

Department of Housing and Community Development
Technical Assistance Policy Statement

Definition

The Department of Housing and Community Development provides technical assistance to individuals, nonprofit organizations, businesses and local governments, i.e., our customers. Technical assistance can be characterized as:

- **Project Development** – Assisting an individual or organization to plan, design or implement a specific project which is consistent with identified goals. Activities could include determining project feasibility, packaging projects, locating resources, finding partners and helping the customer to monitor project progress.
- **Program Development** – After capacity has been sufficiently built, assisting an organization or individual to plan, design or implement a program or set of activities which is consistent with identified goals. Activities could include strategic planning, resource analysis, implementation strategy.
- **Capacity Building** – Strengthening the ability of an organization or individual to provide services. Activities could include board development, developing administrative systems, grantsmanship and training.

Policy

The Department should provide technical assistance to enable our customers to use Department programs more effectively and efficiently and to help build organizational capacity in areas in which the Department has a vested interest. The provision of technical assistance has a positive impact on the Department when it:

- fosters the Department's mission, goals priorities and objectives;
- Mitigates the Department's risk;
- Maximizes and leverages public resources;
- Improves program and staff efficiency; and
- Improves customer service and relations.

This, in turn, has a positive impact on Maryland's citizens and communities. To the extent practicable, the Department will encourage the use of the nonprofit community to provide technical assistance to our customers.

**Maryland Department of Housing and Community Development
Technical Assistance Funding Request**

I. General Information

Name of Division/Organization: _____
Contact Person: _____
Address: _____

Federal/Tax Identification Number _____
Phone #: _____ Fax #: _____
Email Address: _____
Name of Project: _____
Amount of Request: \$ _____

Summary of Project (What technical assistance is to be provided? Who will be receiving the assistance? Funds will be used to purchase what?):

II. Project Justification

1. The Department has outlined its primary functions and responsibilities through a mission statement. Please explain how the proposed technical assistance aids the Department in fulfilling its mission.

2. What specific need(s) do(es) the proposed technical assistance address, and what is the evidence of this need (i.e., recurring problems, regular customer requests for assistance)?

3. What are the goals of providing the proposed technical assistance (i.e, what do you hope to achieve – more efficient service, better quality projects, more satisfied customers?)

4. What are the anticipated measurable outcomes of providing the proposed technical assistance? Please be specific (i.e., fewer poor applications, fewer customer inquiries, less staff time required to correct problems).

5. How is this proposed technical assistance beyond the regular, on-going service that DHCD provides to its customers?

6. Is this assistance at the request of, or supported by, the Governor or a Legislator? (if yes, please provide the name of the Legislator(s)).

III. Project Administration

1. Who will be responsible for providing technical assistance, DHCD staff or an outside agency? Who will supervise the technical assistance project?

2. Over what period to time will the technical assistance be provided (i.e., one day, two weeks, three months, one year)? Will assistance be required on an on-going basis or is this a one-time only project?

3. Will this technical assistance result in the development of a new DHCD program or activity that you anticipate will need to be included in your Division's budget in upcoming years? If yes, please estimate the staff and other financial resources that will need to be included in the out years. How will this activity be funded (State funds, foundations, other?)

4. Are there other potential resources, financial and staff, that could be used to help provide this technical assistance (i.e., untapped resources such as a professional organization, other government agencies, a federal grant, a foundation grant)?

5. If you are proposing that an organization outside DHCD provide the technical assistance and have an organization in mind, please discuss the qualifications of this provider. Is the agency a nonprofit organization? If you do not yet have an organization in mind, please describe the qualifications required of the technical assistance provider.

6. Can you expend the funds before the end of the fiscal year?

By: _____

Date: _____

Name

Title

Required attachments:

- Incumbency Certificate/Corporate Resolution (use form attached)
- Contract Affidavit (use form attached)
- Assurance of Compliance (use form attached)
- Certificate of Good Standing (current to within 30 days of application)
- Evidence of \$1-for-\$1 Matching Contribution (from source of match)
- Budget of Uses and Sources of Funds (both Technical Assistance Grant funds and matching funds).

Instructions for Completing Department of Housing and Community Development
Incumbency Certificates and Corporate Resolutions

Corporate Resolution

1. At the top of Page 1, insert the full, legal name of the corporation.
2. In Section I, select either A or B by checking the line in front of the selection. Option A is for corporations which authorized the action at a meeting. Option B is for corporations which authorized the action without a meeting, but obtained the approval of all board members.
3. In Section II, paragraph 1:
 - a. insert the amount of the funding requesting
 - b. strike and initial the type of work to be done on the project. For example if the project will be for rehabilitation only, strike the words construction and acquisition.
 - c. Insert the name of the County (or Baltimore City) where the project will be undertaken
 - d. Insert the titles of the officers who are authorized to act on behalf of the Corporation in connection with the loan. These will be the only persons who may sign loan documents or other agreements with the Department. Typical officers with this authority are one or more of the following: president, vice president, secretary, treasurer, executive director.
4. In Section III, select either option A or B. This must be consistent with your choice in Section I. If the resolution was passed at a board meeting, option A should be selected and completed by the Secretary of the Corporation. If the resolution was passed by unanimous consent, without a meeting, option B should be selected and all directors must sign and the resolution should be dated as of the last signature.

Incumbency Certificate

1. On the first line, insert the name of the acting Secretary of the Corporation
2. In Section 1, insert the full legal name of the corporation.
3. In Section 2, select the correct option based on the corporate resolution. If the resolution was adopted by unanimous consent, select the first option; if the resolution was passed at a meeting, select the second option. In either case, insert the date as provided in the resolution.
4. In Section 4, select option (a) or (b). Option (a) is for new borrowers with the Department. If option (a) is selected, copies of the complete and current articles and bylaws and all amendments must be labeled and attached. Option (b) is for repeat borrowers. If option (b) is selected, the dates of the most current articles, bylaws and amendments must be included so the Department can confirm that the most recent copies are on file.
5. In Section 5, insert the name and titles of all persons authorized in the resolution to act on behalf of the corporation. Only individuals in the positions authorized in the resolution should be named here. For example, if the resolutions authorized only the president and executive director to act on behalf of the corporation, under the name column, insert the name of the person actually in that position, under title, insert the correct office of that person. Then each person so authorized must sign the certificate next to his or her name and signature.
6. The Secretary of the Corporation must sign and date the certificate at the bottom of the page.

INCUMBENCY CERTIFICATE

I, _____, do hereby certify that:

1. I am the duly elected and acting Secretary of _____, a corporation organized and existing in good standing under the laws of the State of Maryland (the "Corporation");

2. Attached hereto as Exhibit A is a true and correct copy of resolutions which were duly adopted:

___ by unanimous consent of the Board of Directors of the Corporation on _____, 20__.

___ by resolution of the Board of Directors at a meeting held on _____, 20__.

3. The attached resolutions have not been amended, rescinded or modified and are in full force and effect on the date hereof in the form originally adopted, and are in conformity with the Charter/Articles of Incorporation and By-Laws of the Corporation; and

4. **[check one of the following and complete]**

(a) ___ The Charter/Articles of Incorporation, attached hereto as Exhibit B, and the Bylaws of the Corporation, attached hereto as Exhibit C, have not been amended, rescinded, or modified and are in full force and effect on the date hereof; **OR**

(b) ___ The Charter/Articles of Incorporation dated _____, as amended on (date) _____ and the Bylaws dated _____, as amended on (date) _____, all of which were submitted to the Division of _____ of the Department on _____, have not been amended, rescinded or modified and are in full force and effect on the date hereof.

5. The following persons are duly elected, qualified and acting officers of the Corporation in the capacity indicated, and the signatures set forth after their names and titles are their true and genuine signatures:

<u>Name</u>	<u>Office</u>	<u>Signature</u>

WITNESS, my signature and the seal of the Corporation this ___ day of _____, 20__.

_____(SEAL)
Secretary

Exhibit A

[Name of Corporation]

(the "Corporation")

CORPORATE RESOLUTION/CONSENT OF DIRECTORS

[I. SELECT APPROPRIATE PARAGRAPH (A or B) AND CHECK ONE; FILL IN INFORMATION]

- A. ____ I, _____, the undersigned, _____ of the Corporation, do hereby certify that the following resolutions were adopted by the Board of Directors at a meeting of the Board of Directors:

- B. ____ Pursuant to the provisions of Section 2-408 of the Maryland General Corporation Law, we, the undersigned, constituting all of the Directors of the Corporation do hereby consent to the following action required or permitted to be taken at a meeting of the Directors of the Corporation, as having been unanimously adopted by a vote of all of the Directors, without the necessity of any formal meeting being held:

[II. FILL IN INFORMATION FOR RESOLUTION; CROSS OUT INAPPLICABLE LANGUAGE]

RESOLVED: That the Corporation is hereby authorized to apply for and accept a Technical Assistance Grant in an amount up to \$_____ from the Department of Housing and Community Development of the State of Maryland ("DHCD"), (the "Grant"), which Grant shall be upon those terms and conditions as the **[INDICATE AUTHORIZED OFFICERS; ALL OFFICERS LISTED HERE MUST ALSO BE LISTED AND SIGN THE INCUMBENCY CERTIFICATE]**:

_____ of the Corporation (the "Authorized Officer(s)") shall deem appropriate;

* * * * *

[III. SELECT ONE OF THE FOLLOWING (A or B) CONSISTENT WITH SECTION I]

[A. FOR RESOLUTION AT MEETING]

WITNESS, my signature and the seal of the Corporation this ____ day of _____, 20__.

Secretary (SEAL)

* * * * *

[B. FOR RESOLUTION BY UNANIMOUS CONSENT]

IN WITNESS WHEREOF, we have each signed this Consent of Directors, which may be signed in one or more counterparts, each of which, when taken together, shall constitute one and the same instrument, as of _____, 20____.

[FOR UNANIMOUS CONSENT, ALL DIRECTORS MUST SIGN]

CONTRACT AFFIDAVIT

A. **AUTHORIZED REPRESENTATIVE: I HEREBY AFFIRM THAT** I am the _____ (title) and the duly authorized representative of _____ (name of applicant) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

B. **CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT:**
I FURTHER AFFIRM THAT:

(1) The business named above is a [corporation] [_____] formed in [_____, Maryland] [(other state: _____)] and registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and address of its resident agent filed with the State Department of Assessments and Taxation is: ¹

Name: _____
Address: _____

(2) Except as validly contested, the business has paid, or has arranged for payment of, all taxes due all government entities including the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation (DLLR), and all other taxing authorities, as applicable, and will have paid all withholding taxes due to the State of Maryland prior to final settlement.

C. **AFFIRMATION REGARDING BRIBERY CONVICTIONS: I FURTHER AFFIRM THAT** neither I, nor to the best of my knowledge, information, and belief, the above business, (as defined in §16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with the public bodies (as defined in §16-101(f) of the State Finance and Procurement Article of the Annotated Code of Maryland), has been convicted of, or has had probation before judgment imposed pursuant to Article 27, §641 of the Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, except as follows [indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved, and their current positions and responsibilities with the business]:

¹ The Resident Agent must be an individual who is a resident of the State of Maryland, as provided in the Articles of Incorporation and registered with the State Department of Assessments and Taxation.

D. AFFIRMATION REGARDING OTHER CONVICTIONS: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has:

- (a) been convicted under the state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;
 - (b) been convicted of any criminal violation of a state or federal antitrust statute;
 - (c) been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §§1961, et seq., or the Mail Fraud Act, 18 U.S.C. §§1341, et. seq., for acts arising out of the submission of bids or proposals for a public or private contract;
 - (d) been convicted of a violation of the State Minority Business Enterprise Law, Section 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;
 - (e) been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsection (a), (b), (c), or (d) above;
 - (f) been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract.
 - (g) admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above, except as follows [indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment]:
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E. AFFIRMATION REGARDING DEBARMENT: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, **except as follows** [list each debarment or suspension providing the date of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

**F. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES:
I FURTHER AFFIRM THAT:**

- (1) The business was not established to, nor does it operate and it does not operate in a manner designed to, evade the application of or defeat the purpose of debarment pursuant to §§16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
 - (2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows [indicate the reasons(s) why the affirmations cannot be given without qualification]:
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G. SUB-CONTRACT AFFIRMATION: I FURTHER AFFIRM THAT neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

H. ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT this Affidavit is to be furnished to the Department of Housing and Community Development and may be distributed to units and agents of (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states and their subdivisions; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit or any agreement resulting from the submission of this [application] shall be construed to supersede, amend, modify, or waive, on behalf of the State of Maryland, or any unit or agent of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the proposed contract, and (3) other Affidavits comprising part of the proposed contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF

By: _____

Name: _____

MARYLAND
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Technical Assistance Grant Program

ASSURANCE OF COMPLIANCE
WITH EEO, CIVIL RIGHTS AND DRUG AND ALCOHOL FREE
WORKPLACE REQUIREMENTS

_____ (hereinafter called the "Applicant-Recipient"), having its principal address at

HEREBY AGREES THAT IT WILL COMPLY WITH:

A. Title VI of the Civil Rights Act of 1964 (the "Act"), as amended, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant-Recipient receives financial or technical assistance from the Department of Housing and Community Development of the State of Maryland.

B. Title VII of the Civil Rights Act of 1964, as amended, to the end that, in accordance with Title VII of that Act, it shall be an unlawful employment practice for an employer:

1. to fail or refuse to hire or to discharge any individual, or otherwise discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex or national origin;

2. to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee because of such individual's race, color, religion, sex, or national origin.

C. Title VIII of the Civil Rights Act of 1968, as amended, to the end that, it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States.

D. The Fair Housing Amendments Act of 1988, as amended (the "Fair Housing Amendments Act"), to the end that it shall be unlawful to discriminate against any person in the terms of rental of a dwelling because of familial status except with respect to "housing for older persons" (as defined in the Fair Housing Amendments Act).

E. Article 49B of the Annotated Code of Maryland, as amended, which establishes the Maryland Human Relations Commission and prohibits discrimination in employment and residential housing practices.

F. State of Maryland Executive Order 01.01.1989.18 relating to drug and alcohol free workplaces for non-State entities, promulgated November 28, 1989.

G. The Secretary's Policy Statement on Equal Opportunity, to the end that, the Department shall not knowingly approve grants of financial or technical assistance to recipients who are engaged in discriminatory employment practices.

H. The Secretary's Minority Business Enterprise Program which establishes a program to provide opportunities for minority contractors and vendors to participate in Department Programs; and the minority business enterprise plan submitted by or on behalf of Applicant-Recipient as approved by the Department's Equal Opportunity Officer, provided, however, that this Paragraph I shall not apply in the event that a statement is attached hereto from the Applicant-Recipient's equal opportunity officer stating that the general contractor is in compliance with local minority business participation programs or objectives.

I. The Community Development Administration's Relocation Policy where applicable.

J. All other related applicable Federal and State laws, regulations and rules.

THE APPLICANT-RECIPIENT HEREBY GIVES ASSURANCE THAT it will immediately take any measures to effectuate this agreement.

THIS ASSURANCE is given this ___ day of _____, 200___, in consideration of and for the purpose of obtaining and shall continue for the period of any State financial or technical assistance extended after the date hereof to or on behalf of the Applicant-Recipient by the Department of Housing and Community Development of the State of Maryland. The Applicant-Recipient recognizes and agrees that such State financial or technical assistance will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Applicant-Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant-Recipient.

WITNESS/ATTEST:

APPLICANT RECIPIENT:

By: _____

Name: _____

Title: _____