

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. 2704

Page 1 of 6

Agency
Department of Housing and Community Development

Division/Unit
Neighborhood Revitalization

Item No.

Description

Retention

1

This schedule supersedes schedule # 969 dated 08-02-1983; 1028 dated 07-08-1985; 1767 dated 05-11-1995; 1768 dated 05-11-1995; 1632 dated 08-09-1994; 1278 dated 05-08-1991; and 2370 dated 09-01-2005.

Community Development Block Grant (CDBG) Programs; Attorney General Settlement Funding-Direct Grants (AG Direct); and Neighborhood Conservation Initiative Attorney General Settlement Funding (NCI-AG)

a. Active Projects:

Retain until U.S. Department of Housing and Urban Dev. (HUD) or the State closes the grant year they were funded from. Then move to Closed Projects (Item 1b).

b. Closed Projects:

Retain for 5 years from date closed by HUD or the State, or until all audit requirements are complete, whichever is longer, then destroy. Hard copies are shredded via a State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version will be

Schedule Approved by Department, Agency, or Division Representative.

Date

Signature

Ronald D. Waters

Typed Name

Ronald D. Waters

Title

Deputy Director, NE

Schedule Authorized by State Archivist

Date

6-24-15

Signature

Tim Bahr

**DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
RECORDS RETENTION AND DISPOSAL SCHEDULE
(Continuation Sheet)**

Schedule No. 2704

Page 5 of 6

Agency
Department of Housing and Community Development

Division/Unit
Neighborhood Revitalization

Item No.

Description

Retention

8

Main Street Maryland Designations (MSM)

a. Approved Applications:

Retain until all audit requirements are complete, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.

b. Rejected Applications:

Retain 1 year then destroy.

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>10</u></p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Community Development Block Grant, Attorney Generals Settlement, Neighborhood Conservation Initiative</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports, Correspondence, Monitoring Reviews</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>also by year</u></p>	<p>9. Volume <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5 years after HUD Closed and sent to Jessup</u> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Active - Retain until U.S. Department of Housing and Urban Dev. (HUD) or the State closes the grant year they were funded from. Then move to Closed Projects (Item 1b). Closed - Retain for 5 years from date closed by HUD or the State, or until all audit requirements are complete, whichever is longer, then destroy. Hard copies are shredded via a State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version will be shredded via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Cindy Stone Director</p>	<p>20. Telephone Number 410-514-7256</p>	<p>21. Date 3/24/15</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>2</u> OF <u>10</u></p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Circuit Rider</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports, Correspondence, Monitoring Reviews</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>also by year</u></p>	<p>9. Volume</p> <p><u>Very by year</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p><u>Very by year</u></p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p><u>5 years after HUD Closed and sent to Jessup</u></p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Retain until closed. Once closed, Retain for 7 years from date closed or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Cindy Stone Director</p>	<p>20. Telephone Number 410-514-7256</p>	<p>21. Date 3/24/15</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE 3 of 10</p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Community Legacy (CL); Neighborhood Business Development Program Grants (NBDP Grants); Strategic Demolition and Smart Growth Impact Fund (SDSGIF); and Baltimore Regional Neighborhood Initiative (BRNI)</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____2007_____ to _____2015_____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports and Award/Project file Folders.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) _____ Fiscal Year</p>	<p>9. Volume _____43_____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation _____9_____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____13_____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) DHCD Baltimore Office, 10 S Charles Street, Suite 450, Baltimore, MD 21201, File Room</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention APPROVED APPLICATIONS- Retain for 3 years from date closed or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor. REJECTED APPLICATIONS - Retain for 1 year then destroy.</p>	
<p>19. Name and Title of Preparer Valerie Carpenter, Assistant Director, Office of Community Programs</p>	<p>20. Telephone Number 410-209-5829</p>	<p>21. Date 3/31/15</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE 4 of 10</p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Sustainable Communities</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____2012_____ to _____2015_____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports and Award/Project File Folders. Files are retained for historic information, and documentation.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume _____5_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <hr/> <p>10. Annual Accumulation _____2_____</p> <p>Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____5_____</p> <p>Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) DHCD Baltimore Office, 10 S Charles Street, Suite 450, Baltimore, MD 21201, File Room</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PDF electronic documents located on Division's Shared Drive</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention APPROVED APPLICATIONS - If scanned from paper, scan to Maryland State Archives standards. Retain electronically for 5 years after designation ends, or until all audit requirements are complete, whichever is longer, then destroy. Retain hard copy and all attachments until designation ends, then destroy. Once no longer designated, hard copy versions and attachments are shredded via State selected vendor. REJECTED APPLICATIONS - Retain for 5 years, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to Maryland State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Valerie Carpenter, Assistant Director, Office of Community Programs</p>	<p>20. Telephone Number 410-209-5829</p>	<p>21. Date 3/31/15</p>

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>5</u> OF <u>10</u></p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Community Services Block Grant, Emergency Solutions, Homeless Prevention, Foreclosure</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports, Correspondence, Monitoring Reviews</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>also by year</u></p>	<p>9. Volume <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5 years after sent to Jessup</u> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Retain for 6 years from date closed or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Reginald Stanfield</p>	<p>20. Telephone Number 410-514-7209</p>	<p>21. Date 3/31/15</p>

Instructions -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION
7275 Waterloo Road, P.O. Box 275
Jessup, Maryland 20794
410-799-1930

AGENCY RECORDS INVENTORY

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1. Department/Agency
**Department of Housing and
Community Development**

2. Division
Neighborhood Revitalization

3. Unit
Community Investment Tax Credit (CITC) Program

DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

4. Record Series Title

Program Administration and Management Records:

5. Earliest Year/Latest Year

2010 to 2015

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Policy & Procedure Manual

Application

Award Recommendations Memo & Spreadsheet

Award Letters

Certificate of Contribution Forms

Semi-Annual Reports

Recapture/Relinquish Documentation

Close-Out Documentation

Annual Report of Certification of Tax Credits

7. Record Series Format(s) List all

- Letter Size Microfilm
 Legal Size Computer Tape
 Audio Tape Floppy Disk
 Bound Book Video Tape
 Other (specify): Electronic Files

8. Record Series Sequence

- Alphabetical
 Numerical
 Chronological
 Geographical
 Other (specify) _____

9. Volume
270
Number

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify): Record boxes at Jessup storage and electronic files on shared network

10. Annual Accumulation
60
Number

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify): Electronic files on shared network

11. File is Used

- Daily Weekly Monthly Annually

12. File Becomes Inactive After

Number 2 Month(s) Year(s)

13. Current Location(s) (Bldg., Floor, Room)

Files: File room in Baltimore Office for active projects, (2 N Charles Street, Suite 450, Baltimore, MD 21201. Jessup for closed project files

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))

Yes No

16. Audit Requirements

None State Federal Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes No

18. Recommended Retention:

Retain for 7 years from date closed or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.

19. Name and Title of Preparer

Amy Seitz, Director, Office of Community Access and Partnership

20. Telephone

Number
410-209-5813

21. Date

March 31, 2015

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE 7 of 10</p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Maryland Improvement Program, TAG</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____2012_____ to _____2015_____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <ul style="list-style-type: none"> • Policy & Procedure Manual • Application • Award Recommendations Memo & Spreadsheet • Award Letters • Request for Payment Forms and Documentation • Quarterly Reports • Recapture/Relinquish Documentation • Close-Out Documentation 		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify): Electronic files</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume ____25____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Electronic files located on shared server and on computers of Program Staff</p> <hr/> <p>10. Annual Accumulation ____10____ Number</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Electronic files located on shared server</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After ____3____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) Files are located in Staff offices and in file room in the Baltimore Office: 2 N Charles Street, Suite 450, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Retain for 3 years from date closed or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Amy Seitz, Director, Office of Community Access and Partnership</p>	<p>20. Telephone Number 410-209-5813</p>	<p>21. Date March 31, 2015</p>

<p><u>Instructions</u> -Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE 8 of 10</p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Main Street Maryland Designations</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _1998_ to _2015_</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Policy & Procedure Manual, Letter of Intent from Local Government, Application, Recommendation Memos, Quarterly Reporting, Design Guidelines, Local MSM policies, bylaws and other organizational documents pertaining to the designated community.</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify): Electronic files on shared server</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume 30 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify): Electronic files located on shared server and on computers of Program Staff</p> <hr/> <p>10. Annual Accumulation 2 Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify): Electronic files located on shared server and on computers of Program Staff</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After</p> <p>Number N/A <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p>MSM designation does not expire</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) File drawer of Program Staff in Baltimore Office, 2 N Charles Street, Suite 450, Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>Retain until all audit requirements are complete, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Amy Seitz, Director, Office of Community Access and Partnership</p>	<p>20. Telephone Number 410-209-5813</p>	<p>21. Date March 31, 2015</p>

Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		AGENCY RECORDS INVENTORY PAGE <u>9</u> OF <u>10</u>	
1. Department/Agency Department of Housing and Community Development		2. Division Neighborhood Revitalization		3. Unit Neighborhood BusinessWorks	
DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Program Administration and Management Records			5. Earliest Year/Latest Year _____ to _____		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Loan Applications, Rating and Review Forms, Requests for Payments, Reports, Correspondence and supporting documents,					
7. Record Series Format(s) List all <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>also by year</u>		9. Volume <u>Very by year</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Share Drive</u>	
11. File is Used <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually		10. Annual Accumulation <u>Very by year</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>Share Drive</u>			
12. File Becomes Inactive After <u>5 years after paid or cancelled</u> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			13. Current Location(s) (Bldg., Floor, Room)		
14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No On Share Drive			15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. Recommended Retention Current - Retain for 5 years after being paid in full, or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to Maryland State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor. Declined - Retain for 5 years, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to Maryland State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.			19. Name and Title of Preparer Michael Haloskey Director		
20. Telephone Number 410-514-7237		21. Date 3/26/15			

<p>Instructions –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u>10</u></p>
<p>1. Department/Agency Department of Housing and Community Development</p>	<p>2. Division Neighborhood Revitalization</p>	<p>3. Unit Rental Assistance</p>
<p>DEFINITION: RECORD SERIES: A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title Program Administration and Management Records</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Manuals, Applications, Rating and Review Forms, Requests for Payments, Reports, Correspondence, Monitoring Reviews</p>		
<p>7. Record Series Format(s) List all</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input checked="" type="checkbox"/> Other (specify) <u>also by year</u></p>	<p>9. Volume <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <u>Very by year</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5 years after sent to Jessup</u> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention Retain for 5 years, or until all audit requirements are complete, whichever is longer, then destroy. Hard copies will be shredded via State selected vendor. If practical, scan paper to MD State Archives standards and have that image become the official record. The image must be managed by the above retention statement, and the original paper version must be destroyed by shredding via a State selected vendor.</p>	
<p>19. Name and Title of Preparer Reginald Stanfield Director</p>	<p>20. Telephone Number 410-514-7209</p>	<p>21. Date 3/31/15</p>