Maryland Department of Housing and Community Development (DHCD)

State FY24 and Federal FY23 Homelessness Solutions Program (HSP) Application

**Provider Profile**

Continuum of Care: Lower Shore - MD-513

Provider Name:

Provider Funding Request:

**Section I. GENERAL INFORMATION**

Legal Name of Applicant:

*Address for the main agency location*

Address:

City/County, State, Zip:

*Main mailing address*

Address:

City/County, State, Zip:

*Please provide information for the grant contact*

First Name:    Last Name:

Phone:       Ext.:

Email:

*Please provide information for the Executive Director or CEO*

First Name: Last Name:

Phone: Ext.:

Email:

**Section II. PROPOSAL INFORMATION**

**Funding Request -**

**Program Activity Amount**

Outreach: $

Emergency Shelter: $

Housing Stabilization Services: $

HMIS: $

Admin: $

TOTAL FUNDING REQUEST: $

**Section III. AGENCY INFORMATION**

Current Projects and Programs

1. Describe the history and mission of your organization.

2. Explain your agency's efforts to reduce homelessness within your community, specifically describing your agency's strategies for connecting clients with housing solutions.

3. Provide a brief description of the program(s) that will be funded through this application, including the populations that will be served.

4. Explain how your agency is working to reduce barriers to entry for your programs. Specifically, explain any eligibility requirements your program has for entry (besides regulatory requirements), including policies regarding substance use (“clean and sober” rules) or prior involvement with the criminal justice system.

5. Describe case management and supportive services provided by your program. Also describe how your agency connects and coordinates with other providers in order to ensure that clients have access to any other services that they may need.

6. Explain the methods your agency utilizes to evaluate client need and progress, and any limitations your agency has within the program, such as the length of time and amount of assistance clients can receive.

Continuum of Care

7. Does your agency currently participate in your local Continuum of Care meetings?

*If yes*: Please describe your current level of involvement, including the number of meetings attended in the prior twelve months

8. Describe how your agency participates (or will participate) in the Continuum of Care’s Coordinated Entry process for client intake and prioritization.

HMIS

10. Is your agency currently entering client-level program data into HMIS?

*If no:* Grantees are required to enter data into an HMIS or comparable database. If your agency is not entering into HMIS, what is your agency's plan and timeline to begin using HMIS or comparable database?

11. Describe the HMIS system or comparable database that your agency currently uses and the extent to which your agency currently utilizes it. Include the timeline for entering client data.

12. Grantees must be in compliance with HMIS requirements at the time of the application. Has your agency received any HMIS or comparable database concerns or findings since January 2017?

If yes, discuss how your agency addressed these concerns or findings, including any corrective action.

13. Is your organization currently uploading data to the Maryland State Homelessness Data Warehouse (MSHDW) that meets data quality standards? Choose an item.

If not, what corrective actions are being taken to address outstanding issues?

Past Performance

14. Has your agency previously been awarded funds from any of the six programs included in the Homelessness Solutions Program (ESG, RAP, ETHS, HW-CS, SLH, HNP) within the past three years? Choose an item.

If “yes,” list grant type and year(s) those funds were awarded.

**Grant Type Year Amount**

15. Has your agency been awarded any funds through Maryland DHCD **other than** HSP funds (e.g., Community Development Block Grant funds) within the last three years?

If “yes,” list program(s) and year(s) those funds were awarded.

 **Program Year Amount**