**NAME OF ORGANIZATION:**

**NAME OF PROJECT:** **Baltimore City Eviction Prevention – Case Management**

**CHECKLIST**

**Please check “Yes” to indicate that the documents are attached. If documents are not included, check either “No” or check “On File”, as applicable.**

**Nonprofits agencies that are currently funded by CDBG do not need to submit documents 8, 9, 13, and 14 if they are on file at the Department of Housing and Community Development and there have been no changes since initial submission. Documents Nos. 1, 2, 3, 4, 5, 6, 7, 10, 11, 12 and 15 must be submitted with each request. New applicants must submit ALL documents.**

**agencies should only submit documents 1, 2, 4, 5, 6 and 14.**

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| --- | --- | --- | --- |
|  | YES | NO | ON FILE |
| 1. Checklist
 |  |  |  |
| 1. Proposal Cover Sheet
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| 1. Organizational Information
 |  |  |  |
| 1. Project Narrative
 |  |  |  |
| 1. Budget Forms – submit in MS Excel format
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| 1. Performance Measurement Form
 |  |  |  |
| 1. Conflict of Interest Statement
 |  |  |  |
| 1. Articles of Incorporation and Bylaws
 |  |  |  |
| 1. Federal Tax Exemption Determination Letter
 |  |  |  |
| 1. Current Certificate of Good Standing from State of Maryland
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| 1. List of Current Board of Directors
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| 1. Board of Directors’ Authorization to submit request
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| 1. Organizational chart
 |  |  |  |
| 1. Job description of staff funded under CDBG
 |  |  |  |
| 1. Financial statement or most recent audit
 |  |  |  |

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| --- |
| **FOR CDBG OFFICE STAFF USE ONLY THRESHOLD REVIEW** |
| * **All required documents submitted via email**
* **2 paper copies received via mail or drop-off**
* **Application incomplete**
	+ **Missing documents (Please list)**
* **Applicant notified/date**
* **Response received**
* **Missing documents submitted**
 |
| **FOR CDBG OFFICE STAFF USE ONLY – PROJECT EVALUATION** |

Reviewer Name: Reviewer Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed: \_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

PROPOSAL COVER SHEET

**NAME OF ORGANIZATION:**

**NAME OF PROJECT:** Baltimore City Eviction Prevention – Case Management

 **Operating Support**

 (A separate Proposal Cover Sheet should be submitted for each project, activity or site for which funding is requested).

Date Submitted:

Submitted By:Title**:**

Organization:

Mailing Address: City:

Zip Code: DUNS #:

Telephone Number: Fax:

Email:

**Amount requested**: **Total project cost**:

Address of proposed project:

Brief Project Description:

Project Boundaries: Citywide

ORGANIZATIONAL INFORMATION

1. Experience/Organizational Capacity
* Provide a brief description of the organization, prior year experience in carrying out a federally funded activity or project and capacity to administer the proposed program, including compliance with federal and other grant funds.

FINANCIAL CAPACITY

1. Is the organization current with payroll taxes and worker’s compensation payments? Yes □ No □

If not, does the organization have an agreement in place to address any tax liability?

1. Has your organization ever been cited for misuse of Federal, State, or Local funds and been required to repay them?

Yes  No 

If Yes, please explain:

1. The CDBG program reimburses subgrantees for approved expenses upon receipt of an invoice. It does not operate on accruals. Does the organization have sufficient resources to operate on a reimbursement system? Yes □ No □
2. Describe the organization’s fiscal management, recordkeeping and accounting procedures.

CONTRACTING REQUIREMENTS

Does the organization have, or can it obtain:

1. Commercial General Liability Insurance of not less that ($1,000,000), per occurrence for claims arising out of bodily injuries, death and property damages, and contractual liability? Yes □ No □
2. Professional Liability, Errors and Omissions insurance coverage at a limit of not less than One Million Dollars ($1,000,000)? Yes □ No □
3. Fire insurance at least equal to the amount of the grant? Yes □ No □
4. Worker’s Compensation and Unemployment Insurance as required by the State of Maryland, as well as any similar coverage required for this work by applicable Federal or “Other States” State Law? Yes □ No □
5. Fidelity Bond Insurance equal to 1/6 of the CDBG award? Yes □ No □
6. Business Automobile Liability insurance at limits of not less than One Million Dollars ($1,000,000) per occurrence for all claims arising out of bodily injuries, death and property damages, applicable any owned, non-owned, leased, or hired automobiles? Yes □ No □
7. Builder’s risk/course of construction insurance as well as fidelity, performance and payment bond coverage equal to at least 50% of the grant award (CAPITAL Awards only)? Yes □ No □
8. Certification Regarding Debarment, Suspension and Other Matters? Yes □ No □

Will the organization comply with applicable laws, ordinances and regulations regarding:

1. Title VI of the Civil Rights Act of 1964, and Executive Order 13166 which includes an obligation to provide language assistance to Limited English Proficiency (LEP) individuals? Yes □ No □
2. Audit Requirements In accordance with 2 CFR Part 200? Yes □ No □
3. Employ Baltimore Executive Order? Yes □ No □

PERSONNEL

1. Does the organization have
* written personnel policy Yes □ No □
* affirmative action plan Yes □ No □
* grievance procedure Yes □ No □
1. Describe staff capacity. List the staff, consultants, interpreters and volunteers, as applicable, who will be involved in carrying out the proposed activity. Describe the experience and expertise of the individuals who will be responsible for program implementation.
2. Do any staff members or Contractors have a potential Conflict of Interest? If yes, how does the agency propose to prevent personal benefit?

PROJECT NARRATIVE

1. Provide a brief description of the services to be provided, number of persons to be assisted and need for the proposed activity. Persons to be assisted should be described in terms of age, gender, ethnicity and income level. Include any necessary data to support the clientele who will benefit from the program/project.

Please indicate the scope(s) of work for which the applicant is applying (please see descriptions in the indicated exhibits). Check all that apply:

 Case management services for households seeking new units (Exhibit A)

 Case management services for households with limited English proficiency or other special needs (Exhibit B)

 Intermediary services for case management (Exhibit C)

1. Will you be willing to participate with the City of Baltimore and other service providers supporting renters facing eviction, including providing information on a monthly basis about client services provided and the outcomes of those services? Yes  No 
2. Do you affirm that you will submit quarterly progress reports to DHCD and cooperate with periodic monitoring sessions (up to 4 times/year)? Yes  No . (Please note that the DHCD will make efforts to streamline monthly and quarterly reporting to avoid duplication and reduce administrative burden.)

OUTCOME AND PERFORMANCE MEASUREMENT FORM

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| --- |
|  **Organization:** **2015-2020 Consolidated Plan Goal:****Provide support services to the homeless and or at-risk of homeless populations** **Program Component:****Homeless Activities**  |
| **Program Objective**   **Decent Housing** |
| **GOALS** – Briefly describe expected outcome of the program/activity during the program year. |
| Client households facing eviction will secure housing in new rental units. |
| **INPUTS** – Indicate the resources to be used to achieve objectives, e.g., staff, staff time, facilities, equipment, supplies, dollars. Inputs also include constraints on the program, such as laws, regulations and requirements for receiving funds. |
| Case management staff time, including staff skilled in the use of appropriate languages, outreach and case management practices that are most effective in working with individual client households and groups with special needs. As applicable, staff time for assisting clients with the City’s intake process for its Eviction Prevention program.Time from staff and/or contractors capable of recruiting landlords, performing unit inspections, providing lead certifications and ensuring that housing units meet the requirements of the programs being used for tenant rental assistance and other support. Administrative, program management and fiscal management staff to support information flow and reporting between the Provider and City agencies including BCCAP and DHCD.Facilities, equipment and software needed to interact with clients, landlords and other program stakeholders, such as office space and utilities, internet connections, computers, telephone and other communications and information management equipment, software programs and licenses. Transportation equipment and staff time to assist households with housing search, landlord interviews and other activities related to securing housing.Personal protective equipment necessary to reduce the risk of infection for staff and clients in the course of service provision.  |

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| **ACTIVITIES -** Briefly describe the actual work or services to be provided to clients, residents, homeowners or renters. Activities may include construction or rehabilitation work, direct client services, or administrative functions carried out by an agency. |
| Please review the scopes of work outlined in the relevant exhibits, briefly describe the qualifications that the organization brings to the selected scope(s) of work. For case management services for households with limited English proficiency or other special needs, please describe the organization’s approach for client outreach and engagement. (For scopes of work not selected, no additional information is necessary.)  **Case Management Services (Exhibit A)** **Case management services for households with limited English proficiency or other special needs (Exhibit B)** **Intermediary services for case management (Exhibit C)** |
| **OUTPUTS –** The quantifiable products of an agency’s activities. These are measurements of the amount of work accomplished. Examples would include the number of low- and moderate-income persons served, the number of households served, or number of units constructed. Connect each output with the activity listed above. |
| 1. Number of low and moderate income households served, in total and by service being provided.
2. Aggregate household characteristics receiving services and receiving different types of services.
3. Location and characteristics of rental unit that the client is leaving, and the rental unit the client is entering, as a result of accessing Eviction Prevention services.
4. Additional data collected for purposes of coordination and continuous improvement among City agencies and multiple service providers playing different roles in the Eviction Prevention program.
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| **OUTCOMES AND OUTCOME MEASUREMENTS –** The benefits to individuals, families, organizations and the community resulting from a program or activity. Outcomes are produced during or after their involvement in an activity. The outcomes may be one or more of (1) Availability/Accessibility of services, (2) Affordability of services, or (3) Sustainability (Promoting livable or viable communities). Please check the desired outcome. |
| **Availability/Accessibility**  |
| **LIST OUTCOME MEASUREMENTS –** List the quantifiable products the project will create. |
| If applicant is providing case management services for clients with limited English proficiency and/or other barriers to access, number of such clients supported for intake and application to the Eviction Prevention program:1. Number of clients leasing rental units:
2. Elapsed time from referral of case to the organization and household settled in new rental housing unit:
3. Number of clients housed within 30 days of referral:
4. Percentage of total clients housed within 30 days of referral:
 |

Conflict of interest situations that are not properly addressed can result in a loss of CDBG funding to the program and/or to the City, and in some cases can result in civil or criminal liability. All applicants must complete the “*Conflict of Interest Questionnaire*” and submit with the proposal.

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and City law prohibits employees and public officials of the City of Baltimore from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a City employee or consultant, or a member of the City Council?

Yes  No 

If yes, please list the names(s) below:

1. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a City employee, consultant, or a member of the City Council?

Yes  No 

If yes, please list the name(s) below:

1. Are there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes  No 

If yes, please list the name(s) below:

If you have answered “YES” to any of the above, the CDBG Office will review to determine whether a real or apparent conflict of interest exists.

**\*\*\*Please complete budget forms using the attached Excel spreadsheet titled *CDBG Budget* A*pplication Documents – CD-46.***

Name of Organization: \_ \_ \_

Name of Applicant’s Authorized Official:

Authorized Official’s Title: \_ \_ \_

Signature of Authorized Official: \_ \_ \_ \_

**Return to Baltimore Department of Housing and Community Development:**

1. Email application, budget file, and attachments to: lorraine.cannon@baltimorecity.gov
2. Mail 2 paper copies of the application only to: DHCD - CDBG Office, Suite 1101, 417 E. Fayette St., Baltimore, MD 21202
3. For assistance call Susan Moriarty at 410-396-1966

 **EXHIBIT A: CASE MANAGEMENT SCOPE OF WORK**

1. The applicant (“Provider”) will receive client referrals from the Mayor’s Office of Children and Family Success, after intake and eligibility review of each case by the Baltimore City Community Action Partnership (BCCAP).
2. Housing Identification:
	* 1. The Provider will assist clients to find appropriate rental housing in the community. The Provider shall identify housing units that meet all program requirements. The Provider will:
3. Contact and recruit landlords to provide housing appropriate for the client’s household characteristics;
4. Assist clients to complete applications and prepare for interviews with landlords;
5. Assist clients in locating housing units and determining if a housing option meets their needs and preferences;
6. Verify that the rental housing unit has a current license with the City of Baltimore Department of Housing and Community Development;
7. Verify that the contract rent for the housing unit is lower than or equal to the lesser of Fair Market Rent standards established by the U.S. Department of Housing and Urban Development and comparable rents identified through a rent reasonableness assessment;
8. Perform, or cause to be performed, a housing inspection that maintains the Minimum Habitability Standards for Permanent Housing, as described in Attachment 1. The City is exploring contracting with providers of housing inspections to which the Provider could have access. Provider should indicate in its application whether it would prefer to conduct such inspections itself or work with a separately funded provider; and
9. Complete, or cause to be completed, the lead screening worksheet, as provided in Attachment 2. The City is exploring contracting with providers of lead screening services to which the Provider could have access. Provider should indicate in its application whether it would prefer to conduct such screenings itself or work with a separately funded provider.
10. Rent, Move-In, and Financial Assistance:
	* 1. The Provider will determine the appropriate amount and recipient organizations for financial assistance to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow individuals and clients to move immediately to the new housing.
		2. Upon acceptance of the arrangements by the client, the landlord, and other recipients such as utility and moving companies, the Provider will request payment(s) of rent, security deposit, utilities and other associated costs from BCCAP. **In no case shall CDBG funding be used by BCCAP or the Provider to cover client’s household moving costs.**
11. The Provider will ensure that each client with non-English language needs or disabilities affecting access to services receives case management services without any interruption or delay in service delivery.
12. The Provider will establish policies and procedures to protect client confidentiality and avoid real or apparent conflicts of interest among provider staff working with individual clients.
13. The Provider will be responsible for providing the City with a monthly activity report regarding the progress towards activities described in the Scope of Services for the period covered by the report and cumulatively since the beginning of the term of the agreement. To the extent the Provider is working with an Intermediary, the Provider will provide its data to the Intermediary for summarization and analysis prior to submission to the City.

Data to be collected will be established by the City and may be updated prior to the submission of applications or during the contract negotiation period, and after execution of subrecipient agreements by mutual agreement of the parties.

1. Data sharing and confidentiality
	* 1. Provider will export case data on client outcomes, subsidy allocated and other information as required by BCCAP, in a format that can be imported into BCCAP’s case management system.
		2. BCCAP will obtain permission from each client for data sharing under applicable federal, state and local laws and regulations. Provider will enter into data sharing agreements as necessary with BCCAP to improve client service, performance management and outcomes evaluation.
		3. Provider will maintain the confidentiality of client information, including personally identifiable information such as name, address, contact information, information on household income and other characteristics of household composition and individual members, and whether or not the client benefits from the Eviction Prevention program, within its information systems.

**EXHIBIT B: CASE MANAGEMENT FOR CLIENTS WITH LIMITED ENGLISH PROFICIENCY, OR OTHER SPECIAL NEEDS**

* 1. The applicant (“Provider”) will assist prospective clients in completing and submitting the eviction prevention application to the Baltimore City Community Action Partnership (BCCAP) through BCCAP’s online portal. This includes:
		1. Translation services and provision of other accommodations for client accessibility.
		2. Assistance with filling out online forms and properly completing and submitting client information.
		3. Assistance with gathering and uploading required documentation.
	2. Once client eligibility has been confirmed by BCCAP, Provider will receive client referrals for case management.
		1. If a move to a new unit is recommended, case management includes all of the tasks, activities and responsibilities outlined in Exhibit A.
		2. If the client is recommended to stay in their current unit, case management activities include working with clients, their landlords and the clients’ attorneys to:
1. Perform, or cause to be performed, a housing inspection that maintains the Minimum Habitability Standards for Permanent Housing, as described in Attachment 1. The City is exploring contracting with providers of housing inspections to which the Provider could have access. Provider should indicate in its application whether it would prefer to conduct such inspections itself or work with a separately funded provider.
2. Complete, or cause to be completed, the lead screening worksheet, as provided in Attachment 2. The City is exploring contracting with providers of lead screening services to which the Provider could have access. Provider should indicate in its application whether it would prefer to conduct such screenings itself or work with a separately funded provider.
3. Review documentation of back rent owed, as determined by the District Court or negotiated in a payment agreement.
4. Determine appropriate subsidy amounts and other terms of agreement based on program instructions provided by BCCAP and submitting financial assistance request to BCCAP.
5. Confirm arrangement with client and landlord and resolve any issues, involving BCCAP for any legal or program policy concerns.
6. Collect landlord and/or client signatures on all required documents as provided by BCCAP.
7. Transmit required documents to BCCAP for approval and disbursement of landlord payment.
8. Update client throughout the process as to the status of their services.
	* 1. The Provider will ensure that each client with non-English language needs or disabilities affecting access to services receive case management services without any interruption or delay in service delivery.
		2. The Provider will establish policies and procedures to protect client confidentiality and avoid real or apparent conflicts of interest among provider staff working with individual clients.
		3. The Provider will be responsible for providing the City with a monthly activity report regarding the progress towards activities described in the Scope of Services for the period covered by the report and cumulatively since the beginning of the term of the agreement. To the extent the Provider is working with an Intermediary, the Provider will provide its data to the Intermediary for summarization and analysis prior to submission to the City.

Data to be collected will be established by the City and may be updated prior to the submission of applications or during the contract negotiation period, and after execution of subrecipient agreements by mutual agreement of the parties.

* + 1. Data sharing and confidentiality
			1. Provider will export case data on client outcomes, subsidy allocated and other information as required by BCCAP, in a format that can be imported into BCCAP’s case management system.
			2. BCCAP will obtain permission from each client for data sharing under applicable federal, state and local laws and regulations. Provider will enter into data sharing agreements as necessary with BCCAP to improve client service, performance management and outcomes evaluation.
			3. Provider will maintain the confidentiality of client information, including personally identifiable information such as name, address, contact information, information on household income and other characteristics of household composition and individual members, and whether or not the client benefits from the Eviction Prevention program, within its information systems.

**EXHIBIT C: INTERMEDIARY SERVICES FOR CASE MANAGEMENT**

* 1. Provider will work with multiple providers of case management services to:
	2. Collect data on client services delivered by providers within the intermediary’s network and develop monthly reports for DHCD and MOCFS for coordination and performance management purposes. In providing such information, clearly indicate which services are funded by the CDBG grant and which are funded by other sources.
	3. Summarize and analyze data to produce monthly reports and identify trends, questions and operational or programmatic issues indicated for discussion and resolution with the City and the providers within the intermediary’s network.
	4. Participate in regular performance management meetings with the City, case management service providers and legal service providers to review monthly and cumulative data and resolve issues.
	5. Work with the City to evaluate the effectiveness and outcomes of the homelessness prevention program and the role of each element of the program in producing those outcomes, with special focus on case management services.
	6. Working with the City, coordinate communications about the program, the need for case management services and the role of the case management service providers working in conjunction with the City.
	7. To the extent Provider is proposing to provide both direct case management and intermediary services:
1. The budget submitted should reflect that some of the reporting requirements listed for case management services (Exhibit A) will be carried out under intermediary services (Exhibit C) and demonstrate that such services will not be duplicated.
2. Provider may also choose to hire case managers within its own organization to provide direct service and embed them with other organizations to enhance outreach and client accessibility. In this case administrative activities and costs should reflect that only one organization is responsible for delivering both direct case management and intermediary activities.
3. **Under this subgrant, the Provider may not provide direct case management services through other organizations that receive subgrants from Provider.**