

**Housing and Community Recovery Grant 2021-22**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **Program Name:** |  |

|  |
| --- |
| **AGENCY INFORMATION** |
| **List and describe the organization(s) offering the program. Include each organization’s tax-exempt status and mission statement.**  |
|  |
| **For collaborative applications, which agency is the lead?** |
|  |

|  |
| --- |
| **PROGRAM INFORMATION** |
| 1. **Provide a 200-word description of the program or project. Include whether this is a new or existing program.**
 |
|  |
| 1. **Amount of Grant Request:**
 | $ | **Total Program Cost:** | $ |
| 1. **Select which of the 3 goals and measures the program will address. Select all that apply.**
 |
| [ ]  Secure permanent housing[ ]  Maintain permanent housing.[ ]  Purchase home as first-time home buyer. |
| 1. **How many unduplicated households will achieve these goals by June 30, 2022?**
 |
|  |
| 1. **Who is specifically served by your program? How are they recruited and selected?**
 |
|  |
| 1. **What are the key activities that the program will implement? Describe how clients experience your program services from intake through program completion or exit. Include the length and frequency of service.**
 |
|  |
| 1. **For a collaborative, list each partner and describe its role in delivering services and achieving outcomes.**
 |
|  |
| 1. **What is the timeline for implementation of the program?**
 |
|  |
| 1. **For what length of time will the program track clients to ensure that housing stability is maintained?**
 |
|  |
| 1. **How will the program avoid duplication of services with other housing efforts?**
 |
|  |
| 1. **In addition to completing the Budget Form, please describe how the program will use the grant. How will these funds fill gaps in existing services and resources?**
 |
|  |
| 1. **What challenges do you anticipate encountering in achieving your goals? What will you need to overcome that challenge?**
 |
|  |
| 1. **For existing programs, what has been the program’s record of success? How has that success been measured?**
 |
|  |

|  |
| --- |
| 1. **Complete the table below to describe the credentials, qualifications, and responsibilities of direct program staff and volunteers. Add rows as needed.**
 |
| **ROLE** | **RESPONSIBILITIES** | **MINIMUM QUALIFICATIONS, CREDENTIALS OR TRAINING** | **ROLE FILLED? “yes” or “to be hired”** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **DEMOGRAPHIC INFORMATION** |
| 1. **PROJECTED Client Demographics. (*If your program collects data on demographic groups or genders not listed, please add rows or columns as needed.)***
 |
| **Demographic Group** | **Ages****0-5** | **Ages****6-11** | **Ages****12-17** | **Ages****18-59** | **Ages****60+** | **Unknown****Age\*** | **Total by Group** |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| *Example: Asian*  | *42* |  |  |  | *51* |  | *120* |  |  |  |  |  | *213* |  |
| Asian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| African American/Black (not Hispanic/Latino) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| American Indian/Alaska Native |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bi-Racial/Multi-Racial |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Caucasian/White (not Hispanic/ Latino) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic/Latino |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Native Hawaiian/Pacific Islander |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown**\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Total by age* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL NUMBER TO BE SERVED:** |  |

|  |
| --- |
| 1. **\*If program does not document demographics, please explain.**
 |
|  |
| 1. **What percentage of total program clients fall into the following income categories?*These categories use U.S. Dept. of Health and Human Services 2021 Poverty Guidelines. For more information, visit*** [***https://aspe.hhs.gov/poverty-guidelines***](https://aspe.hhs.gov/poverty-guidelines)
 |
| *In poverty—at or below Federal Poverty Guideline for household size* | % |
| *Low Income—poverty to 200% Poverty Guideline for household size* | % |
| *Above 200% Poverty Guideline for household size*  | % |
| *Unknown* | % |
| 1. **Explain how the program collects income data. PLEASE NOTE: *Funded programs will be required to track client income and employment status at the start and conclusion of services.***
 |
|  |

|  |
| --- |
| **APPLICATION CERTIFICATION** |
| **Signatures of the agency’s Chief Professional Officer (the person responsible for agency’s operations: Executive Director, President, etc.) and the Chief Volunteer Officer (Board President or Chair, etc.) are required. For collaborative applications, please copy and complete the table for each organization.**  |

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Chief Professional Officer** | *Name*  |  |
| *Title* |  |
| *Signature* |  |
| *Date* |  |
| **Chief Volunteer****Officer** | *Name* |  |
| *Title* |  |
| *Mailing Address* |  |
| *Email* |  |
| *Signature* |  |
| *Date* |  |