**MARYLAND AFFORDABLE HOUSING TRUST (MAHT)**

**Application for Funding**

7800 Harkins Road, Lanham, MD 20706

**Fiftieth (50th) Funding Round – SFY25: Plumbing Poverty Program**

Application Due on **Friday, May 23, 2025** by 5:00p.m. EST

Submit via email to: [MAHT.DHCD@maryland.gov](mailto:MAHT.DHCD@maryland.gov)

**PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON MAHT’S**

**WEBSITE BEFORE SUBMITTING APPLICATION.**

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, APPLICATION MUST BE SIGNED TO BE CONSIDERED)

<https://dhcd.maryland.gov/HousingDevelopment/Pages/maht/default.aspx>

## Plumbing Project Synopsis:

1. **Applicant:**
2. **Plumbing Poverty Program Project Name:**
3. **Plumbing Poverty Program Project Summary: Please provide a concise (3-5 sentences) highlighting the proposed Plumbing Poverty Project below.**
4. **MAHT Funding Request Amount:**

## Section 1: Applicant Information

Applicant:

Address:

City: State: Zip:

Phone: Federal EIN or Tax ID#:

Email: Website:

Executive Director/CEO:

Contact Person for Award Notification:

I, the / (title) of the organization, am authorized to sign for the applicant and certify that the information contained in this application is correct and accurate.

**Signature:**  Date:

## Section 2: Funding Request

MAHT Account: $ (NOT TO EXCEED $300,000)

Applicant Contribution: $

Other Sources Funds: $

Total Project Funds: $

Total Project Costs: $

Have you applied for MAHT funding previously?

No, I am a new applicant to MAHT

Yes, I have applied to the MAHT program previously?

If yes, did you receive a MAHT grant award? Yes No

If yes, how many MAHT grants have you received and managed?

Please indicate the years or rounds of funding received:

## Section 3: Plumbing Project Identification

Scattered Site Owner Occupied Project Type. Please specify by checking boxes below:

New Construction (Max $30K per unit) Rehabilitation (Max $30K per unit)

Project Name:

Address: County:

City: State: Zip:

State Legislative District #: Congressional District #:

If multiple sites, provide addresses and legislative districts for site. Please attach a location map and site description. **(ATTACH AS ATTACHMENT A).**

## Section 4: Plumbing Project Housing Units

1. Please specify the total number (indicate #) of homes served and how many (indicate #) will use MAHT funding:

The project consists of total housing units, of which will be funded through MAHT.

1. Please include how many (indicate #) units by income level funded by MAHT below:

Of the MAHT funded units will be affordable to households with incomes at or below 30% of the area median income (AMI), and  
will be affordable to households with incomes between 31% and 50% of AMI.

1. Please specify the population served by checking the boxes below:

Population to be served: Families with minor children

Seniors

Single Adults

Other (list):

1. Please include the number of years MAHT units will be committed to serving population above.

(minimum 15 years)

## Section 5: Plumbing Project Overview

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Provide a detailed description of the proposed housing rehabilitation project.   
     
   Include specific activities to be undertaken.
2. Describe the community demographics of the county/local government and/or service area where the proposed project will take place. (e.g., neighborhood description, zip code, types of housing and conditions of housing, economic conditions in area etc.).   
     
   Include latest housing survey for jurisdiction. **(ATTACH AS ATTACHMENT B)**
3. Describe the county/local jurisdiction, and/or service area demographic data (e.g., population, age, income level, etc. ).   
     
   Include reference source of data (e.g., American Community Survey Census data, ALICE, etc.)
4. How does this project complement/align with the jurisdiction’s comprehensive housing plan and policies? Include jurisdiction comprehensive plan **(ATTACH AS ATTACHMENT B)**
5. Will this project include a partnership with a non-profit community development organization, local or county government agency to complete this work?   
     
   If so, please list your partner and clearly break down partnership roles and responsibilities. Include partnership agreement **(ATTACH AS ATTACHMENT B)**

## Section 6: Need for Proposed Plumbing Project

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Provide information detailing existing plumbing poverty conditions in the county/local government and/or service area.   
     
   Please summarize and cite evidence from public sources as documentation (e.g., census data, local consolidation plan, housing studies etc.).
2. Describe current situation of water access (in general) in the county/local government and/or service area. Is there a gap in services? Why?   
     
   Include statistics, jurisdiction water study/plan and other supporting documentation. **(ATTACH AS ATTACHMENT C)**
3. Describe the specific county/local government and/or service area housing rehabilitation needs as it relates to indoor plumbing and address specific health and safety considerations.   
     
   Include statistics, photos and other supporting documentation. **(ATTACH AS ATTACHMENT C)**   
     
   3.a. If known, how many households by income level in the service are in need of kitchen and/or bathroom rehabilitation.   
     
   3 b. How was the information collected (e.g., surveys, area trends of housing rehabilitation activities, housing rehab activities from waiting list, etc.)?
4. Describe how your organization is uniquely positioned to address this specific housing rehabilitation (water access/plumbing) need.
5. Describe how your proposed project will address the specific plumbing housing rehabilitation need in the county, local government and/or service area. Include how this unique rehabilitation project will improve the health and safety of the overall neighborhood and address the specific health and safety critical needs within owner-occupied property.
6. Describe how your project will incorporate energy efficient practices, technology, and/or equipment in the owner-occupied property **(ATTACH AS ATTACHMENT C)**
7. Please share community and/or client specific support for indoor plumbing support. (i.e., support letters) **(ATTACH AS ATTACHMENT C)**

## Section 7: Need for MAHT Funding Support/ Plumbing Project Sustainability

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Please explain why you need MAHT funding to address this specific plumbing poverty issue in your area. Why is there a funding gap for this type of support?
2. Have you applied, received and/or leveraged funding from other sources to address this specific need in the past?   
     
   2a. If so, please indicate funding sources, award amounts and results of housing rehab activities completed.   
     
   2b. If applied and was unsuccessful in obtaining funding, please detail the funding sources that passed on the proposal.
3. If funded, do you plan to sustain this program to address this specific need?   
     
   3a. If so, what is your plan?

## Section 8: Plumbing Project Readiness/Organizational Capacity

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Please describe your organization’s housing rehabilitation experience. How long have you served the community with housing rehabilitation projects?   
     
   Please share stories (i.e., quantitative and qualitative) of your organization’s housing rehabilitation accomplishments in your service area.
2. Describe your current housing rehabilitation policies and procedures. Describe your client relocation/displacement policies and procedures. Describe how your contractor/vendor management process ensures quality services, products and deliverable for clients.   
     
   Include current housing rehabilitation policies and procedures/underwriting manual. Include relocation and displacement plan **(ATTACH AS ATTACHMENT D)**
3. Describe your housing rehabilitation client marketing/outreach, application and selection process. How do you determine income eligibility?   
     
   Attach a copy of your client application package. **(ATTACH AS ATTACHMENT D)**
4. Do you have housing rehabilitation staff/team in place that implements housing rehabilitation activities for your organization? Please include staff qualifications summary.
5. Please identify the lead staff in the organization who will implement the housing rehabilitation project. Discuss their experience with housing rehabilitation regulations and best practices.   
     
   Please include resume. **(ATTACH AS ATTACHMENT D)**
6. Do you currently have a network of currently licensed (and non-debarred) housing rehabilitation contractors/vendors in place who are experienced in providing plumbing services? Please indicate how many contractors are in your network.
7. Do you currently have a housing rehabilitation client waiting list (that includes indoor plumbing help requests)? Please indicate how many households are on the list.
8. Do you currently have specific clients/households identified for this program?   
     
   Please include a list of potential properties of which you want to provide plumbing housing rehabilitation services. For each property, please include the specific health and safety concern you want to address, scope of work, a cost/benefit determination with cost estimates for the proposed scope of work and the current value of the property from the MD Real Property Data Search website. Please include home inspection reports/bid documents and photos for each property. **(ATTACH AS ATTACHMENT D)**   
     
   If you do not have a specific list, provide a general service area response to the abovementioned question. You can refer to past housing rehabilitation activities, actual costs as supporting documentation.
9. Please include the following with this application **(ATTACH AS ATTACHMENT D):**   
     
   Your organization’s latest independent combined financial audit statements and/or Single Audit; Articles of Incorporation, Bylaws, Mission; and IRS Taxpayer Identification.   
     
   For non-profit entities, please include a current list of your organization’s Board of Directors, IRS Tax Exempt Determination Letter, and Evidence of Certificate of Good Standing from the Maryland Department of Assessments and Taxation.

## Section 9: Plumbing Project Implementation Timeline

Using the anticipated grant time period (i.e., July 1, 2025---June 30, 2027), list all project activities and the anticipated dates for the start and end of specific activities. A MAHT Plumbing Poverty Program grant agreement provides a 24-month implementation period so all activities to be paid for with MAHT funds must occur within this timeframe. If an activity is completed prior to application or award, indicate the actual dates.

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| --- | --- | --- | --- |
| **Activity** | **Start Date** | **Completion Date** | **Responsible Person/Entity** |
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## Section 10: Plumbing Project Outcome

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Provide specific short term and long-term measurable outcomes of this project.
2. Describe how this program will be measured and who will measure the program.
3. Describe how this housing rehabilitation project will incorporate energy efficiency strategies and equipment.

## Section 11: Plumbing Project Administration and Staffing

Instructions: Please provide the narrative responses to each question below. There is no word limit.

1. Identify the primary person for the jurisdiction who will administer this grant. Discuss their program and grants management experience. Describe ability and plan to satisfy all monitoring and report requirements as required. Please attach resume. **(ATTACH AS ATTACHMENT E)**
2. Identify others who will assist in the administration of this MAHT project. Please provide summary of experience.
3. Amount of funds requested for Project Administration, if any:
4. If Project Administration funds requested for staffing, please identify the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Person** | **# Hours Anticipated to Work on Project** | **Hourly Wage** | **Total Funds** |
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1. If planning to use Project Administration funds for other expenses other than staffing, identify those expenses and estimated costs.

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| --- | --- |
| **Expenses** | **Estimated Costs** |
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## Section 12: Organizational Legal Documents

The following forms must be completed and attached to the application:

* Incumbency Certificate \* (Non-profit applicants only)
* Corporate Resolution \* (Non-profit applicants only)
* Local Government Resolution\* (local government/municipal entity applicants only)
* MAHT Assurance of Compliance\*
* Contract Affidavit\*
* Access To Public Records Act Notice And Waiver\*

\* Instructions and documents are located in file labeled “Round Legal Documents and Instructions” on MAHT’s web site. **(ATTACH LEGAL DOCUMENTS AS ATTACHMENT F)**

## MAHT Application Package Contains:

1. **MAHT Application (submitted in Word Document);**
2. **MAHT Budget (submitted Excel Document); and**
3. **Attachments with Supplemental Information listed below (submitted as pdf documents)**

## MAHT Application Attachment List:

*\*items must be submitted*

Check all items included with this application.

**Attachment A:**

Location map and site description\*

**Attachment B:**

Housing Survey for jurisdiction (if available)

Comprehensive Housing Plan for jurisdiction\*

Partnership Agreement (if appropriate)

**Attachment C:**

Water Study/Plan for jurisdiction (if available)

Photos\*

Energy efficiency supporting documentation

Support Letters (client/community)\*

**Attachment D:**

Housing Rehabilitation Policies and Procedures Manual\*

Housing Relocation/Displacement Plan\*

Client Application Package\*

Housing Rehabilitation Program Lead Staff Resume\*

List of Potential Properties for Housing Rehabilitation and/or client waiting list\*

Work Bids ,Inspections and/or photos for each property on list\*

Current (2025)W-9 with address and EIN that matches your state vendor registration (both governments and nonprofits)\*

Agency Organizational Chart (both governments and non-profits)\*

Most Recent Single Audit or Independent Financial Audit (both governments and nonprofits)\*

Articles of Incorporation and Bylaws\*

Federal IRS Tax Exemption Determination Letter\*

Certificate of Good Standing from the Maryland Department of Assessments and Taxation\*

Copy of Charity Registration Status from Maryland Secretary of State website\*

Board of Directors List\*

**Attachment E:**

Grant Project Administrator Resume\*

**Attachment F:**

Legal Documents: Board Resolution authorizing the application\*

Legal Documents: Local Government Resolution\*

Legal Documents: Contract Affidavit\*

Legal Documents: Incumbency Certificate\*

Legal Documents: MAHT Assurance of Compliance\*

Legal Documents: Access To Public Records Act Notice and Waiver\*

**Attachment G:**

Budget Narrative\*

Other Funding Sources Documentation

Applicant Match Documentation

**Attachment H:**

Additional Photos