

**Maryland Department of Housing and Community Development**

# Community Schools Rental Assistance Program Grant Application

**Application Deadline: May 1st, 2025 – 4pm**

**Organization Name:**

**Total Funding Request:**

Wes Moore, Governor

Aruna Miller, Lt. Governor

Jacob R. Day, Secretary

Julia Glanz, Deputy Secretary

**Contents**

[**Application Package Checklist 3**](#_heading=h.1wct94w8vzpv)

[**Applicant Information 4**](#_heading=h.kuki9seuj6r1)

[**Part 1: Proposed Service Area 5**](#_heading=h.oe1npwgy6tfq)

[**Part 2: Organizational Capacity 6**](#_heading=h.ikfgcye7j455)

[**Part 3: Expertise and Partnerships 8**](#_heading=h.xjhce9kr9wj1)

[**Part 4: Program Design 10**](#_heading=h.lghchq1ru6j5)

## Application Package Checklist

1. **Application Narrative (submit in Word format)**
2. **Project Budget Workbook (submit in Excel format)**
3. **Supporting Attachments (submit in PDF format as separate documents/attachments)**
	* W-9 with address and EIN that matches your [state vendor registration](https://www.marylandtaxes.gov/divisions/gad.php)
	* Agency Organizational Chart
	* Most Recent Single Audit or Independent Financial Audit
	* 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](https://egov.maryland.gov/BusinessExpress/EntitySearch) (nonprofits only)
	* Copy of Charity Registration Status from [Maryland Secretary of State website](https://onestop.md.gov/list_views/62f3e1797f7e3200016a3dab?8a4c8053-7ea7-4f7a-b215-52c9ab0779ae=f_1) (nonprofits only)
	* List of Board of Directors (nonprofits only)
	* Leverage and match documentation (if applicable)
	* FY26 Annual Budget

## Applicant Information



|  |
| --- |
| **Organization Profile** |
| Name |  |
| Federal ID # |  |
| Unique Entity Identifier # |  |
| Organization Type |  ☐ Nonprofit ☐ Local Government |
| 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 |  |

## Part 1: Proposed Service Area

Complete the table below to indicate which counties you prefer to serve, are willing to serve, or would not be capable of serving under a grant from the Community Schools Rental Assistance Program.

Additionally, indicate the counties where you currently or have recently (within the last 3 years) operated a program for rental assistance, utility assistance, eviction prevention, homeless prevention, or similar housing stability program. Insert an “X” into at least one column for each county.

| **County** | **Prefer to Serve under CSRAP** | **Willing to Serve****under CSRAP** | **Unable to Serve****under CSRAP** | **Currently or Recently Served with Housing Stability Program** |
| --- | --- | --- | --- | --- |
| Allegany County |   |   |   |  |
| Anne Arundel |   |   |   |  |
| Baltimore City |   |   |   |  |
| Baltimore County |   |   |   |  |
| Calvert County |   |   |   |  |
| Caroline County |   |   |   |  |
| Carroll County |   |   |   |  |
| Cecil County |   |   |   |  |
| Charles County |   |   |   |  |
| Dorchester County |   |   |   |  |
| Frederick County |   |   |   |  |
| Garrett County |   |   |   |  |
| Harford County |   |   |   |  |
| Howard County |   |   |   |  |
| 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 |   |   |   |  |

**Additional Comments About Proposed Service Area (if needed):**

## Part 2: Organizational Capacity

2A. Describe the organization’s mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of your agency’s experience and capacity to implement the project.

2B. Describe the organization’s leadership and management, their ability to supervise the project and staff, and the organization’s history in ensuring program effectiveness and fidelity to funding agreements.

2C. Describe your organization’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. Describe any audit findings or compliance concerns identified through federal or state monitoring during the last 24 months, as well as the resolution of each.

2D. Describe your agency’s participation in the local Homeless Services Continuum of Care (CoC), such as attending meetings or sitting on committees of the CoC. Describe how your agency does (or does not) currently participate in CoC systems such as the Homeless Management Information System (HMIS) or Coordinated Entry System (CES).

Note: DHCD anticipates requiring all Community Schools Rental Assistance Program grantees to participate in the local HMIS for the communities they propose to serve under the project type of “homeless prevention”. In the case where a grantee is serving more than one CoC, DHCD will work with the grantee and the applicable CoCs to determine capacity to enter data into one CoC HMIS or multiple CoCs, based on the funding awarded and the organization’s capacity.

2E. List below all sources of cash match and leverage that would be available in support of program activities, costs, and implementation. Do not include match or leverage for activities that do not have direct relevance to the program intent and purpose of the Community Schools Rental Assistance Program. If you have more than 3 sources of match or leverage to include, you may add additional rows at the end of the table.

Note: You are not required to submit letters of commitment or support documentation if the funding appears in your organization’s annual budget.

|  |
| --- |
| Match/Leverage Source 1 |
| Type of Commitment (Cash or In-Kind)   |  |
| Type of Source (Private, Government) |  |
| Name the Source of the Commitment (Be specific, include the office or grant program as applicable) |  |
| Date of Written Commitment   |  |
| Value of Written Commitment | $ |
| Match/Leverage Source 2 |
| Type of Commitment (Cash or In-Kind)   |  |
| Type of Source (Private, Government) |  |
| Name the Source of the Commitment (Be specific, include the office or grant program as applicable) |  |
| Date of Written Commitment   |  |
| Value of Written Commitment | $ |
| Match/Leverage Source 3 |
| Type of Commitment (Cash or In-Kind)   |  |
| Type of Source (Private, Government) |  |
| Name the Source of the Commitment (Be specific, include the office or grant program as applicable) |  |
| Date of Written Commitment   |  |
| Value of Written Commitment | $ |

## Part 3: Expertise and Partnerships

3A. Describe your organization’s experience working in or with community schools and/or the school district in the counties you are proposing to serve, including the extent to which you partner with local McKinney-Vento homeless student liaisons. Please include specific details such as names of schools, type of services provided, partnership scope, and other relevant information.

3B. Describe your experience administering direct financial assistance programs to the public, either those currently operating or recently in operation within the last 3 years. Include details such as:

* The amount of funding distributed and types of eligible assistance
* Application methods and systems used
* Communications and outreach strategies implemented
* Program accessibility design and efforts made to lower program barriers to applicants
* Supportive services provided to program participants
* Performance metrics such as length of time to process assistance, percent of people that retained or obtained housing, etc.
* Specific innovative strategies (if any) you have implemented or plan to implement in administering financial assistance programs to the public that will effectively support the project’s mission and objectives.
* Other relevant information for how you deployed the program and its effectiveness

3C. Describe your experience providing other types of housing stability programs and/or partnering with local organizations to increase housing stability of residents in your community. Examples could include, but are not limited to, initiatives such as legal services for eviction, tenant rights and education, and homeless services.

3D. Describe your experience in delivering services to vulnerable or marginalized groups, especially those that data shows are most impacted by evictions. Describe what subpopulations or groups in your proposed service areas may need special outreach or cultural competency on the part of the organization to serve effectively and overcome participation barriers.

3E. Describe how your organization currently engages persons with lived experience to provide input into program policies and feedback on quality of services.

3F. Describe how your organization analyzes racial, gender, age, disability, and ethnicity disparities in the provision of housing and/or other program services. Provide details on the following:

* Who is responsible for leading the evaluation
* What data metrics are tracked or utilized
* What information beyond program data is used to evaluate disparities
* How often the analysis is conducted and/or updated

3G. Is there any overlap in your proposed service areas and any ENOUGH communities? If so, describe the extent of your participation in the ENOUGH community. Please include if you are part of a grantee’s partnership table, if you have a relationship with the community quarterback organization, or have participated in activities related to the ENOUGH Initiative. For a list of ENOUGH communities and community quarterback organizations, please see the appendix of the Request for Applications.

Maryland’s ENOUGH Initiative aims to reduce the number of children living in poverty through community-led, government-supported solutions driven by communities' lived experience and expertise, data, and cross-sector partnerships. This pioneering program addresses the root causes of poverty in specific neighborhoods that have been disproportionately impacted by barriers to economic mobility, so that more children and families can prosper. Learn more about [ENOUGH Initiative](https://goc.maryland.gov/Pages/enough-initiative.aspx).

## Part 4: Program Design

Provide a comprehensive description that addresses the entire scope of the proposed project. The project description should be complete and concise. The description must be consistent with other parts of this application and should identify the following:

* + The target population and the estimated number of families with children to be served when the project is at full capacity based on the funding requested
	+ Proposed implementation timeline and key milestones for performance period
	+ Indicate if this is an expansion of a current project
	+ How the program will outreach to families enrolled in community schools and ensure effective partnerships with community schools
	+ How the program will ensure the application and services will be low-barrier and accessible to all families regardless of disability, language, literacy level, or other common challenges
	+ Staff roles and responsibilities
	+ Internal processes for reviewing and approving applications
	+ Plan for participating in the local CoC HMIS and Coordinated Entry Systems
	+ Specific supportive services that will be provided (if applicable)
	+ Approach for working with landlords and utility companies to ensure housing stability while financial assistance is processed, including making use of available utility relief funds before using program funds and negotiating with landlords and utilities to reduce arrears bills and fees
	+ Proposed performance metrics and targets
	+ Coordination with community partners deploying programs in eviction prevention, homeless prevention, or other housing stability services
	+ Proposed strategies for evaluating program performance through quarterly self-monitoring or on an as-needed basis.

The project budget template must be fully completed and will be scored as part of this section.