delivered to address the needs identified in question one above.*

**3 - What specific Outputs will result from investment in this strategy and set of activities? (5 Points)**

*Outputs are the countable number of units that are a result of the program/project. The outputs measure the number of units associated with the activity and is the basic indicator of the success of the strategy implemented by the program/project. The answer should identify and define the “unit” that is being measured and provide the predicted number of outputs that you estimate will be a result of the activities.*

**4 - What are the broader Outcomes you anticipate will result from this investment? What impact will this investment have on the community need(s) identified above? (5 Points)**

*Outcomes measure the amount of true change that is a result of your activities. The outcomes are associated with the project goals and illustrate how successful your program/project is in producing a positive change for your clients or the community when effectively implemented. The measurement of an outcome should show actual change for clients or community and address how the community needs are being resolved. The answer should identify the outcome targets, outcome indicators, and outcome results. At a minimum, provide the unduplicated count of individuals that you project to serve in FY22 as a result of CSBG Discretionary funding.*

**IMPORTANT NOTE:** Save the information entered on the Application Information form *before* proceeding to the Application Budget form. Otherwise, the information entered will be lost and you will have to re-enter it.

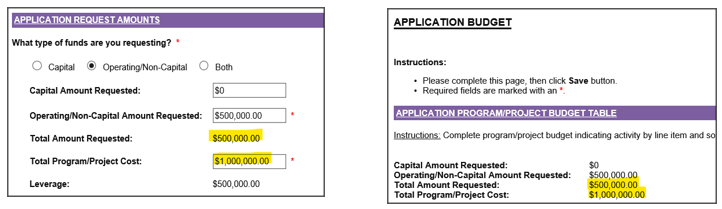
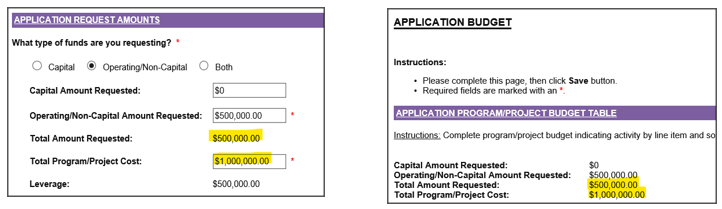
**Application Budget**

Complete the budget table to represent the annual costs of your organization’s program. CSBG Discretionary funds may only be applied to operating/non-capital costs.

1. List all proposed uses of funds in the “Activity/Use of Funds” column.
2. Do not list any amounts in the “Capital Amount” column of the budget table.
3. List the total annual expenditure for each line item in the “Operating Amount” column.
4. In the Additional Source(s) of Funds section of the budget table, provide the amount of funds from other sources that will be applied to each activity/use listed in the first column.

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| --- | --- | --- | --- | --- | --- | --- |
| **(1)**  **Activity/  Use of Funds** | **Award Amount(s)** | | **(4)**  **Additional Source(s) of Funds** | | | **Totals by Activity/**  **Use of Funds** |
| **(2)**  **Capital Amount** | **(3) Operating Amount** | **Awardee Amount** | **Other Source Amount** | **Name of Other Source** |
|  |  |  |  |  |  | **$0.00** |
|  |  |  |  |  |  | **$0.00** |

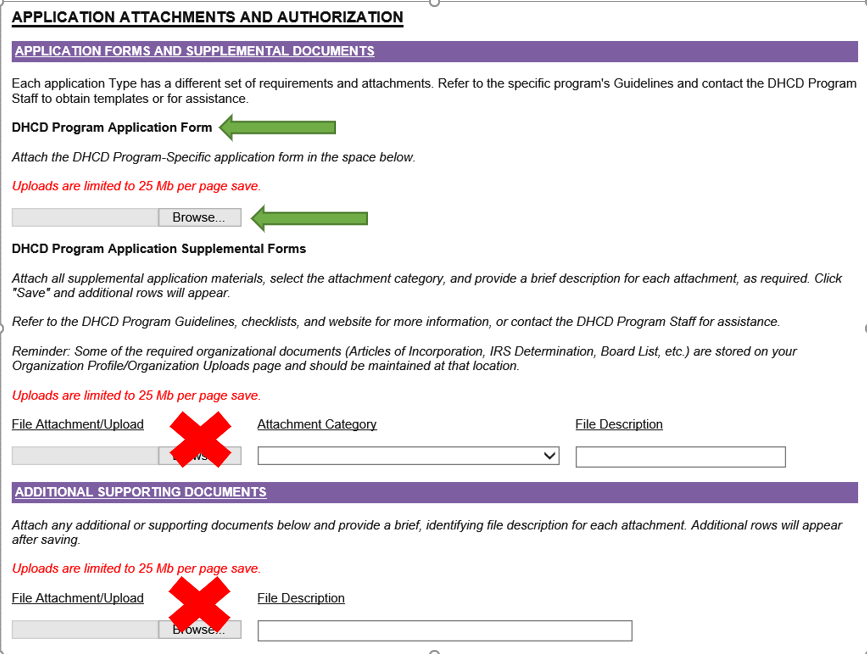
The Total Amount Requested and the Total Program/Project Cost shown on the Application Budget must match the amounts entered on the Application Information page.

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**IMPORTANT NOTE:** Save the information entered on the Application Budget form *before* proceeding to the Application Attachments and Authorization form. Otherwise, the information entered will be lost and you will have to re-enter it.

**Application Attachments and Authorization**

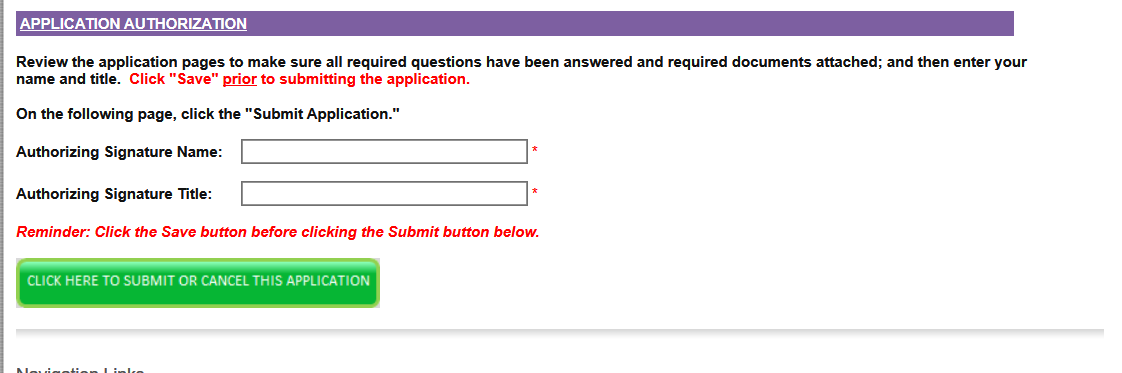
This form is where you will upload responses to the program-specific questions for this application. You are not required to upload any other documentation to this portion of the application.

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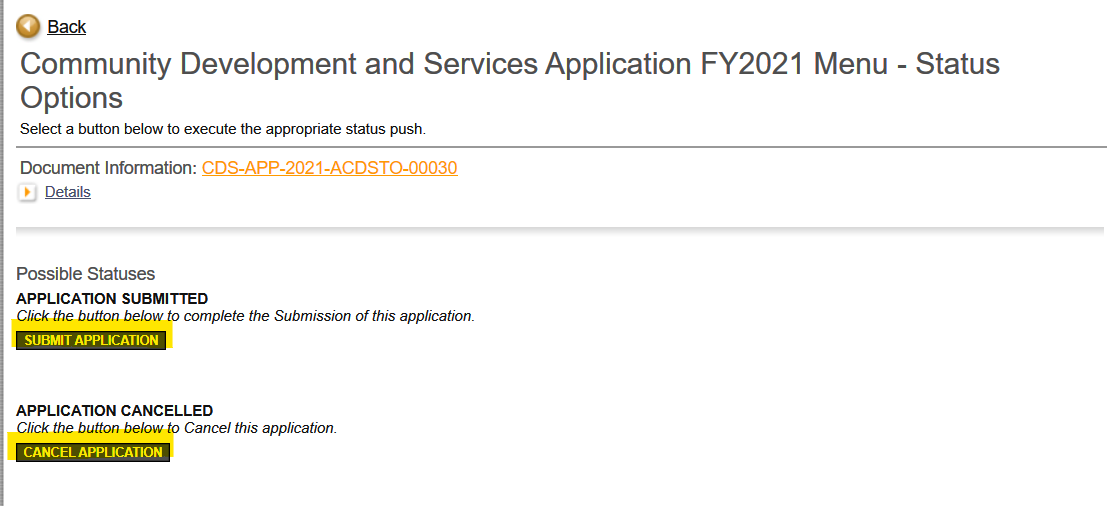
**Application Authorization**

At the bottom of this form, enter the name and title of your agency’s authorized official.

**IMPORTANT NOTE:** Save all information entered and uploaded *before* clicking submit. Otherwise, this information will be lost, and you will have to re-enter it.

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The **final step to submit your application** is to select “Submit Application” on the page pictured below. You also have the option to cancel the application if you need to make changes or no longer want to proceed.

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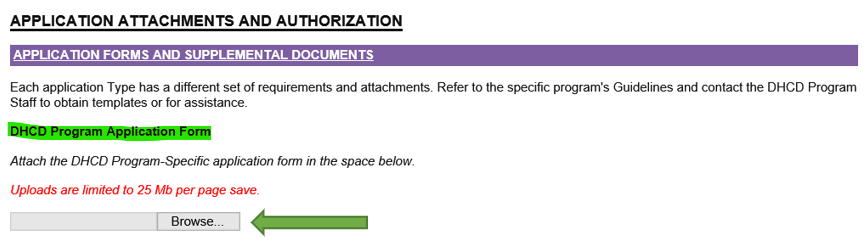
**Application Summary**

In the chart below, indicate the category that applies to your funding request. Provide a summary describing the project and the proposed goals and outcomes.

|  |  |  |
| --- | --- | --- |
| ✓ | Category | Summary |
|  | Asset Building Programs |  |
|  | Innovative Programs to Address Poverty |  |
|  | Projects to Address Documented Gaps in Services |  |

**Program-Specific Questions**

The following questions must be completed and submitted through the DHCD Project Portal as part of your organization’s application for CSBG Discretionary funding. In the Application Attachments and Authorization page, upload your responses under the heading “DHCD Program Application Form”. **Limit responses to 200 words or less**.



1. Provide a brief description of the history and mission of your organization. If your organization is not a designated Community Action Agency (CAA), also provide a description of your organization’s history of working with the CAA network. (10 Points)
2. Describe how the proposed project supports the mission of your organization and its efforts to eliminate poverty, achieve self-sufficiency, and stimulate community revitalization in Maryland. (10 Points)
3. Identify the target population or organization (e.g., low-income youth, individuals experiencing homelessness, CAA Network etc.) that will be served / assisted by this project. (10 Points)
4. Describe your organization’s current capacity (i.e., staffing, technology, equipment, resources etc.) to achieve the outputs and outcomes included in this proposal. (10 Points)
5. Based on your organization’s current capacity, provide a project timeline showing each output and outcome included in this proposal, and deliverables (or activities) you will conduct to achieve that output or outcome. Include a projected completion date for each deliverable. The deliverables and completion dates should be realistic and achievable within the grant term (July 1, 2021 – June 30, 2022). (10 Points)

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| --- | --- | --- |
| **Output / Outcome** | **Deliverable** | **Completion Date** |
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1. Describe existing partnerships that will support the proposed project or activity. Explain how these partnerships will assist your organization with achieving the outputs and outcomes included in this proposal. (10 Points)
2. If the project for which you are seeking funding is currently operating, provide a summary of monthly expenditures for the period of July 2020 – December 2020. If this is a new project (not currently funded) summarize your plan for fully expending CSBG Discretionary funds during the grant term. (10 Points)

|  |  |  |
| --- | --- | --- |
| **Month & Year** | **Activities / Uses** | **Total Expenditures** |
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**Budget Narrative**

In the space below, provide a narrative explanation for each budget line item included in the Application Budget. Also, indicate whether other sources of funds listed in your Application Budget are pending, committed, or received. (10 Points)