



Homeless Solutions Program SFY2026 COC/LHC Application Training

March 3rd, 2025

Content

- Organization Profile Review
- Application Overview
- Project Performance Review Tool
- Project Portal Submission Refresher
- Questions?

Organization Profile Review

Due: Friday March 21st, 2025



DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT

Jacob R. Day, Secretary
Julia Glanz, Deputy Secretary

Overview

One of the new expectations for the SFY26 application process is obtaining the Organization Review prior to the application narrative. This will allow the HSP team to complete the threshold review in advance in order to streamline the scoring and award process.

In previous years, the threshold review was completed in conjunction with the application scoring, requiring more time for processing and leading to award delays if there are discrepancies on the W9 or if applicable charitable registration or certificates of good standing are out of date.

Advancing the threshold review will allow the HSP team to work on award preparation documentation while Grantees continue to work on the application narrative, budget and project performance tool.

Applicant Information

Applicant Information

Organization Profile	
Name	
Federal ID #	
Unique Entity Identifier #	
Street Address:	
City:	
County:	
State:	
Zip Code:	
Phone:	
Web Address:	

Primary Contact	
Name	
Title	
Address	
City	
State	
Zip Code	
Phone	
Email	

Secondary Contact	
Name	
Title	
Address	
City	
State	
Zip Code	
Phone	
Email	

- Complete in entirety
- Ensure the Federal ID and Unique Entity ID are correct and match the W9
- The Organization address should match the W9, as well
- The primary and secondary contact should be the person authorized to complete the application and receive subsequent correspondence regarding the award
- Once all requested material has been updated in the portal, email the Organizational Profile Review to LaToya.Arnold-Artis@Maryland.gov

Required Organization Profile Information and Attachments:

- ☐ W-9 with address and FEIN that matches your state vendor registration (both governments and nonprofits)
- ☐ Agency Organizational Chart (both governments and nonprofits)
- ☐ Most Recent Single Audit or Independent Financial Audit (both governments and nonprofits)
- ☐ Articles of Incorporation and Bylaws (nonprofits only)
- ☐ Federal Tax Exemption Determination Letter (nonprofits only)
- ☐ Certificate of Good Standing from Maryland Department of Assessments and Taxation (nonprofits only)
- ☐ Copy of Charity Registration Status from Maryland Secretary of State website (nonprofits only)
- ☐ List of Board of Directors (nonprofits only)

Please ensure that the most current versions of the material listed above is **uploaded to the Project Portal no later than March 21st** in order to avoid delays during award approval and execution. If for any reason you are having difficulty uploading the requested material to the portal, please submit them as an attachment via email and notify me at Latoya.arnod-artis@maryland.gov.

Application Overview

Due: Friday, April 25th, 2025

Homeless Solutions Program Overview

HSP prioritizes funding for projects that:

- Divert households who are at-risk of becoming homeless through creative problem-solving, safe family/friend reunification and mediation, and homeless prevention
- Rapidly and effectively connect people experiencing homelessness with mainstream benefits, income, and permanent housing opportunities
- Serve especially vulnerable groups, such as unsheltered individuals, unaccompanied youth, domestic violence survivors, and individuals with complex medical and behavioral health needs
- Implement evidence-based practices and demonstrate fidelity to best practice program models
- Deliver services in a safe, inclusive, equitable, and accessible manner

Eligible activities include street outreach, shelter, host homes, rapid re-housing, permanent supportive housing, homeless prevention/diversion, HMIS data entry and system administration, and administrative costs.

Eligible applicants include:

1. A HUD-approved Collaborative Applicant/lead agency of a Maryland Continuum of Care (CoC), OR
2. A DHCD-approved lead agency for a Balance of State CoC Local Homeless Coalition (LHC)



HSP Overview (contin.)

Expectations of Grantees

- Lead agencies may subgrant all or part of their HSP grant to government agencies or nonprofit organizations to provide eligible services.
- Grantees that are awarded HSP funding are required to perform due diligence in regards to organizational capacity of subgrantees before making awards.
- Lead agencies will be required to complete risk assessments to inform selection of subgrantees for financial and programmatic monitoring and ensure that programs are operating within the requirements and regulations of the program.

Expected Funding Availability for State Fiscal Year 2026

Name	Sources	Amount
Emergency Solutions Grant (FFY2025)	Federal- HUD	\$1,200,000
State HSP Funds (SFY 2026)	Maryland	\$14,000,000
Total Available Funds		\$15,200,000

- DHCD anticipates overall level funding for State HSP and HUD ESG funds in FY26. As of February 27, 2025, the proposed state budget for FY26 eliminates the \$5 million for emergency rental assistance that was included in DHCD's FY25 budget. Of that \$5 million, \$2.3 million was utilized to supplement HSP awards for FY25 to account for annual increases in fair market rents and reductions in permanent housing availability due to expiration of COVID-era funding. If the proposed cut is not restored in the final state budget approved by the Governor and Maryland General Assembly in early April, grantees should expect to have a total award that is closer to the award they received in FY24.
- Given the proposed budget cut at the time of this HSP application opening, we are asking HSP applicants to submit 2 budget spreadsheets:
 1. One based on level funding of their HSP FY24 award
 2. One based on a 30% increase above the FY24 award (in the case that the proposed cut is reversed and/or DHCD is allocated additional funds in the final FY26 budget)

Expected Funding Availability (contin.)

- The final amount awarded will be based on the application review and the actual amount of funding allocated to DHCD by HUD and the State of Maryland for SFY2026.
- This strategy will allow HSP to plan for numerous budget scenarios, while also allowing applicants to prioritize project allocations given these scenarios (ie higher priority projects are included in the level funding budgets while new lower priority projects are included in the 30% increase budget).
- Budget parameters for each applicant is included in the application guidance.
- SFY2026 HSP grant agreements will have an 18-month performance period – July 1, 2025 through December 30, 2026.

Eligible Activities and Costs

HSP provides funding for eight main activities:

- 1) **Homeless Prevention/Shelter Diversion**- programs that assist households to remain in their permanent housing or relocate to other permanent housing when they are considered at-risk of becoming homeless. Eligible costs include rental assistance, financial assistance, and housing stabilization services.
- 2) **Emergency Shelter**- activities that connect people with immediate access to overnight shelter in order to respond to a crisis. Funding provided for Emergency Shelter can be used both to pay for the operations of the shelter, such as rent and utilities, as well as services provided by the shelter, including case management. * Any shelter that accepts children is considered a “Family” shelter.
- 3) **Street Outreach**- services that are provided to currently unsheltered individuals and families, including engagement and case management.
- 4) **Rapid Re-Housing**- assists homeless households who are unsheltered or staying in emergency shelter or motel with obtaining permanent housing in a regular rental unit in the community. Eligible costs include rental assistance, financial assistance, and housing stabilization services. Note: RRH programs targeted to unaccompanied homeless youth may also serve households or clients meeting HUD categories 2 or 3 in their programs.

Eligible Cost (contin.)

- 5) **Permanent Supportive Housing**- provides households with non-time limited subsidized permanent housing and supportive services. Eligible costs include case management services such as linking residents to supportive services, as well as staff costs for those who assist clients in applying for food, medical, and other benefits. Additional eligible costs include project-based leasing, operating, and rental assistance costs.
- 6) **Homeless Management Information System (HMIS)**- covers the costs of data collection through an HMIS database. All providers must enter data into HMIS or, for victim services providers, a comparable database.
- 7) **Special Events**- covers the Homeless Resource Day events that are intended to connect people with available services, as well as activities designed to support the annual Point-in-Time (PIT) count.
- 8) **Administration Support Cost**. Administration Support Costs include funding used for staffing COC/LHC and Coordinated Entry personnel, Training and Technical Assistance, as well as conference and meeting costs. Funding in this category also supports initiatives to encourage development of Youth Action Boards and Lived Experience Committees.

A full list and description of eligible activities, costs, and policies is available in the HSP Grantee Policy Guide.

Application Scoring Process

Scored Category	Maximum Points
Prior HSP Grant Spending History	5
Prior HSP Grant Compliance History	5
HMIS Compliance & Data Quality	5
Renewal Project Performance	50
CoC Application	
1. Strategy	10
2. Project Selection	20
3. System Performance	20
4. Coordinated Entry	10
5. Equity	10
6. Compliance and Quality	10
7. Youth Projects	5
8. RRH/PSH Projects	10
Total Points Possible	160

All applications will be subject to three reviews:

1. Organization Profile Review
 2. CoC/LHC Application Narrative Review
 3. Project-Level Performance Evaluation
- The Organization Profile Review ensures that the applicant is eligible and ready for award consideration
 - Once an applicant passes the threshold review, the application can be scored by DHCD staff based on the CoC/LHC application narrative, proposed budget activities and project performance review
 - Prior grant spending and compliance will also be considered during application scoring

Application Checklist (contin.)

- ❑ **Complete the Homeless Solutions SFY2026 Application and Budget Screen on the DHCD Project Portal**

Note: The portal budget screen should include only one “activity”: Operating. This amount should be your entire requested budget amount

- ❑ **Upload the following supporting attachments with your application in the portal:**

- ❑ CoC/LHC Application – Word
- ❑ Detailed Budget and Project Listing - Excel
- ❑ Project Performance Tool- Excel
- ❑ Performance Data
 - Stella P Report (see application template for more instructions)
 - 2024 System Performance Measures Report (see application template for more instructions)
 - HUD Annual Performance Report (APR) from HMIS for each renewal project (Performance Period: 1/1/2024-12/31/2024)
 - 2024 Housing Inventory Count and Point in Time Count Data

Application Components

8 Part Narrative Application (*Word Document*)

- Part 1: Strategy
- Part 2: Project Selection
- Part 3: System Performance
- Part 4: Coordinated Entry
- Part 5: Equity
- Part 6: Compliance and Quality
- Part 7: Youth Projects
- Part 8: RRH and PSH Projects

Detailed Budget Template (*Excel spreadsheet*)

- Program Budget Request; complete both level and 30% increase tabs
- Project List; new and renewal projects

Project Performance Review Tool (*Excel Spreadsheet*)

- Based on APR data from performance period January 1, 2024 thru December 30, 2024
- Complete for each renewal project on their respective activity tab

Detailed Application Budget Template

Level and Level + 30% Increase Budget Tabs

- Complete both tabs based on each budget scenario
- Insert the COC/LHC name at the top of the spreadsheet
- In the column header, replace "Organization" and "Project Name" with the project information.
- Note whether a project primarily serves unaccompanied homeless youth.
- Enter the total annual operating cost for each project (including costs from all funding sources). This will automatically calculate the leverage amount based on the requested HSP allocation.
- Enter the funding requests per activity for each project included in your CoC/LHC application.
- Do not replace the formulas in any of the subtotal/total cells or the match/percent of project budget rows. **Only enter data and numbers in white cells.** If your CoC/LHC has more than 10 projects, create a second copy of the respective budget template.

Project List Tab

- Complete each column for new and renewal projects
- Be sure to include both the HMIS project name and ID
- Be sure to Indicate if the project is new or a renewal

Budget Tabs

HSP 26 Detailed Application Budget Template .XLSX

File Edit View Insert Format Data Tools Help

Menus 75% \$ % .0 .00 123 Calibri 11 B I A

A2:M2 INSTRUCTIONS:

	A	B	C	D	E	F	G	H	I	J	K	L	M
		CoC/LHC Lead	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Organization Project Name	Total CoC/LHC Budget
3	Youth Project?												
4	Total Annual Project Operating Budget (all sources)	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$10.00
5	Street Outreach												
6	Street Outreach Services												\$0.00
7	Point-in-Time Count												\$0.00
8	Homeless Resource Day												\$0.00
9	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	Shelter (Emergency, Transitional, and Host Homes)												
11	Essential Services												\$0.00
12	Shelter Operations												\$0.00
13	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	Rapid Re-Housing												
15	Rental Assistance												\$0.00
16	Financial Assistance												\$0.00
17	Services												\$0.00
18	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19	Homelessness Prevention												
20	Rental Assistance												\$0.00
21	Financial Assistance												\$0.00
22	Services												\$0.00
23	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
24	HMIS												
25	HMIS Lead System Administration (HMIS Leads Only)												\$0.00
26	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
27	Permanent Supportive Housing												
28	Services												\$0.00
29	Project-Based Leasing/Operating/Rental Assistance												\$0.00
30	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
31	Direct Cash Transfer Project												
32	Financial Assistance												\$0.00
33	Services												\$0.00
34	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
35	Admin												
36	CoC/LHC/Coordinated Entry Staffing (CoC/LHC Leads Only)												\$0.00
37	Training, Technical Assistance, and CoC Meeting Costs												\$0.00
38	Lived Experience/Youth Action Board Compensation												\$0.00
39	Project Administrative Costs (10% cap)												\$0.00
40	Subtotal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41	TOTAL HSP FUNDING REQUEST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42	LOCAL MATCH/LEVERAGE	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$10.00
43	HSP PERCENT OF TOTAL PROJECT BUDGET	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

+ ≡ Level Funding Budget Level +30% Inc Budget Project List



DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Jacob R. Day, Secretary
Julia Glanz, Deputy Secretary

Project List Tab

[illegible]

Project Performance Tool

Overview

New in the SFY2026 application is the Project Performance Tool. COC/LHCs are expected to provide data on renewal projects based on the APR. This will allow the HSP team to more efficiently assess project data.

The performance tool inquires about data points related to service, data quality and equity.

Project evaluation allows the HSP team to establish trends and monitor project outcomes and prioritizes

Copies of project APRs should still be uploaded with the application for reference. However, performance tools should be completed in their entirety.

The performance period of the APR is January 1st, 2024 to December 30th, 2024.

A sample APR has been marked up to correspond with the requested data points.

Complete each column and data point described. The APR number and question is provided. The Project Name and ID should correspond to the Name, ID and data from the APR being populated.

FY26 HSP Project Performance Tool

File Edit View Insert Format Data Tools Extensions Help

90%

123

Calibri

24

B

I

A

Σ

A1:E2

Street Outreach Project Information (do not include Resource Days or Supportive Services Only Projects)

Street Outreach Project Information (do not include Resource Days or Supportive Services Only Projects)					Service								
					APR Q9a "Total Persons Contacted/ All Persons Contacted"	APR Q9b "Total Persons Engaged/ All Persons Contacted"	APR Q5a "Total Number of Persons Served/Coun t of Clients"	SFY2025 Project Proposed Number Served	APR Q23c "Percentage of persons exiting to positive housing destinations/ Total"	APR Q22b Average Length of Participation: "Average Length/Stayers"	APR Q19a2 Performance measure: "Percent of Persons who Accomplished this Measure/ Number of Adults with Any Income"	APR Q20b "Benefit at Exit for Leavers/ 1+ Sources"	APR Q21 "1 Source of Health Insurance/ At Exit for Leavers "
Project type	CoC	County/Region	Organization Name	Project Name and ID	Client Engagement			Exits and Length of Stay		Income and Benefits at Exit			
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													
Street Outreach													

Renewal Projects Street Outreach Emergency Shelter Rapid Rehousing Prevention PSH

Ensure that data is populated on the correct tab that corresponds with the APR project type.

There is a Notes column included at the end of each section to report any relevant information related to the project the HSP team should know. For example, if the project was not set up in HMIS correctly or if there was a significant event that impacted capacity, such as a maintenance issue.

[illegible]

A sample APR has been provided that highlights the required data points for each section.

4209101/28/2025 01:15:10 PM (0.27 mins)COCAPRBoS ESCarolyn CurryMD-514 HMISCAROLYN CURRYCompleted

Showing 1-4 of 4

Report Options

NameTest APR

Description

Provider TypeProviderReporting Group

Provider *ZZZ INACTIVE: SM_TEST Shelter (887)
This provider AND its subordinatesThis provider ONLY

Program Date Range *07/01/2023to 06/30/2024

Entry/Exit Types *BasicProgram Entry/ExitHUDPATHCallRHYStandardProgram Entry/ExitVA(HPRP Retired)

CoC APR Report Results - Date Ran: 02/21/2025 02:22:27 PM - Report ID: 43820

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org ID	Project Name	Project ID	HMIS Project Type	RRH Subtype	Coordinated Entry Access Point	Affiliated with a residential project	Project IDs of Affiliation	CoC Number	Geocode	Victim Service Provider	HMIS Software Name and Version Number	Report Start Date	Report End Date	Total Active Clients	Total Active Households											
MD-514 HMIS	8	ZZZ INACTIVE: SM_TEST Shelter	887	Missing	Missing				MD-508	249037	No	WellSky Community Services	2023-07-01	2024-06-30	0	0											

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	Count of Clients for DQ	Count of Clients
1. Total Number of Persons Served	0	0
2. Number of Adults (age 18 or over)	0	0
3. Number of Children (under age 18)	0	0
4. Number of Persons with Unknown Age	0	0
5. Number of Leavers	0	0
6. Number of Adult Leavers	0	0
7. Number of Adult and Head of Household Leavers	0	0
8. Number of Stayers	0	0
9. Number of Adult Stayers	0	0
10. Number of Veterans	0	0
11. Number of Chronically Homeless Persons	0	0
12. Number of Youth Under Age 25	0	0

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter			# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%		
Bed Night (All clients in ES - NBN)	0	0	0%		
7a - Number of Persons Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	0	0	0		0
Children	0		0	0	0
Client Doesn't Know/Client Prefers Not to Answer	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	0	0	0	0	0
For PSH and RRH - the total persons served who moved into housing					
	0	0	0	0	0
7b - Point-in-Time Count of Persons on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	0	0	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0
8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	0	0	0	0	0
For PSH and RRH - the total households served who moved into housing					
	0	0	0	0	0
8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January					
April					
July					
October					

9a - Number of Persons Contacted				
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0
9b - Number of Persons Engaged				
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0%	0%	0%	0%

Project Portal Submission Refresher

Organization Profile Update and Uploads

From an Authorized
Officials account,
Select 'Profile'

MARYLAND
Department of Housing and
Community Development

NEIGHBORHOOD REVITALIZATION
DHCD Project Portal
GRANTS MANAGEMENT SYSTEM

Home Searches - LOGGED IN AS [User Name]

Dashboard

Instructions:

- Click on an Opportunity Name to start applying for the Opportunity.
- The 'My Tasks' panel will show documents that are currently in process or are in need of attention.

My Tasks [Initiate Related Document](#)

> Filter

> My Tasks

Announcements

My Opportunities

> Filters

[Go to the top](#)

Confirm that the Profile information, Organization Information and Organization Uploads are current and accurate. Upload required supporting documents to Upload tab.

MARYLAND
Department of Housing and Community Development

NEIGHBORHOOD REVITALIZATION
DHCD Project Portal
GRANTS MANAGEMENT SYSTEM

Home Searches - LOGGED IN AS: [REDACTED] Save

Organization Information

Cecil County Health Department

Organization Information

Organization Members

Organization Uploads

Person Information

- Complete or edit the person profile and organizational role information.
- Required fields are marked with a red asterisk (*)
- To request changes or additions to organization membership or roles, contact a system administrator at hsSystemSupport.dhcd@maryland.gov

Profile

Basic Information

First Name * [REDACTED] Middle Name [REDACTED]

Last Name * [REDACTED] Prefix * Ms. Suffix [REDACTED]

Title * [REDACTED]

Director [REDACTED]

Contact Information

Primary Phone * [REDACTED]

Cell [REDACTED]

Email * [REDACTED]

Additional Information

Organizations

Cecil County Health Department

Role Name	Active Date	Inactive Date	Assigned By
Authorized Official	1/14/2020		[REDACTED]

MARYLAND
Department of Housing and Community Development

NEIGHBORHOOD REVITALIZATION
DHCD Project Portal
GRANTS MANAGEMENT SYSTEM

Home Searches - LOGGED IN AS: [REDACTED] Save

Organization Information

Cecil County Health Department

Organization Information

Organization Members

Organization Uploads

Organization Uploads

Based on your Organization Type and DHCD Funding Program requirements, you can upload and maintain various organization-related documents, incorporated as Legal Exhibits for applications, award agreements, award amendments, and other submissions. These documents should be reviewed and replaced/updated at the time of application and award. Contact DHCD Program Staff if you require assistance.

ORGANIZATION TYPE DESCRIPTIONS:

This section is completed and maintained by DHCD staff. If the Organization Type information is incomplete or inaccurate, please contact your DHCD Funding Program manager or contact hsSystemSupport.dhcd@maryland.gov for assistance in making changes to this detail.

Please select one to best describe your organization:

☒ Government Organization ☐ Non-Profit Organization ☐ For-Profit Organization, Consultant or Contractor

Government Organization Type:

Please mark each that describes your organization:

☐ County Government ☐ Municipal Government ☐ Group of Local Governments

☐ Housing Authority ☐ Quasi-Governmental Organization

☒ Other (Provide Description): Local Health Department - State Government

ORGANIZATION UPLOAD DOCUMENTS

This section can be completed or updated at any time by applicant and awardee organizations or by DHCD Program Staff. Applicants and awardees are required to provide a number of organizational documents as evidence of program eligibility and compliance with State of Maryland statutes and regulations. Failure to provide and maintain complete, accurate and current documentation may cause delay or even prohibit the acceptance or approval of applications, agreements or payment requests.

Organizational documents attached to this page are linked and referenced within application, agreement, amendment, payment and progress report forms throughout this grants management system and can be shared between funding programs to reduce duplication.

To ensure acceptance, compliance and the timely processing of forms, please maintain – as current and valid – each of the listed documents below.

Note: documents attached to this page can not exceed 25 MB in size and file names cannot include punctuation marks, dollar signs, or other special characters.

Contact your DHCD Funding Program manager or hsSystemSupport.dhcd@maryland.gov for assistance with these documents.

IRS Taxpayer Identification and Certification W-9 Form	Document Date	Last Change Date	Edited By
Browse Drag Files Here	05/10/2024	02/28/2025	LaToya Arnold-Artis

2024 CCHD W-9.pdf

Application Submission

The HSP 26 application should be visible on your Project Portal Dashboard under “My Opportunities” by Friday, March 7th. This will not impact your ability to complete the Organizational Review due March 21st, 2025. The Application narrative, budget template and Project Performance Tool are due April 25th, 2025.

Announcements

On March 5th and March 8, 2024, marking the opening of the new DHCD Project Portal, two introductory training webinars were conducted with the developers, Agate Software, Inc. Both sessions provided "overview" demonstrations of core system functions, including: new user registration and login; user and organization profiles; basic system navigation and searches; and award document creation and submission.

Linked here are MP4 recordings of both webinar sessions:

- [Grantee Webinar MP4 \(05 MAR 24\)](#)
- [Grantee Webinar MP4 \(08 MAR 24\)](#)

Linked here are Question & Answer logs of both webinar sessions:

- [Grantee Webinar Q and A \(05 MAR 24\)](#)
- [Grantee Webinar Q and A \(08 MAR 24\)](#)

Additional application and award training documentation will be forthcoming.

My Opportunities

My Opportunities

Name	Provider	Availability	Description
Community Development and Services Application FY2025	Maryland Department of Housing & Community Development, Division of Neighborhood Revitalization	3/7/2024 8:00:00 AM - 4/19/2024 5:00:00 PM	CDA Application FY25

Click “Proceed” to initiate the application.

Community Development and Services Application FY2025

Community Development and Services Application Availability Dates: 3/7/2024 8:00:00 AM - 4/19/2024 5:00:00 PM

Due Date: 4/19/2024 5:00:00 PM

Description:

Community Development and Services (CDS): The CDS application serves as a common template for the Department of Housing and Community Development in support of multiple Division of Neighborhood Revitalization funding programs, including:


- Community Services Block Grant (CSBG)
- Homelessness Solutions Program (HSP)
- Housing Stability Counseling Program (HSCP)
- Maryland Housing Counseling Fund (MHCF)
- Neighborhood Housing Services (NHS)
- Operating Assistance Grant – Main Street Improvement Program (OAG-MIP)
- Operating Assistance Grant – Technical Assistance Grant Program (OAG-TAG)

Additional information about each of these programs, including application forms and guidelines, may be found on the [DHCD website](#).

Each program has separate opening and closing/deadline dates. Click on the [FY 2025 Application Schedule](#) to view these dates.

Note: Dates and program, availability are subject to change.

No applications will be accepted after the program's due date.

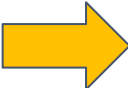
 **Proceed** **Cancel**



DEPARTMENT OF HOUSING
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Begin the application from the first bullet under Application Forms. Select “Application Information”.



**CDS-APP-2025-
CecilCoH-00006**

**Training Documents
and Resource Links**

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments and Authorization ☐

Tools

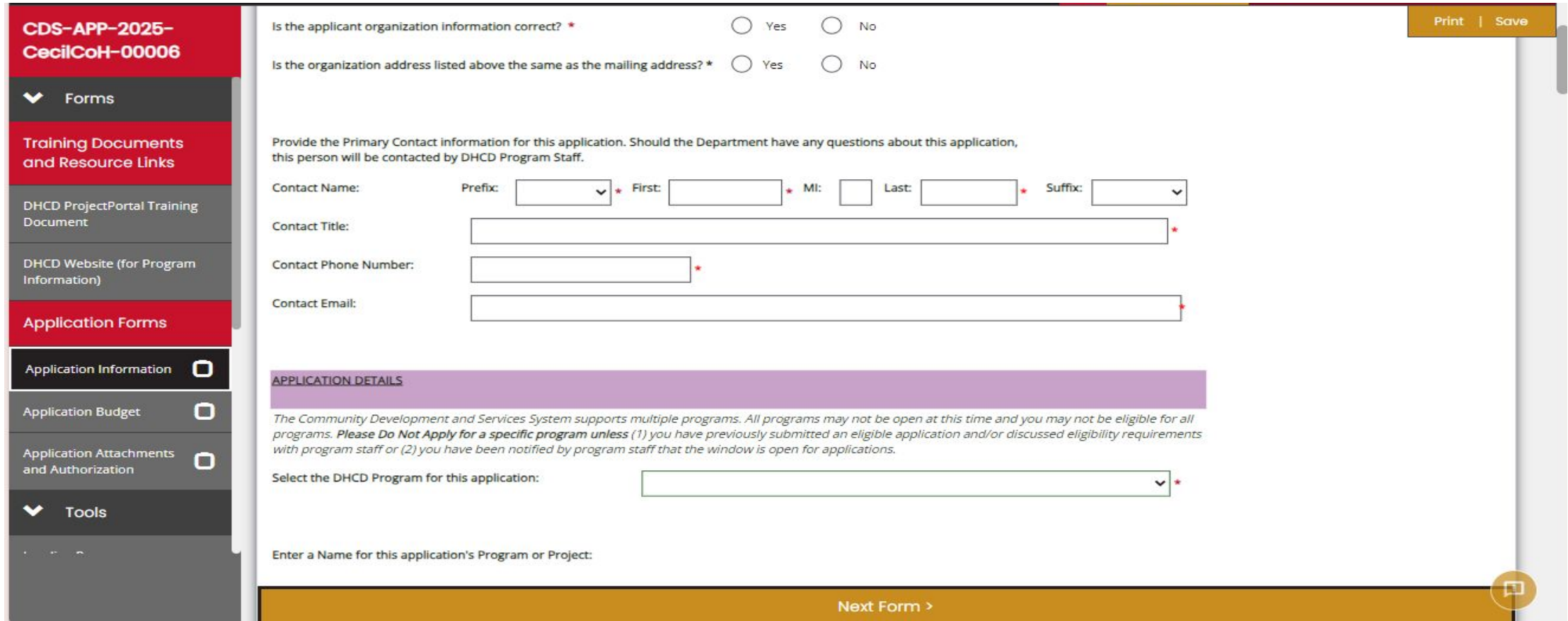
Landing Page

Document Landing Page

Instructions:
View document details.

Template Community Development and Services Application FY2025	Instance Community Development and Services Application FY2025	Process Community Development and Services Application	
Document Name CDS-APP-2025-CecilCoH-00006	Document Status Application in Process		
Organization Cecil County Health Department	Your Role Authorized Official	Period Date 3/7/2024 8:00:00 AM 4/19/2024 5:00:00 PM	Due Date 4/19/2024 5:00:00 PM

Complete the Application Information page. Be sure to complete/ update any missing information in the Organization information section.



CDS-APP-2025-CecilCoH-00006

Forms

Training Documents and Resource Links

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments and Authorization ☐

Tools

Is the applicant organization information correct? * ☐ Yes ☐ No

Is the organization address listed above the same as the mailing address? * ☐ Yes ☐ No

Print | Save

Provide the Primary Contact information for this application. Should the Department have any questions about this application, this person will be contacted by DHCD Program Staff.

Contact Name: Prefix: * First: * MI: Last: * Suffix:

Contact Title: *

Contact Phone Number: *

Contact Email: *

APPLICATION DETAILS

The Community Development and Services System supports multiple programs. All programs may not be open at this time and you may not be eligible for all programs. **Please Do Not Apply for a specific program unless** (1) you have previously submitted an eligible application and/or discussed eligibility requirements with program staff or (2) you have been notified by program staff that the window is open for applications.

Select the DHCD Program for this application: *

Enter a Name for this application's Program or Project:

Next Form >

CDS-APP-2025-
CecilCoH-00006

▼ Forms

Training Documents
and Resource Links

DHCD ProjectPortal Training
Document

DHCD Website (for Program
Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments
and Authorization ☐

▼ Tools

APPLICATION DETAILS

The Community Development and Services System supports multiple programs. All programs may not be open at this time and you may not be eligible for all programs. **Please Do Not Apply for a specific program unless** (1) you have previously submitted an eligible application and/or discussed eligibility requirements with program staff or (2) you have been notified by program staff that the window is open for applications.

Select the DHCD Program for this application:

Homelessness Solutions Program ▼ *

Enter a Name for this application's Program or Project:

Provide a short program/project name for this application, limited to 100 characters.

0 of 100

Enter a Short Description for this application's Program or Project:

Provide a short description for this application, limited to 250 characters

Next Form >

Next Form >

Maryland

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UNDER APPLICATION DETAILS:

For the DHCD Program.. select Homelessness Solutions Program.

For the Program Name use:
{Agency Name} HSP SFY26 Program Application

For the short description use:
"{Agency Name} is applying for Homelessness Solutions Program funding, which will provide services and housing stability to prevent and end homelessness for Maryland residents."

Forms

Training Documents and Resource Links

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information

Application Budget

Application Attachments and Authorization

Tools

APPLICATION REQUEST AMOUNTS

What type of funds are you requesting? *

☐ Capital ☒ Operating/Non-Capital ☐ Both

Operating/Non-Capital Amount Requested: \$ * Required if "Operating/Non-Capital" or "Both" is selected

Total Amount Requested: \$0.00

Total Program/Project Cost: \$ *

Leverage: \$

PROGRAM/PROJECT ADDRESS LOCATION

Is the Program/Project Address of this application the same as the Organization Address (as listed above)? *

Next Form >

The funding type is
"Operating/ Non-
Capital.

Enter the Total HSP
Amount Requested

Enter the Total
Program Costs (all
funding sources)



Forms

Training Documents and Resource Links

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information

Application Budget

Application Attachments and Authorization

Tools

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 [DHCD Neighborhood Revitalization Mapper Tool](#) website.

☐ Arts & Entertainment District

Name:

☐ Base Realignment and Closure Zone (BRAC)

Name:

☐ Enterprise Zone

Name:

Next Form >

For Program/ Project
Address Designation:

Scroll to the bottom of
this section and select,
"None of the Above"

Application Community Needs, Strategies and Outcomes: This questions will be addressed in the narrative of the application. Please just enter, “See Attached” in these fields.

CecilCoH-00006

Forms

Training Documents and Resource Links

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information 0

Application Budget 0

Application Attachments and Authorization 0

Tools

APPLICATION COMMUNITY NEEDS, STRATEGIES, AND OUTCOMES

Instructions: In order to answer the questions below, please first review the "CDS Application Questions: Key Terms and Definitions" for guidance.

Briefly describe the Community Investment Needs that will be addressed by this program or project. *

0 of 2000

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

Next Form >

CDS-APP-2025-
CecilCoH-00006

Forms

Training Documents and Resource Links

DHCD ProjectPortal Training Document

DHCD Website (for Program Information)

Application Forms

Application Information 0

Application Budget 0

Application Attachments and Authorization 0

Tools

0 of 2000

What specific Outputs will result from investment in this strategy and set of activities? *

0 of 2000

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? *

0 of 2000

Next Form >

Application Budget:

Create ONE activity/use of funds called “Operating”. Under Requested Amount, enter the total amount of your CoC/LHC request in the “operating/non-capital amount” box of the activity line.

*Do not enter Additional Funding Sources or any other Use of Funds categories.



CDS-APP-2025-
CecilCoH-00006

Training Documents
and Resource Links

DHCD ProjectPortal Training
Document

DHCD Website (for Program
Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments
and Authorization ☐

Tools

Landing Page

Document Validation

APPLICATION PROGRAM/PROJECT BUDGET TABLE

Instructions: Complete program/project budget indicating activity by line item and source of funding.

Capital Amount Requested: \$0.00

Operating/Non-Capital Amount Requested: \$0.00

Total Amount Requested: \$0.00

Total Program/Project Cost: \$0.00

Activity/Use of Funds	Requested Amount(s)		Additional Source(s) of Funds			Totals By Use of f
	Capital Amount	Operating/Non- Capital Amount	Applicant Amount	Other Source Amount	Name of Other Sources	
	\$ 0	\$ 0	\$ 0	\$ 0		
	\$ 0	\$ 0	\$ 0	\$ 0		
	\$ 0	\$ 0	\$ 0	\$ 0		
	\$ 0	\$ 0	\$ 0	\$ 0		

< Previous Form

Next Form >

Application attachments: For DHCD Program Application Form attach the HSP Application Narrative

CDS-APP-2025-
CecilCoH-00006

DHCD ProjectPortal Training
Document

DHCD Website (for Program
Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments
and Authorization ☐

Tools

Landing Page

Document Validation

Print Document

APPLICATION FORMS AND SUPPLEMENTAL DOCUMENTS

Each application Type has a different set of requirements and attachments. Refer to the specific program's Guidelines and contact the DHCD Program Staff to obtain templates or for assistance.

DHCD Program Application Form *

Attach the DHCD Program-Specific application form in the space below.

Uploads are limited to 25 Mb per page save.

The following attachment is not applicable to Operating Assistance Grant programs.

Browse

Drag Files Here

DHCD Program Required Supplemental Forms and Exhibits

Attach all supplemental application materials, select the attachment category, and provide a brief, identifying file description for each attachment below, as required by the selected DHCD funding program. Your application may be denied if all materials are not provided.

Refer to the funding Program Guidelines, checklists, and web-pages for more information, or contact DHCD Program Staff for assistance.

Reminder: Many of the required organizational documents (Articles of Incorporation, IRS Determination, Board List, etc.) are stored on your Organization Profile/Organization Uploads page and should be maintained at that location to be included by-reference with your application submission.

Uploads are limited to 25 Mb per page save.

File Attachment/Upload

File Description

Attachment Category

< Previous Form



DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT

Jacob R. Day, Secretary
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CDS-APP-2025-
CecilCoH-00006

DHCD ProjectPortal Training
Document

DHCD Website (for Program
Information)

Application Forms

Application Information ☐

Application Budget ☐

Application Attachments
and Authorization ☐

Tools

Landing Page

Document Validation

Print Document

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Uploads are limited to 25 Mb per page save.

File Attachment/Upload	File Description	Attachment Category
<input type="button" value="Browse"/> <input type="text" value="Drag Files Here"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL SUPPORTING DOCUMENTS

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

Uploads are limited to 25 Mb per page save.

File Attachment/Upload	File Description
<input type="button" value="Browse"/> <input type="text" value="Drag Files Here"/>	<input type="text"/>

< Previous Form

Required Supplemental Forms:

Attach...

- ✓ Detailed Budget Template
- ✓ Project Performance Tool
- ✓ System Performance Measures Report
- ✓ Stella P Report
- ✓ HIC and PIT Files
- ✓ APRs from HMIS for each renewal project



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AND COMMUNITY DEVELOPMENT

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CDS-APP-2025-
CecilCoH-00006

Application Information ☐

Application Budget ☐

Application Attachments
and Authorization ☐

Tools

Landing Page

Document Validation

Print Document

Document Messages

Status Options

Submit Application

Cancel Application

Browse

Drag Files Here

Print | Save

ADDITIONAL SUPPORTING DOCUMENTS

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

Uploads are limited to 25 Mb per page save.

File Attachment/Upload

File Description

Browse

Drag Files Here

+

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 "Save" prior to submitting the application.

Authorizing Signature Name:

Authorizing Signature Title:

< Previous Form

Submitting the application:

1. **SIGN** the form
2. Click **SAVE** (at the top right corner of the page) *if you skip this step, the information you entered will not be saved.
3. Under **Status Options** on the left panel (you may need to scroll down)...select "Submit Application"

Questions?



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