

**Maryland Department of Housing and Community Development**

**Community Services Block Grant-Discretionary (CSBG-D)**

**SFY2025 / FFY2024 Application**

**Program-Specific Questions**

**Application Deadline: May 17, 2024, 5:00pm EST**

Wes Moore, Governor

Aruna Miller, Lt. Governor

Jacob R. Day, Secretary

Julia Glanz, Deputy Secretary

CSBG-D Program-Specific Questions

In addition to the universal application questions that you completed in the DHCD Project Portal, your organization is required to complete the program-specific questions in this document. Upload this document as an attachment to your application in the Project Portal. Questions in this section are valued at a total of 65 points.

**Recommended Data Sources**

We recommend that you incorporate evidence-based data in your responses to help strengthen your application. The links below are included for reference purposes. You may use relevant data from these and other sources in your responses to questions in this application.

[Urban Institute's Upward Mobility Metrics and Data](https://upward-mobility.urban.org/measuring-upward-mobility-counties-and-cities-across-us)

[US Census Bureau Profile-Maryland](https://data.census.gov/profile/Maryland?g=040XX00US24)

[CoC Performance Profile Reports](https://www.hudexchange.info/programs/coc/coc-performance-profile-reports/?filter_Year=2022&filter_Scope=CoC&filter_State=MD&filter_CoC=&program=CoC&group=Perf)

[National Low-Income Housing Coalition](https://nlihc.org/oor/state/md)

[CHAS (Comprehensive Housing Affordability Strategy) Data](https://www.huduser.gov/portal/datasets/cp.html)

[Poverty Rates for Maryland Jurisdictions and Places](https://planning.maryland.gov/MSDC/Pages/poverty/poverty.aspx)

[Local Area Unemployment Statistics Map](https://data.bls.gov/lausmap/showMap.jsp)

[Comptroller of Maryland, State of the Economy 2023 Report](https://www.marylandtaxes.gov/reports/static-files/SOTE.pdf)

**Program-Specific Questions**

**PS1.** In the chart below, select the appropriate funding category for your application. Enter the amount of your request. Provide a short summary describing the project and the proposed goals and outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Category:** | [ ]  **Innovative Program** | [ ]  **Asset Building** | [ ]  **Fill Service Gaps** |
| **Amount Requested ($):** |  |
| **Project Summary:** |  |

**PS2.** Briefly discuss how this proposal aligns with priorities in the Moore-Miller State Plan and / or the Department’s top 5 objectives (see CSBG-D Application Guidance for details). **(5 Points)**

**PS3.** Summarize your organization’s vision and mission. Include a short description of your organization's strategies for alleviating poverty and moving families toward self-sufficiency. **(5 Points)**

**PS4.** Describe how the proposed project will alleviate poverty, help families achieve self-sufficiency, or stimulate community revitalization in Maryland. **(10 Points)**

**PS5.** Describe your organization’s experience with completing the activities included in your proposal. Include information about outcomes achieved to date. **(10 points)**

**PS6.** Describe your organization’s current capacity to achieve the outputs and outcomes included in this proposal (i.e., staffing, technology, equipment, resources etc.). **(10 Points)**

**PS7.** List outputs and outcomes that will be accomplished as a result of CSBG funding. Provide a projected completion date for each output or outcome listed. **(10 Points)**

|  |  |
| --- | --- |
| **Output / Outcome** | **Completion Date** |
| *Example 1: Hire a VITA program coordinator* | *September 2024* |
| *Example 2: Prepare tax returns for 100 households* | *April 2025* |
| *Example 3: Provide financial coaching for 50 households* | *June 2025* |
|  |  |
|  |  |
|  |  |
|  |  |

**PS8.** Describe existing partnerships that will support the proposed project. Explain how these partnerships will assist your organization with achieving the outputs and outcomes included in this proposal. A list of partners is not sufficient for this response. **(10 Points)**

**PS9.** Complete the tables below to summarize demographic data for individuals that will be served as a result of CSBG-D funding. In each table, provide an unduplicated count of individuals to be served. **(5 Points)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Individuals Served** |  | **Jurisdiction** | **Individuals Served** |
| Female |  | Allegany County |  |
| Male |  | Anne Arundel County |  |
| Nonbinary |  | Baltimore City |  |
|  |  | Baltimore County |  |
| **Age Range** | **Individuals Served** | Calvert County |  |
| 0 - 5 |  | Caroline County |  |
| 6 - 13 |  | Carroll County |  |
| 14 - 17 |  | Cecil County |  |
| 18 - 24 |  | Charles County |  |
| 25 - 44 |  | Dorchester County |  |
| 45 - 54 |  | Frederick County |  |
| 55 - 59 |  | Garrett County |  |
| 60 - 64 |  | Harford County |  |
| 65 - 74 |  | Howard County |  |
| 75 +  |  | Kent County |  |
|  |  | Montgomery County |  |
| **Race** | **Individuals Served** | Prince George's County |  |
| American Indian / Alaska Native |  | Queen Anne's County |  |
| Asian |  | Somerset County |  |
| Black or African American |  | St. Mary's County |  |
| Native Hawaiian / Pacific Islander |  | Talbot County |  |
| White |  | Washington County |  |
| Multiple Races |  | Wicomico County |  |
|  |  | Worcester County |  |
| **Ethnicity** | **Individuals Served** |  |
| Hispanic or Latino/a |  |
| Not Hispanic or Latino/a |  |
|  |  |
| **Federal Poverty Level[[1]](#footnote-1)** | **Individuals Served** |
| At or below 50% FPL |  |
| 51% to 75% FPL |  |
| 76% to 100% FPL |  |
| 101% to 125%FPL |  |
| 151% to 175% FPL |  |
| 176% to 200% FPL |  |  |
| 201% FPL or above |  |  |

**Application Budget & Budget Narrative (15 Points)**

**AB1.** Complete the application budget form (separate Excel file) to show the annual costs of your organization’s project. In the table below, provide a narrative explanation for each line item included in your Application Budget. Add rows if needed. **(10 Points)**

|  |  |
| --- | --- |
| **Use of CSBG-D Funds** | **Description/Justification** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**AB2.** In the table below, indicate whether other sources of funds listed in your Application Budget are pending, committed, or received as of the date you submit your application. Proposals that show CSBG Discretionary funds will be leveraged with other sources of funds will receive priority consideration. Add rows if needed. **(5 Points)**

|  |  |
| --- | --- |
| **Other Funding Sources** | **Status (Pending, Committed, Received)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Reference: [2023 Federal Poverty Guidelines](https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf) [↑](#footnote-ref-1)