

HHAP FUNDING APPLICATION

**CITY OF GLENDALE
HOMELESS PROGRAMS**

Date _____

Project Name _____

Organization Name _____

Address _____

Phone _____ Cell-Phone _____

E-mail _____

Contact Person/Title _____

Proposal Due Date: June 3, 2020 by 3:00 pm
One original, USB, and (2) copies of the Funding Application must be received by Due Date.
HAND DELIVERY REQUIRED

Please indicate the amount of funding requested below:

<u>Program Activity:</u>		<u>Funding Request</u>
<u>HHAP</u>		
Rental Assistance / Rapid Re-Housing	(\$60,000)	\$ _____
Prevention & Shelter Diversion	(\$175,000)	\$ _____
Outreach & Coordination (including Employment)	(\$150,000)	\$ _____
Landlord Incentives	(\$15,000)	\$ _____
Youth Set-Aside	(\$40,000)	\$ _____

TOTAL HHAP FUNDS REQUESTED \$ _____

Total HHAP funds available - \$440,000

Total HHAP Award - \$500,000

I certify that the information in this application is true.

Director (Please Print)

Signature

Date

Applicant Directive

Please provide comprehensive and clear responses to each of the sections below. Respond to all questions within each section; if a question does not apply to your entity, indicate this by responding "Not Applicable." The following proposal formatting components are required. The proposal must be double-spaced using 12- point font Arial, have 1" x 1" x 1" x 1" margins, with the question clearly written prior to each response. No use of CAPITALIZATION, **bolding**, highlighting, or underlining permitted. The format should follow the RFP outline and be packaged in the order of the checklist sheet; all attachments must be clearly labeled. One (1) hardcopy application with wet original signatures and (1) USB Flash drive must be submitted along with two (2) copies of the complete application. **Please add the Application Heading Questions to your answers, i.e. A. Project Overview.**

Applicant Questions

A. Project Overview

1. Briefly describe the proposed project, the population to be served and the specific services to be provided. Indicate if this is a new or existing project. Specify the total number of unduplicated persons expected to be served by the project annually. Describe how this project will focus on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Please refer to RFP, section Program Guidelines for description of eligible components for the HHAP program.
 2. Does your Project use a centralized or coordinated system to initially assess the eligibility and needs of each homeless or at-risk of homeless individual or family who seeks assistance? **If yes**, describe your system, including the point of contact.
 3. Does your Project have Written Standards for providing assistance for eligible activities listed under HHAP? If yes, please attach to the RFP. If not, please describe the activities proposed for the project and time plan you are developing to comply with this regulation. Please include guidelines used to address services during COVID-19.
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1. Identify and describe existing unmet needs in the community to be addressed by the proposed project. What methods and/or data were used to identify and verify the need for this project?
 2. Specifically describe how the activities to be carried out by the proposed project directly address the identified need in the community.

C. Target Population and Outreach

1. Describe, in detail, the characteristics of the target population. Describe how you will reach out to the target population. (Attach samples of outreach materials your agency will use).
2. Indicate and describe what form of documentation will be provided to demonstrate that persons served by the project are homeless or at-risk for homelessness.

D. Continuum of Care/ Coordination and Collaboration

1. Describe how this project is consistent with the continuum of care approach to homeless services. If this is a new program, how does your project fill a gap in Glendale's continuum of care?
2. Describe your organization's current efforts to collaborate with other community organizations that provide services to the homeless and with mainstream (non-homeless) service providers. How will you develop any needed linkages that are not already in place? How do you ensure household needs are met with all the different partnering agencies?
3. Does any community organization other than your own offer this type of service? If yes, describe how your program will enhance, and is not a duplication of, these efforts.

E. Program Goals and Outcomes (Please refer to HHAP Performance Goals in RFP)

1. Please provide at least two outcomes that you will measure for your program. Outcomes should be appropriate and attainable given the population served by the program; low levels of achievement are not necessarily indicators of poor performance. When establishing outcomes, be mindful of the following components:
 - i. Reduce the number of persons who become homeless
 - ii. Reduce the length of time persons remain homeless
 - iii. Increase successful placement in permanent housing
 - iv. Reduce recurrence to homelessness after placement in permanent housing
 - v. Increase employment access to increase and improve income by 20% -Priority Goal for HHAP funding

OUTCOME EXAMPLE: Of the 80 persons served by the program, 40% (32 persons) will be placed in permanent housing within 60 days.

2. Please provide an account of the methodology that you will use to track participants' progress toward achieving each specific outcome.

3. Describe how your program will reduce the length of stay in the program and ensure positive placement?

F. Implementation Plan

1. If this is a new project: Describe specific steps to be taken to implement the project and attach a proposed schedule which identifies target dates for each phase of implementation. Identify any barriers and/or difficulties related to implementing the project and explain how these barriers and/or difficulties will be overcome.

If this is an existing project: Identify barriers and/or difficulties in service delivery that you have encountered in the past, and explain what specific steps have or will be taken to mitigate these barriers and/or difficulties. (It is assumed that all projects have challenges). Describe the specific steps to be taken to improve the quality of services and/or expand services in this project.

G. Effort to Involve Homeless Individuals and Families

1. If funded, describe agency efforts to involve, to the maximum extent practicable, homeless individuals and families in developing, constructing, renovating, maintaining, and operating facilities assisted with HHAP funds, and in providing services to occupants of these facilities.

H. Budget

1. Please complete the HHAP Project Budget Form (see attached Form and Sample). Budgets should include only costs attributed directly to the proposed HHAP funded project.
2. Please provide a brief description or justification of all line items included on the Project Budget Form in a separate Budget Narrative.

Personnel Costs: Identify each existing or new position that will be assigned to the HHAP-funded project and that has been included on the Project Budget Form. Describe staffs' duties and activities as they relate to the HHAP-funded project and indicate the pay rate for each position. Indicate what percent of time, and how many hours per week, will be devoted/charged to the HHAP funded project for each position.

Operations Costs: Describe how total actual annual costs are calculated. Include cost allocation plan for items related to the HHAP funded project.

Homeless Prevention: Itemize the approximate number of persons to be served and the amount of funding per family.

Rapid Re-Housing: Itemize the cost estimates for security deposit and monthly rent based on current Fair Market Rents.

Landlord Incentives: Describe the type of incentive proposed and maximum amount of funding per landlord.

Youth Set-Aside: Itemize the approximate number of youth to be served and the specific services to be provided

I. Leverage

1. What percentage of the total project budget would the proposed HHAP funding cover?
2. Does the implementation of this program depend on receiving 100% of your request?
3. How will you close any funding shortfalls? Indicate any other funding sources with whom you have pending applications, or from whom you anticipate requesting funds. Does the implementation of this project depend on receiving funds from these or any other sources?

J. Demonstrated Experience and Capacity of Sponsoring Organization

1. Describe the proposing organization’s background and years of experience in implementing the proposed project or similar projects.
2. Describe the specific experience of the organization’s principal staff as it relates to the proposed project or similar projects.

Provide the following:

- i. Board of Directors List;
 - ii. Verification of non-profit, federal tax exempt status; and
 - iii. One copy of the sponsoring organization’s most recent financial audit. This should be no more than two years old.
 - iv. Verification of SAM’s /DUNS registration –Active Status
2. Using the chart provided, please list similar projects funded within the last 3 years and their current status. Describe specific accomplishments, including quantitative and qualitative information. Use additional pages as necessary.

ACTIVITY TITLE	YEAR FUNDED	APPROVED BUDGET	STATUS OF PROJECT (Include specific accomplishments)	FUNDS EXPENDED TO DATE

K. Checklist for Complete Application Submission

- ✓ Application Summary Page
- ✓ Application Narratives
 - Project Overview
 - Target Population and Outreach
 - Continuum of Care/ Coordination and Collaboration
 - Program Goals and Outcomes
 - Implementation Plan
 - Efforts to Involve Homeless Individual & Families
 - Leverage
 - Demonstrate Experience and Capacity of Sponsoring Organization
- ✓ Budget Worksheet & Budget Narrative
- ✓ Board of Directors List
- ✓ Verification of Non-Profit, federal tax exempt status
- ✓ Copy of Sponsoring organization's most recent financial audit
- ✓ Verification of SAM's /DUNS registrations – Active Status
- ✓ Chart –list of similar projects funded with last 3 years
- ✓ Samples of Program & Outreach Materials
- ✓ Proposed program flyer