

RESOLUTION NO. 2442

A RESOLUTION OF THE CITY OF SALISBURY, MARYLAND TO SUPPORT TELAMON CORPORATION'S (A PRIVATE NON-PROFIT 501(C)(3)) GRANT APPLICATION TO THE MARYLAND HOUSING COUNSELING FUND THROUGH THE DIVISION OF NEIGHBORHOOD REVITALIZATION OF THE DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (DHCD).

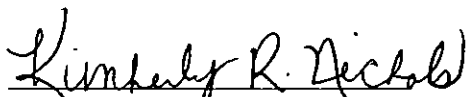
WHEREAS, the City Council of the City of Salisbury, Maryland recognizes that there is a significant need for quality Housing Counseling Services including Default Counseling and Foreclosure Prevention in Salisbury, especially for Limited English Proficient populations; and

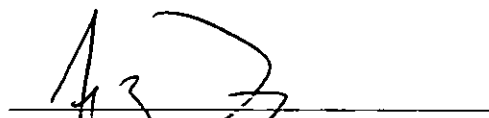
WHEREAS, Telamon Corporation, a HUD Certified Counseling Agency, proposes to provide a full array of Housing Counseling Services to Salisbury City of moderate and low income in English, Spanish and Haitian Creole in accordance with all HUD regulations;

NOW, THEREFORE, BE IT RESOLVED that the Salisbury City Council hereby supports this Grant Application from Telamon Corporation to the Maryland Housing Counseling in order to expand Housing Counseling Services.

THE ABOVE RESOLUTION was introduced and duly passed at a meeting of the Council of the City of Salisbury, Maryland held on the 25 day of August, 2014 and is to become effective immediately upon adoption.

ATTEST:

  
Kimberly R. Nichols, City Clerk

  
Jacob R. Day, President  
Salisbury City Council

APPROVED BY ME THIS:

28<sup>th</sup> Day of August, 2014

  
James W. Cotton, Jr.  
Mayor

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INTER

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OFFICE

MEMO

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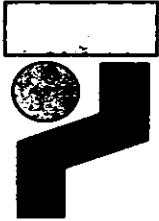
**OFFICE OF THE MAYOR**

**To:** Tom Stevenson, City Administrator  
**From:** Terence Arrington, Assistant City Administrator  
**Subject:** Telamon Corporation Resolution of Support  
**Date:** August 19, 2014

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Please review the attached resolution of community support from Telamon Corporation. This non-profit organization has expressed interest in applying for grant funding from the Department of Housing and Community Development (DHCD). To finalize their grant application; DHCD requires a resolution of community support from the Salisbury City Council endorsing their efforts to offer foreclosure prevention and default counseling services in English, Spanish, and Haitian Creole in Salisbury.

If you have no objection to this item, please advance the resolution of support and backup materials to the August 25, 2014 legislative session for Council consideration and approval.



## Telamon Corporation

31901 Tri-County Way, Suite 112  
Salisbury, Maryland 21804  
(410)546-4604  
(410) 546-0566 Fax

Jennifer Shahan  
State Director  
jshahan@telamon.org  
(443)397-9235 Direct

Terence Arrington  
Assistant City Administrator  
City of Salisbury  
125 N. Division Street, Room 304  
Salisbury, Maryland 21804

Dear Mr. Arrington:

Telamon Corporation, a private non-profit 501 (c)(3), is located in the One Stop Job Market at 31901 Tri-County Way, Suite 112, Salisbury, Maryland 21804. Headquartered in Raleigh, North Carolina, we operate federal and state programs in 11 states. Telamon Corporation has been providing Employment and Job Training, Housing Services and other Community Support services in the Salisbury area since the early 1980's after being incorporated in Maryland in 1976. Our mission states, *"We are committed advocates for people in need. Our mission is to promote the development of human potential by creating opportunities and providing resources in the communities we serve."* Though much of our work revolves around providing services to Migrant and Seasonal Farmworkers as the Section 167 of WIA state grantee for Maryland of the National Farmworker Jobs Program, and out-of-school WIA youth programs, we also provide a multitude of other services in a multi-lingual and multi-cultural environment.

One of the other programs we provide to residents of Salisbury is based on us being a HUD certified Housing Counseling Agency, one of only three in this area including Salisbury Neighborhood Housing and Shore Up!. We currently are seeking support from *Maryland Department of Housing and Community Development's Maryland Housing Counseling Fund For Housing Counseling Agencies* for Calendar Year 2015 via a grant application. I am writing to request the City of Salisbury to support our grant application via a resolution. If funded, we will be able to expand our services to provide foreclosure prevention and default counseling in Spanish and Haitian Creole (in addition to English) as well as to begin to become certified to provide HECM counseling.

I would also like to invite you and your staff to tour our facilities in the One Stop, meet our staff and volunteers, and to learn more about the services we provide to Salisbury residents. For more information about Telamon Corporation, please see our website at [www.telamon.org](http://www.telamon.org). I can be reached at [jshahan@telamon.org](mailto:jshahan@telamon.org) or via my direct line at 443.397.9235. I look forward to hearing from you and sharing with the City of Salisbury about Telamon Corporation.

Sincerely,

Jennifer  
Shahan

Jennifer Shahan  
State Director

Digitally signed by Jennifer Shahan  
DN: cn=Jennifer Shahan, o=Telamon  
Corporation, ou=MD DE Workforce  
Development, email=jshahan@telamon.org,  
c=US  
Date: 2014.08.08 17:28:55 -0400

An Equal Opportunity Employer  
*Auxiliary Aids and Services are available upon request to individuals with disabilities.*

*Maryland Department of  
Housing and Community Development*

**Maryland Housing Counseling Fund  
GRANT APPLICATION  
For Housing Counseling Agencies**

Calendar Year 2015

Division of Neighborhood Revitalization  
100 Community Place,  
Crownsville, Maryland 21032-2023  
410-514-7288 or 1-800-543-4505



*The Maryland Department of Housing and Community Development  
pledges to foster the letter and spirit of the law for achieving equal  
housing opportunity in Maryland.*

## ***Counseling Agencies*** **APPLICATION INSTRUCTIONS**

### **INTRODUCTION**

The Housing Counseling and Foreclosure Mediation Fund, also known as the Maryland Housing Counseling Fund (the "Fund"), was established pursuant to Section 7-105.1 of the Real Property Article and Section 4-507 of the Housing And Community Article of the Annotated Code of Maryland. The Fund's purpose is to support nonprofits and governmental housing counselors that provide professional housing counseling, financial counseling and legal services to Maryland consumers. In the Fund's FY11 and FY12 competitive rounds, financial assistance was focused on helping consumers affected by the foreclosure crisis. The CY13 round continued this focus and was expanded to include substantial new funds from the Maryland Attorney General's portion of the 2012 joint federal-state mortgage servicing settlement with the five largest U.S. bank servicers of mortgages (the "Settlement Fund").

The Settlement Fund is comprised of the State's \$53.7 million allocation of discretionary funds from the joint federal-state settlement. The Maryland Attorney General, in consultation with the Governor and Legislature, determined that \$8.6 million of these funds would be allocated over a three-year period, CY13, CY14 and CY15, for housing counseling services to homeowners and tenants impacted by the foreclosure crisis. This allocation was approved through mandated State budget processes. In CY13 and CY14, over \$8.3 million dollars was awarded to 40 housing counseling agencies. In this CY15 MHCF application, agencies who did not receive funding in the CY14 grant round may apply for funding through the MHCF competitive round. This MHCF application will cover CY15.

Under the Home Owners Preserving Equity (HOPE) initiative, DHCD has coordinated the investment of State and federal counseling and legal funding that has resulted in a statewide network of more than 40 locally based nonprofit legal assistance and housing counseling organizations available to assist Maryland homeowners and tenants. Building upon DHCD's experience, DHCD seeks one year proposals to enhance the HOPE network.

### **Eligibility of Applicants and Activities:**

Applicants for funds to assist housing counseling organizations must be 501(c)(3) nonprofit or government organizations. This Grant Application invites innovative proposals for providing counseling services to improve the well-being and financial stability of Maryland homeowners or tenants affected by the foreclosure crisis and economic downturn, including programs to:

- Prevent foreclosure and provide loss mitigation assistance
- Help households access loan modifications, principal reduction, refinancing, restitution and other benefits made available by the Attorney General's National Mortgage Settlement or other programs intended to help homeowners
- Help homeowners qualify for HARP refinancing through Fannie Mae and Freddie Mac
- Help homeowners sustain loan modifications
- Assist tenants affected by landlord foreclosures
- Help homeowners prepare for foreclosure mediation
- Coordinate with other housing counselors and legal services organizations
- Engage pro bono legal professionals to serve consumers
- Offer other innovative ideas for utilizing counseling services to improve the well-being and financial stability of vulnerable homeowners and renters

Grants will be awarded on a competitive basis to experienced nonprofit organizations and local government housing counselors.

**Criteria for determining awards:**

- Proposed Service Area & Population (15 points, based on geographic need and coverage)
- Experience and Expertise of Counseling Service Team ( 25 points)
- Proposed Program (25 points)
- Impact of the Proposed Program ( 25 points)
- Partnership Strategies (10 points)

**Technology**

Section III of this Grant Application addresses requests for up to \$10,000 to enhance or automate an organization's technology systems for providing foreclosure prevention services. Enhancement must be clearly described and have a direct connection to improving the organization's ability to serve consumers. Section III also allocates \$800 to award new grantees for the required purchase and use of a DHCD sponsored foreclosure mediation portal to enhance and automate required document submissions for foreclosure mediations.

**APPLICATION SUBMISSION PROCEDURES**

To be considered for a grant, one (1) original and three (3) copies of an unbound application and all required attachments must be submitted **by 2:00 p.m., Friday, August 22, 2014** to:

Maryland Department of Housing and Community Development  
**ATTN: Maryland Housing Counseling Fund**  
Division of Neighborhood Revitalization  
100 Community Place  
Crownsville, MD 21032-2023

**THE APPLICATION**

The application contains four sections:

- Section I. – General Information
- Section II. – Proposal Information
- Section III. – Technology Request
- Section IV. – Documents to be executed or attached by applicant

Please be sure to address all questions and include all required attachments. A checklist of the required attachments is provided at the end of Section IV for your use.

SECTION I.

GENERAL INFORMATION

**PART 1: APPLICANT INFORMATION**

1. Applicant Organization's Legal Name:

\_\_\_\_\_

Year Incorporated/Founded: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Federal Tax Identification Number: \_\_\_\_\_

5. Affiliated Organizations:

**PART 2. APPLICANT INFORMATION**

1. Applicant Name:

2. Overview of Applicant's overall organizational mission, history and recent accomplishments  
(Attach as "Exhibit 2-A")

3. List of current Board of Directors, including organizational affiliation and address (Attach as "Exhibit 2-B".)

4. Audit within last 24 months (Attach as "Exhibit 2-C")

5. Current and prior year operating budgets (Attach as "Exhibit 2-D")

Are you HUD Certified		YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
If no, when do you expect to become HUD certified?					
What Client Management System do you use? (e.g. HCO, Counselor Max, etc.)					
Are you currently using Hope Loan Port®		YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
Name of Foreclosure Program Director					
Phone #		Email:			
Name of Foreclosure Reporting Contact					
Phone #		Email:			

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**PART 3: APPLICANT CERTIFICATIONS**

The undersigned applicant hereby makes application to the Department of Housing and Community Development (the "Department") for a:

CY 15 Counseling Services Grant Requested	\$ _____
CY 15 Technology Grant Requested	\$ _____
<b>REQUEST TOTAL</b>	<b>\$ _____</b>

The applicant agrees it will not discriminate against any person on the basis of race, color, national origin, sex, marital status, sexual orientation, physical or mental handicap or age in any aspect of the project and to comply with all applicable federal, State and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Titles VI and VII of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended, and the Governor's Code of Fair Practices, as amended, and will comply with the Department's Minority Business Enterprise (MBE) Program, as applicable. Copies of the MBE Program Guidelines are available to the applicant upon request.

In accordance with Executive Order 01.01.1983.18, the Department advises you that certain personal information requested by the Department is necessary in determining your eligibility for Housing Counseling Assistance Grant Program (the "Program") funds. Your failure to disclose this information may result in the denial of grant funds under the Program. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the OAG, or public officials, for purposes directly connected with administration of the Program for which its use is intended. Such information is not routinely shared with State, federal or local government agencies. You have the right to inspect, amend, or correct personal records in accordance with the Maryland Public Information Act.

The undersigned hereby certifies that the information set forth in this application and any attachments in support hereof, are true, correct and complete to the best of this applicant's knowledge and belief.

**In witness whereof**, the applicant has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Full Legal Name of Applicant)

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## SECTION II.

### PROPOSAL INFORMATION

#### **PART 1.**

#### **PROPOSED AREAS OF SERVICE & POPULATIONS SERVED: (15 points)**

Applicant's geographic and client focus:

- a. List the Maryland jurisdictions you propose to serve.
- b. Describe the demographics of the client base you served last year through this program. If this is a new program, describe the demographics of the client base you anticipate serving through this program.
- c. Are you proposing to serve non-English speaking households? If so, describe your current capacity and experience for doing so.
- d. Are you proposing to serve special needs populations such as the elderly, veterans or the disabled? If so, describe your current capacity and experience for doing so.

**EXPERIENCE AND EXPERTISE: (25 points)**

Organizational experience and track record: Describe your organization's mission and experience, highlighting the accomplishments of major programs, including those that relate to foreclosure prevention or other relevant consumer issues.

**PROPOSED PROGRAM AND THE CAPACITY TO ACCOMPLISH THE PROGRAM:**

- a. Describe the program(s) for which you are seeking funding, including the types of counseling or consumer assistance you plan to offer.
- b. If this is a renewal or expansion of the program(s) you conducted in CY14, describe the level of outputs (activities or people served) and the outcomes achieved (the difference your program made for consumers served).
- c. List the key leadership, program staff and volunteers that will be engaged in the proposed program including a brief summary of their experience, education and training. Attach resumes for these key staff.
- d. Describe any new positions you propose to add to the program.
- e. What organizational assets do you have in place that will support a successful program (such as technology, Board leadership, volunteer networks, etc.)?
- f. How will the grant you are requesting leverage other grants from other sources?
- g. Over what period of time do you propose to offer these services?

***Please complete the chart below:***

<b>Current Foreclosure Program Staff</b>	<b>FTE/PT</b>	<b>Certified (Y/N)</b>	<b>Bilingual/Language</b>
Name/Title			
Name/Title			
<i>(add additional lines as necessary)</i>			
<b>Additional Staff for CY 14 Request</b>			
Name (If Current employed)/ Title			
Name (If Currently employed)/ Title			
<i>(add additional lines as necessary)</i>			

**IMPACT OF PROPOSED PROGRAM: (25 points)**

Impact of the Proposed Program:

- a. Clearly and succinctly list your Program Goals, including specific and realistic annual outputs (activities) and outcomes (impact) that you anticipate your program will accomplish annually in CY15 based on the grants you are requesting.
- b. How does this compare to what was accomplished in CY14? (This question should specifically address how many people you served in CY14 in foreclosure prevention and how many you are proposing to serve in CY15, including what kinds of outcomes these clients achieved as a result of your organization's service.)
- c. What are the key challenges to achieving these goals (besides full funding), and how will you address these challenges?
- d. What specific performance indicators/metrics will you track to evaluate progress toward your goals?

**PARTNERSHIP AND COLLABORATION: (10 points)**

Describe how your organization utilizes partnerships to expand the reach and impact of your services:

- a. What organizations do you collaborate or partner with to serve homeowners and tenants affected by foreclosure and why?
- b. What additional organizations do you plan to partner with, if any, in order to strengthen the reach of your program?

**PART 2. BUDGET INFORMATION**

The budget is your program investment strategy and should clearly depict the sources and uses of funding for your foreclosure assistance program. Using the budget form which follows, please complete the uses and sources budget sheet for each fiscal year. Also, in the space below, provide a narrative explanation for major budget line items. **This budget form is available in Microsoft Excel on the MD Hope website. (Attach as "Exhibit 2-E".)**  
<http://mdhope.dhcd.maryland.gov/Counseling/Pages/CounselorsPortal.aspx>

	Actual CY14	Projected CY15	TOTAL
MHCF/AG Settlement (THIS REQUEST)			
Prior Rounds: (pro-rate any remaining \$'s)			
DHCD-MHCF Supplemental			
DHCD-MHCF			
DHCD- NFMFC 5, 6, 7, 8			
DHCD – MHA Outreach & Intake			
Local Jurisdiction (Name each Agency)			
Local Jurisdiction (Name each Agency)			
Foundation (Name each Foundation)			
Foundation (Name each Foundation)			
Fees			
Individuals			
Corporations			
Add additional lines as needed			
SUB-TOTAL, SOURCES			
USES			
PERSONNEL:			
Staff Salaries			
Benefits (X %)			
SUB-TOTAL, PERSONNEL			
NON PERSONNEL:			
Technology			
Rent			
Telephone			
Postage			
Printing			
Use as many lines as needed			
SUB -TOTAL, NON PERSONNEL			
TOTAL USES (PERSONNEL + NON-PERSONNEL)			

## SECTION III.

### TECHNOLOGY REQUEST (No Points)

**Describe your proposed technology enhancement. Include details on the purpose of hardware, software and other technologies needed to implement the project.**

- a. Describe how your proposed technology enhancement would improve the overall effectiveness of your assistance for Maryland consumers.
- b. Describe the extent to which the proposed technology enhancement will be used for foreclosure assistance and how much for other activities.

#### **Foreclosure Mediation Portal**

To enhance the foreclosure mediation experience and automate the pre-mediation document exchange process, DHCD is sponsoring a foreclosure mediation portal developed by IndiSoft, Inc. The foreclosure mediation portal allows homeowners, housing counselors, lenders, homeowner and lender attorneys to submit and exchange required documents electronically through the portal. DHCD requires the use of the Foreclosure Mediation Portal for grant awardees. DHCD will be funding the portal fee of \$800 via a one-year grant to agencies to purchase and use the software.

**Please reflect the \$800 for the Foreclosure Mediation Portal under “Technology” within the budget you are submitting with this Grant Application.**

SECTION IV.

DOCUMENTS

**REQUIRED DOCUMENTATION**

1. Attach a copy of your Certificate of Good Standing with the Maryland Department of Assessments and Taxation. A printout can be obtained through the SDAT website: [http://sdatcert3.resiusa.org/ucc-charter/CharterSearch\\_f.aspx](http://sdatcert3.resiusa.org/ucc-charter/CharterSearch_f.aspx). (Attach as "Exhibit 4-A".)
2. Do the applicant's organizational documents permit the organization to accept grants?  
 Yes  No
3. Complete the combined INCUMBENCY CERTIFICATE/ CORPORATE RESOLUTION). This form can be found here: <http://mdhope.dhcd.maryland.gov/Counseling/Pages/CounselorsPortal.aspx>. Attach your organization's Articles of Incorporation and By-Laws to the Incumbency Certificate. (Attach as "Exhibit 4-B".)
4. Complete the CONTRACT AFFIDAVIT (use the form supplied in the Appendices). (Attach as "Exhibit 4-C".)
5. Complete the ASSURANCE OF COMPLIANCE WITH EEO, CIVIL RIGHTS, DRUG AND ALCOHOL FREE WORKPLACE, AND OTHER REQUIREMENTS (use the form supplied in the Appendices). (Attach as "Exhibit 4-D".)
6. If counseling staff are professionally certified, please provide copies of certification and names of staff person. (Attach as "Exhibit 4-E".)
7. IRS 501c3 Determination Letter (Attach as "Exhibit 4-F".)
8. Certificate of compliance with Maryland Solicitations Act (Attach as "Exhibit 4-G".)



**REQUIRED ATTACHMENTS CHECKLIST**  
*(Identify attachments as indicated)*

**Section I. Part 2.**

- \_\_\_ 2-A Overview of Organization Mission, History and Accomplishments
- \_\_\_ 2-B List of Board of Directors with Affiliations and Addresses
- \_\_\_ 2-C Audits for Last Two Years
- \_\_\_ 2-D Operating Budget for Current and Prior Years
- \_\_\_ 2-E Proposed program budget for CY15

**Section IV.**

- \_\_\_ 4-A Proof of Good Standing to do business in the State of Maryland  
**(must be current to within one month)**
- \_\_\_ 4-B Incumbency Certificate and Corporate Resolution  
(attach Articles of Incorporation and By-Laws)
- \_\_\_ 4-C Contract Affidavit
- \_\_\_ 4-D Assurance of Compliance with EEO, Civil Rights, Drug and Alcohol Free Workplace,  
and Other Requirements
- \_\_\_ 4-E Counselor Certifications
- \_\_\_ 4-F IRS 501(c)3 Determination Letter
- \_\_\_ 4-G Certificate of Compliance with MD Solicitations Act