

## Attachment A: 2021 WAP RFA Application Questions

**Applicant Name:**

***Part 1: Organizational Capacity***

When responding to years of experience, if the experience is 6 months or greater, round your response up to one year. If it is less than six months, round down. For example: 1 year 5 months would be 1 year and 1 year 6 months would be 2 years.

Section	Rating Criteria	Question
1.1	The types of state or federally funded grant programs currently administered directly by applicant.	<b>In the table below</b> , list all current state or federally funded grant programs greater than \$150,000 per year administered directly by the applicant and the number of years administering the grant (indicate each grant source only once), <u>EXCLUDING</u> those programs funded by DHCD.

Grant Name and Fund Source	Award Amount	State Funds (Y/N)	Federal Funds (Y/N)	# of Years Administering	Procurement Required? (Y or N)

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Section	Rating Criteria	Question
1.2	Number of significant monitoring findings and disallowed costs identified in monitoring reviews of federal and state funded programs.	<p><b>In the table below</b>, list all federal and state funded programs administered in the past 24 months.</p> <p><b>Provide a summary</b> of the last monitoring reports for all programs listed. If the grant has not been monitored, provide information explaining such.</p> <p>If available, provide follow-up response from funding entity of resolution of monitoring findings.</p> <p>Note: If monitoring report is not attached and explanatory information is not provided, points will be deducted per grant.</p> <p><i>Significant findings</i> are those which identify fraud, waste, abuse, financial irregularity, disallowed cost, major non-compliance with program rules, or non-adherence to OMB Circulars.</p>

Grant Name	Date of Last Monitoring Review (MM/DD/YYYY)	Report Summary attached (Y/N)	Number of Significant Findings	Amount of Disallowed Costs

*(Continue chart on additional pages if needed.)*

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Section	Rating Criteria	Question
1.3	Identify any State or Federally funded programs, including DHCD programs, the applicant is currently administering in the referenced counties.	Indicate the State or Federal funded programs currently administered in the referenced counties (separated by ; ) : <b>Grant Names</b> _____ <b>Sources (name of funding entities)</b> _____ <b>Purpose of Grants</b> _____ <b># of Years Administering</b> _____
1.4	Applicant’s history of being on a Quality Improvement Plan (QIP) for DHCD funded programs: serious, numerous, or recurring findings resulting in additional visits by the Grantee until areas of deficiency are resolved.	Has the applicant been placed on a QIP for DHCD funded programs during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	Financial Accounting Method used to account for funds and report to funding sources.	Indicate which of the Financial Accounting Method listed below is used to track grant(s). <b>Select one.</b> <input type="checkbox"/> Computerized Financial Software <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Manual ledger <input type="checkbox"/> Other. Explain:
1.6	Software used to track performance data to report to funding sources and board.	Indicate the method and software used to track performance data for grant(s). <b>Identify type of software:</b> _____

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### Part 2: Board Governance

Section	Rating Criteria	Question
2.1	Frequency of regularly scheduled board or oversight body meetings  For purposes of this RFA, "oversight body" refers to a city council or county commission.	<b>In the table below</b> , provide information on the frequency of regularly scheduled board meetings held during January-December 2019 and 1 <sup>st</sup> Quarter of 2020 (January-March).

Date of Board Meeting (MM/DD/YYYY)	Was a quorum present? (Y/N)

Section	Rating Criteria	Question
2.2	Attendance at board meetings	<b>In the table below</b> , provide information on board meeting requirements according to the Bylaws.

Board Attendance Questions According to the Bylaws	Format	Answer
a. How many members make up the board?	Number	
b. The presence of how many members make a quorum?	Number	
c. Number of board meetings held Jan-Dec 2020 with a quorum.	Number	
d. Total number of board meetings held Jan-Dec 2020.	Number	
e. Percentage of meetings with a quorum present Jan-Dec 2019 and 1 <sup>st</sup> QTR 2020.	Percentage (c. / d.)	

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Section	Rating Criteria	Question
2.3	Type and frequency of financial reports provided to the Board.	<b>In the table below</b> , indicate the types of financial reports presented and discussed at Board meetings during January-December 2020.

Type of Financial Report	Monthly	Quarterly	Bi-annually	Annually
Statement of Financial Position				
Statement of Activities				
Statement of Functional (by function) Expenses				
Statement of Cash Flows				
Notes to Financial Statements				
Budgeted Amounts compared to Expenditures				

Section	Rating Criteria	Question
2.4	Type and frequency of programmatic reports provided to the Board	<b>In the table below</b> , indicate the type(s) and frequency of Programmatic Data provided to the Board during January-December 2020.

Type of Performance Data	Monthly	Quarterly	Biannually	Annually
performance data by grant program/funding source				
status report on meeting performance targets by grant program				

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### **Part 3: Financial Information**

Section	Rating Criteria	Question
3.1	<p>Findings, questioned costs, disallowed costs, or deficiencies or concerns identified in the Single Audit or third-party audit.</p> <p>If the audit indicates that the findings, questioned costs, disallowed costs, or deficiencies/ concerns are those raised in the monitoring reports already addressed in Section 1.2, the application will not lose points in both areas for those items. Section 1.2 will be scored first, and any additional point deductions will be applied here.</p>	<p><b>Submit the most recently completed Single Audit or third-party audit.</b> Also include management letters and responses to management letters as applicable.</p>
3.2	<p>The applicant's financial health as shown by their Cash Ratio.</p>	<p><b>Submit Financial Statements as of the end of the organization's most recent fiscal year</b> including a balance sheet, income statement and a statement of cash flow.</p> <p>If the information is included in the audit, please state such.</p>

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### **Part 4: Services and Activities**

The awardee must have in place or be able to establish a service delivery system to provide WAP services to low-income persons throughout the identified service area. The service delivery system must include, but not be limited to, staff who are able to effectively conduct client intakes, make eligibility determinations, provide information and referrals for other benefits and programs that individuals may be eligible to receive, and coordinate services with other local providers (city, county, state agencies, faith based organizations, non-profit organizations, for profit entities, etc.).

The following section will rate the capacity of the organization to operate the WAP and the experience of staff in operating effective programs under this part or under title II of the Economic Opportunity Act of 1964, in particular the WAP or programs undertaking similar activities.

Section	Rating Criteria	Question
4.1	Service sites to provide WAP assistance in the proposed service area.	<b>In the table below</b> , indicate the number of service centers currently in operation by the applicant in the proposed service area and a listing of services and assistance, by county:

County	Number of Centers in place	Centers Days and Hours of Operation	Services to be Provided at Each Center



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Section	Rating Criteria	Question
4.2	Type of outreach and engagement conducted in counties where neither a full-time nor a part-time center is operated.	<b>In the table below</b> , indicate the type of outreach and engagement that will be conducted and the frequency of on-site visits in each county where neither a full-time nor a part-time center is operated. Outreach and engagement can include, but is not limited to, staff visits to counties without centers to conduct outreach and intake at temporary locations, media, coordination with other organizations to promote the WAP, mailing applications for assistance to clients that are in outlying areas, home visits, etc.

County	Planned outreach & Engagement activities	Planned schedule of activities (number of days/hours in a month)
Allegany		
Anne Arundel		
Baltimore County		
Calvert		
Caroline		
Carroll		
Cecil		
Charles		
Dorchester		
Frederick		
Garrett		
Harford		
Howard		
Kent		
Montgomery		
Prince Georges		
Queen Anne		
St. Marys		
Somerset		
Talbot		
Washington		

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Wicomico		
Worcester		
Baltimore City		

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Section	Rating Criteria	Question
4.3	Management staff to operate the WAP	<p><b>In the table below</b>, indicate the titles of existing management that will manage and operate the WAP. Provide a brief description of the duties performed by each person/position listed and their experience in WAP or similar programs.</p> <p>Experience with similar programs will receive fewer points than experience with WAP.</p> <p>If management is not yet on board, indicate the titles of planned management position(s) to be filled, a brief description of the duties to be performed by each person/position listed and the WAP-related experience requirements for the position(s). <b>No experience points will be awarded for planned staff.</b></p>

Title	Description of Duties	Experience (position/years) or Requirements

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Section	Rating Criteria	Question
4.4	Program staff to operate the WAP	<p>In the table below, indicate the titles of existing program staff persons that will operate the WAP. Provide a brief description of the duties performed by each person/position listed and their experience in WAP or similar programs.</p> <p>Experience with similar programs will receive fewer points than experience with WAP.</p> <p>If staff persons are not yet on board, indicate the titles of planned staff positions to be filled, a brief description of the duties to be performed by each person/position listed and the WAP-related experience requirements for the position(s). <b>No experience points will be awarded for planned staff.</b></p>

Title	Description of Duties	Experience (position/years) or Requirements

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Section	Rating Criteria	Question
4.5	Types of services and activities provided in 2020.	<b>In the table below</b> , provide information on the types of services and activities provided during calendar year 2020. For any yes response, include a brief narrative description of those services and the number of unduplicated persons served with these services in calendar year 2020. Points will only be awarded if description is provided.

Service	Provided in 2020 (Y/N)	If Yes, briefly describe services.	Number of Unduplicated persons or households served in 2020
Utility Assistance (20 pts)			
Installation, repair, or replacement of heating and cooling appliances (20 pts)			
DOE and/or LIHEAP Weatherization (20 pts)			
CSBG Employment Related Services to assist persons to obtain employment. (20 pts)			
CSBG Employment Supports, to provide assistance which reduces or eliminates barriers to employment. (20 pts)			
CSBG Education Related Services that assist persons to obtain skills or competencies required for employment or to further their education. (20 pts)			
CSBG Family Support Assistance and/or Emergency Assistance for the following: rent, utility assistance, rent or utility deposits, food, clothes, transportation, etc. (20 pts)			
CSBG case management activities including Education Activities related to budgeting, nutrition, energy savings, etc. (20 pts)			
General case management activities including Education Activities related to budgeting, nutrition, energy savings, etc. (5 pts)			
General community support activities including rent, utility assistance, rent or utility deposits, food, clothes, transportation, etc. (5 pts)			

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Child and Family Development enrichment programs, including, but not limited to Head Start. (5 pts)			
General home repair services for low-income families. (5 pts)			

***For which Counties are you applying (check one or more)?***

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Dorchester     | <input type="checkbox"/> Queen Anne     |
| <input type="checkbox"/> Anne Arundel     | <input type="checkbox"/> Frederick      | <input type="checkbox"/> St. Marys      |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett        | <input type="checkbox"/> Somerset       |
| <input type="checkbox"/> Calvert          | <input type="checkbox"/> Harford        | <input type="checkbox"/> Talbot         |
| <input type="checkbox"/> Caroline         | <input type="checkbox"/> Howard         | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Carroll          | <input type="checkbox"/> Kent           | <input type="checkbox"/> Wicomico       |
| <input type="checkbox"/> Cecil            | <input type="checkbox"/> Montgomery     | <input type="checkbox"/> Worcester      |
| <input type="checkbox"/> Charles          | <input type="checkbox"/> Prince Georges | <input type="checkbox"/> Baltimore City |

***\*\*DHCD reserves the right to request further information related to the application for clarification purposes during the scoring review period.\*\****