

# Pittsburgh Housing Opportunity Fund (HOF)

## Housing Stabilization Program

### EXHIBIT C: Application Narrative

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## I. Eligibility Check List

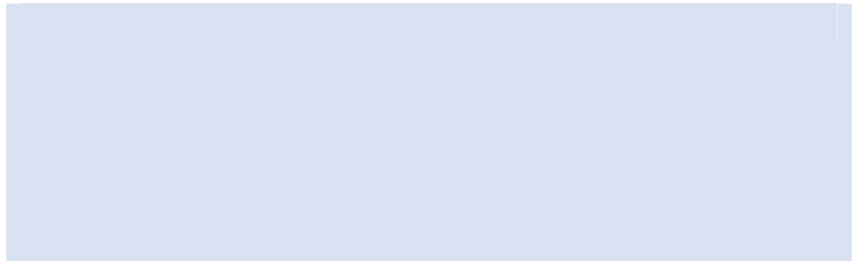
Check  if statement is true.

- The proposing Coordinated Entry Provider is familiar with additional community resources.
- Has the capacity to manage a high call volume
- Has cultural competence and the ability to interact with Households who are experiencing a crisis

## II. HSP Organizational Information

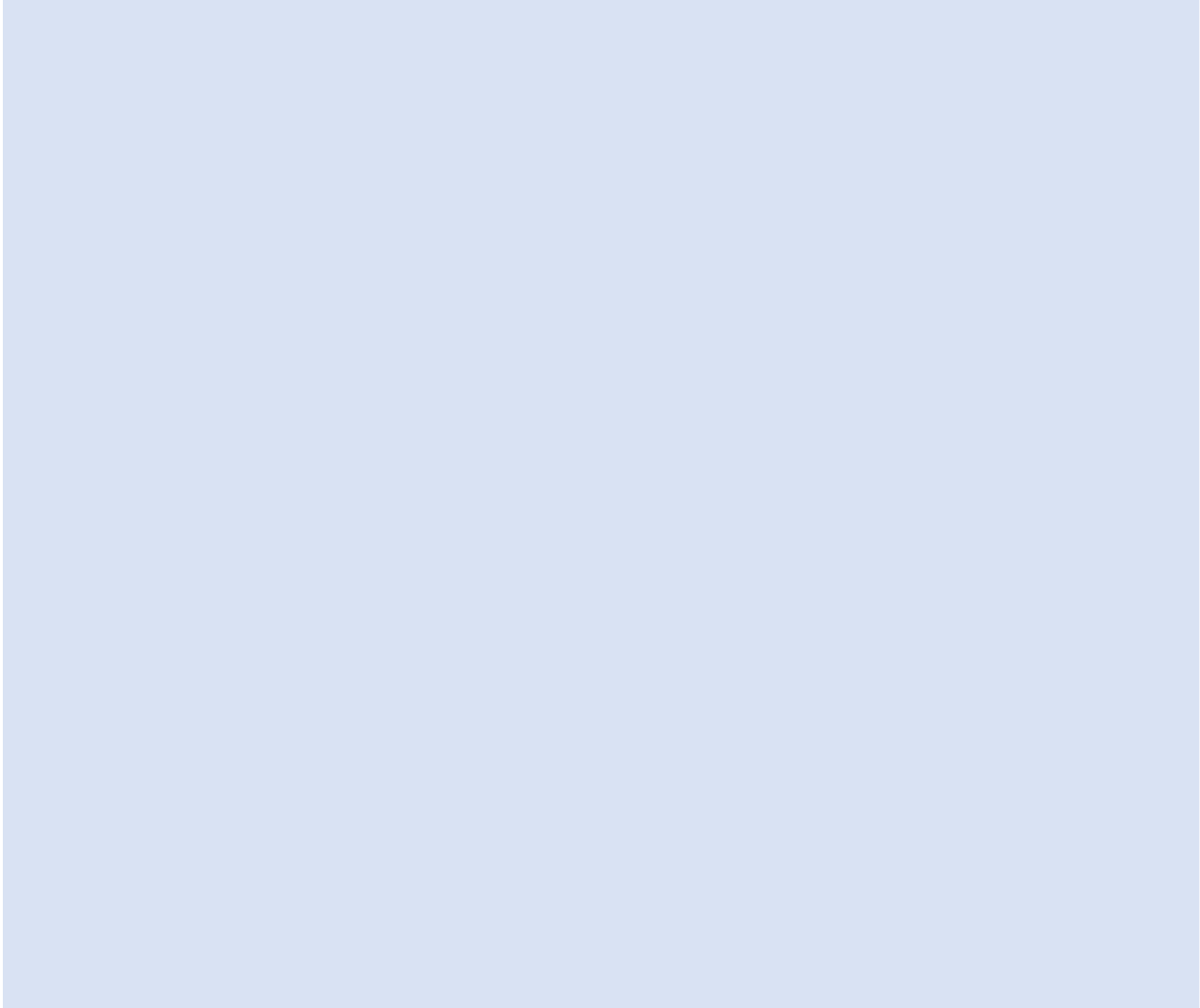
	Organization Name	Mailing Address	Website Address	Federal Tax ID #
Service Provider				

1. Total HOF Funding Request—Use this space to explain the breakdown of costs

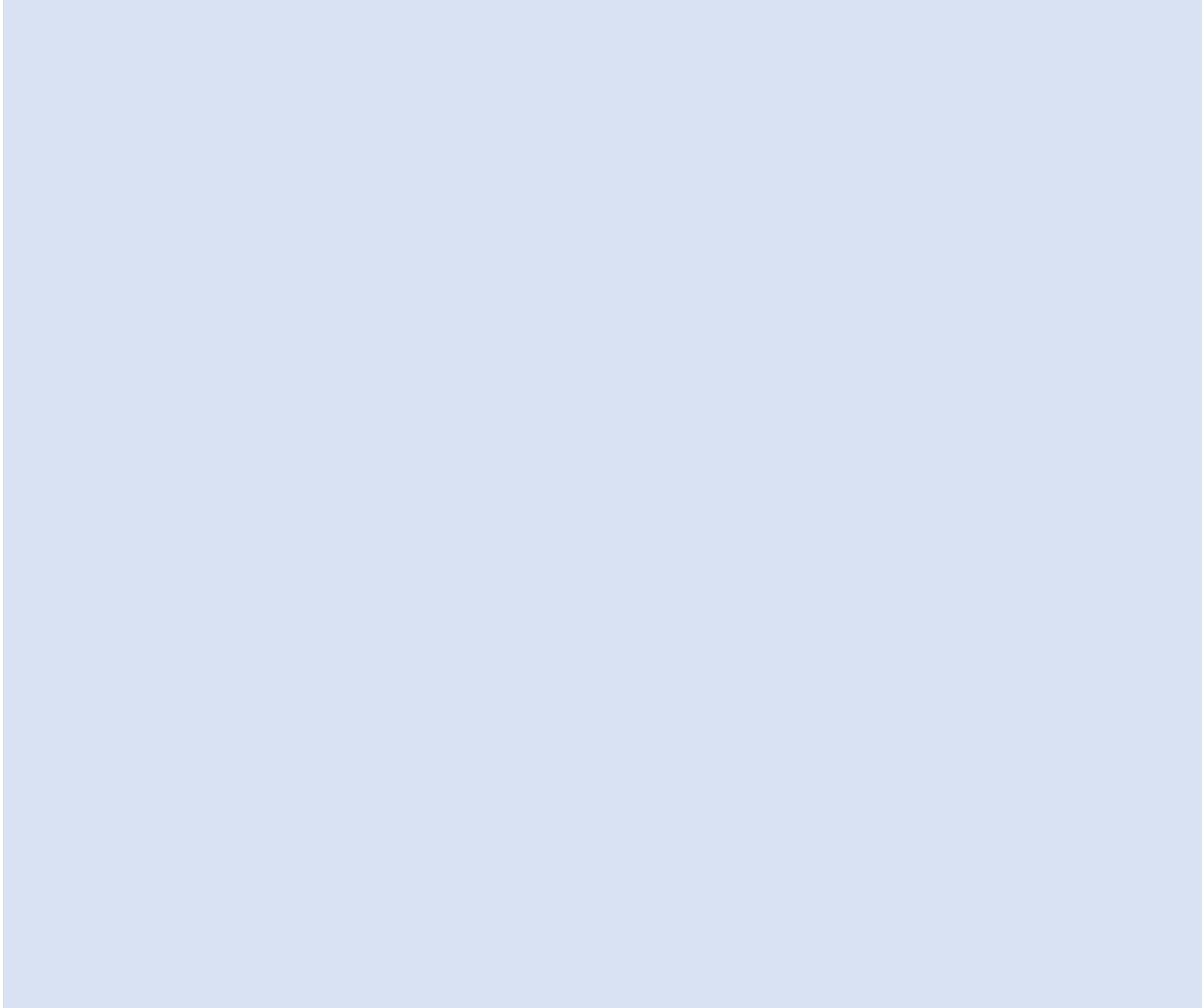


### iii. **Organizational Experience**

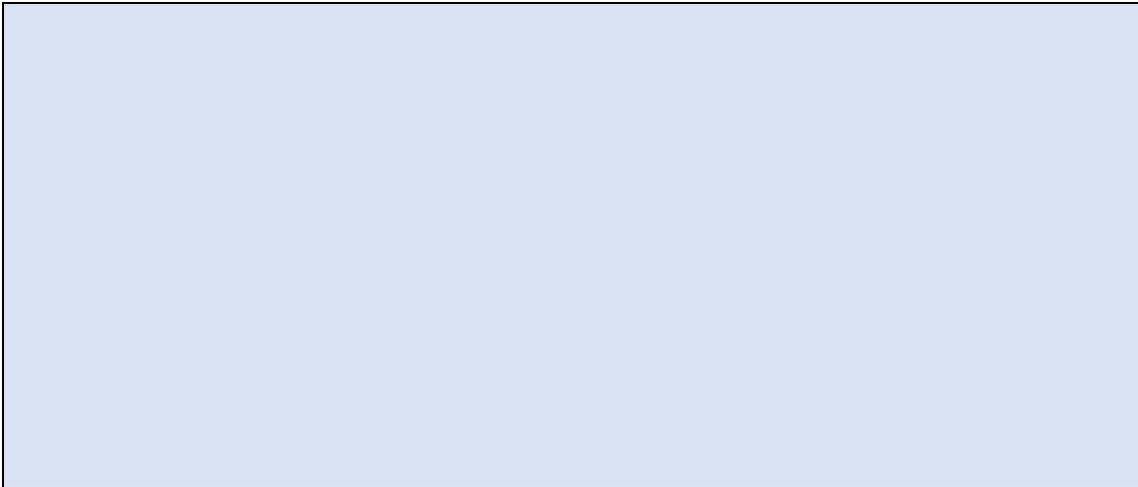
Describe the proposing Service Provider. Include history of the organization, its mission, and current business operations. If responding organization(s) are forming a team, explain the relationship among the proposing team-members. Proposing Service Provider must attach most recent financial audit (Attachment 1) and copy of not-for-profit certification--if applicable (Attachment 2).



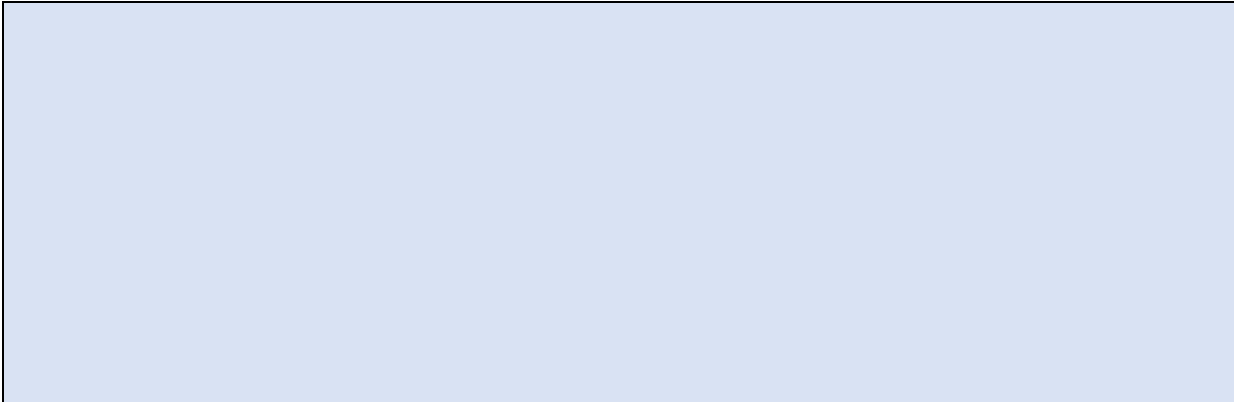
Describe what prior experience the proposing Service Provider implementing programs similar to HOF HSP- stabilizing households, preventing homelessness, and/or decreasing time spent homeless. Please provide as much detail as possible about working with partners and funders to deliver such programs. What volume of households has the proposing Service Provider previously served? How much funding was deployed for these efforts?



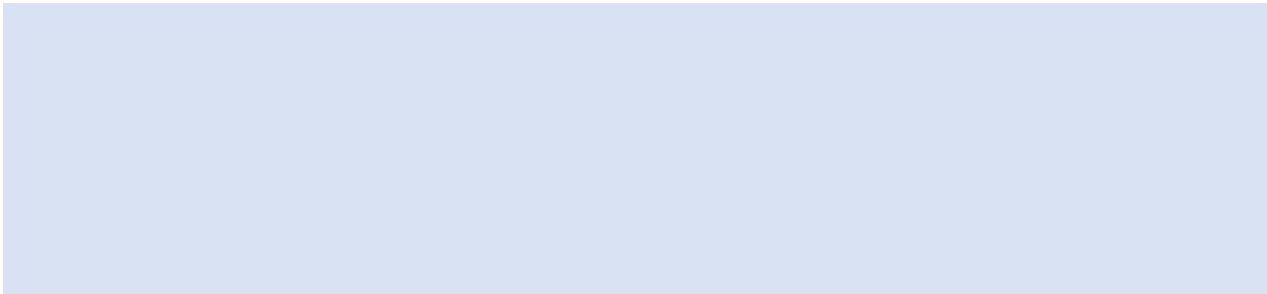
Describe the proposing Service Provider’s experience providing cultural competency trainings to ensure staff is responsive to diverse populations.



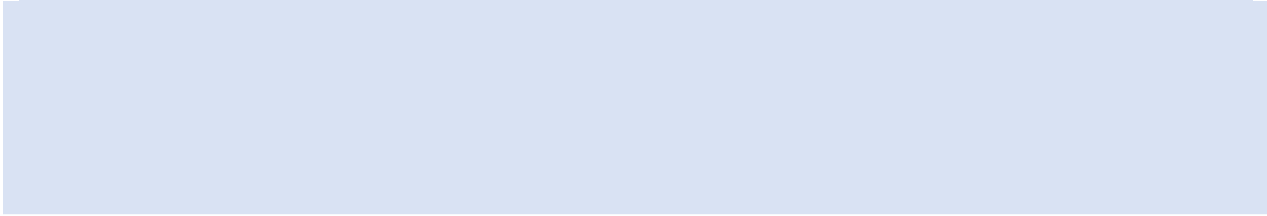
Does the proposing Service Provider have experience collaborating with community partners? Please explain.



Describe proposing Service Provider’s Coordinated Entry System.

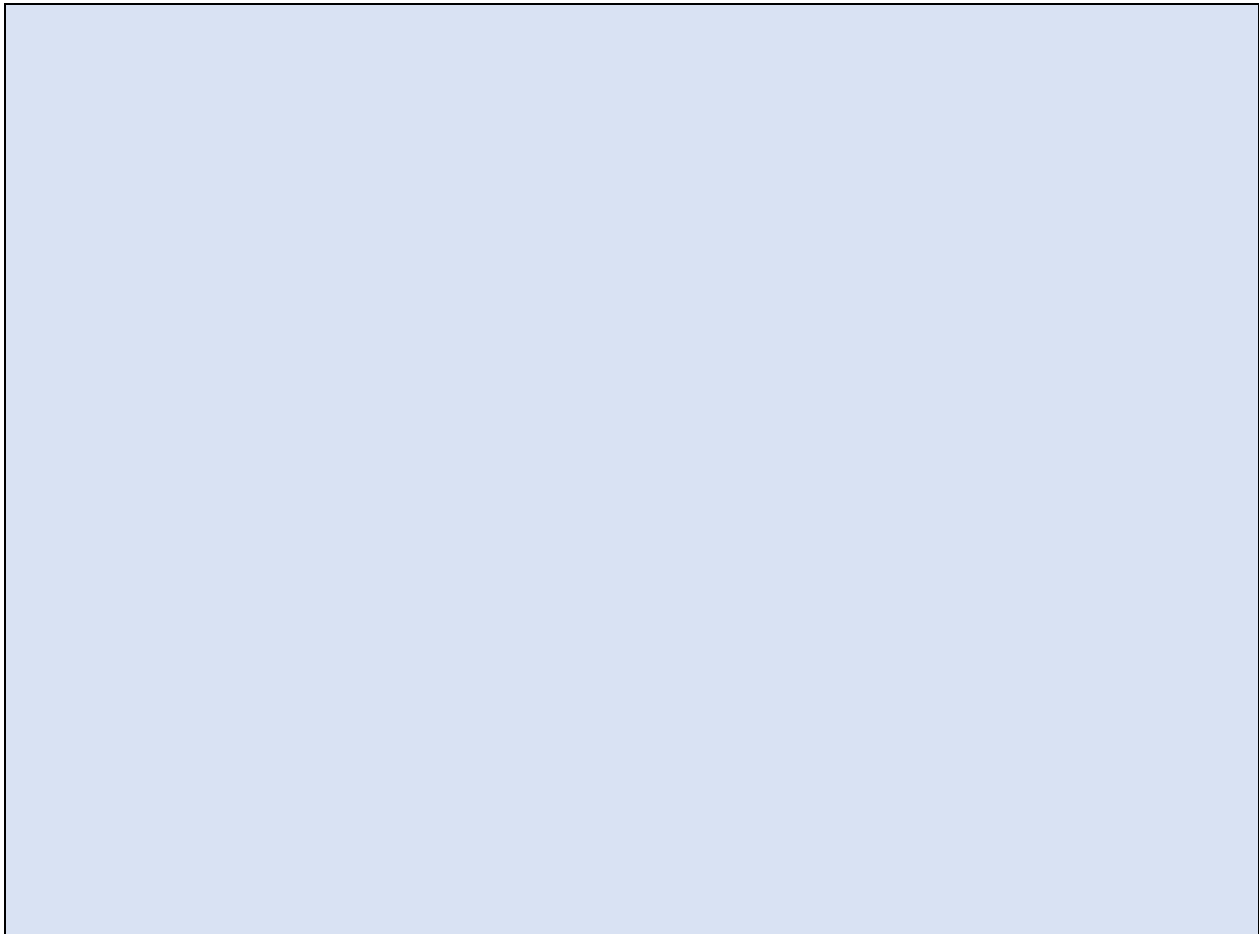


Does proposing Service Provider have experience using DHS's HMIS system?



**iv. Readiness to Proceed**

What will be the proposing Service Provider's approach to staffing, should they be awarded HSP funds? As **Attachment 3**, please provide an organizational chart indicating staff responsible for administering the HSP funds and provide resumes for those staff.



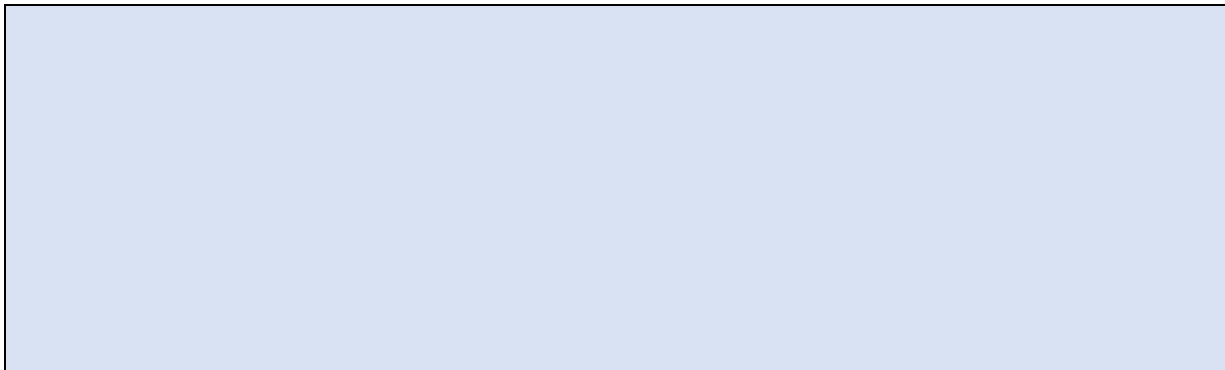
## V. Financial Capacity

What is the proposing Service Providers current monthly revenue into the organization? What is the annual operating budget for the organization?



Attach the proposing Service Provider's last two Annual Audited Financial Statements  
**(Attachment 1)**

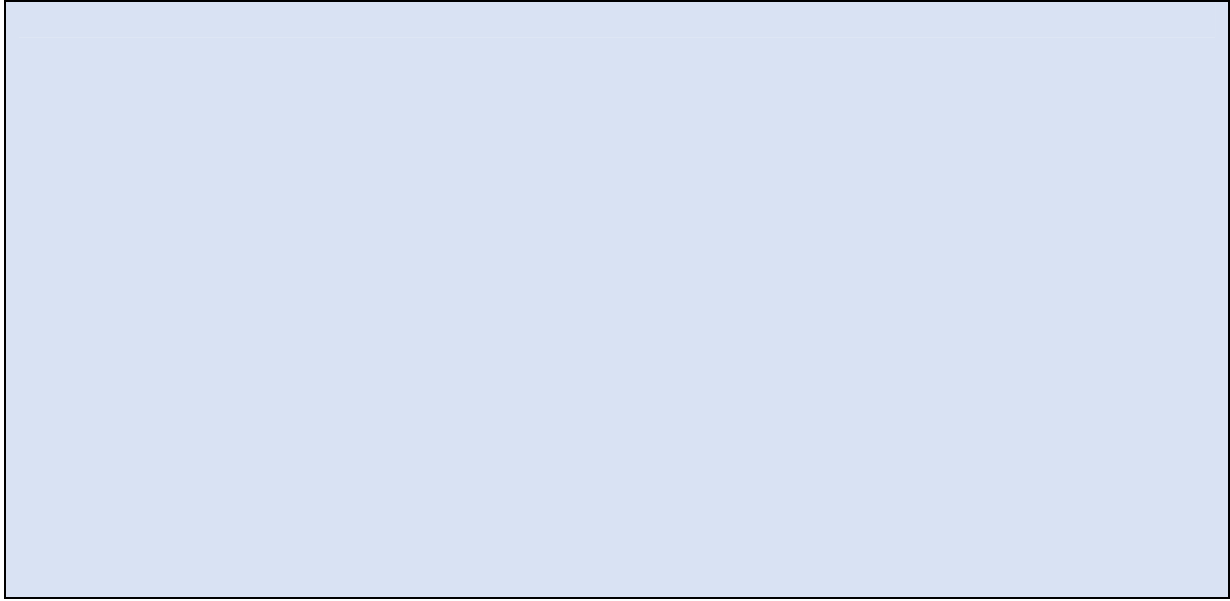
Has the proposing Service Provider ever received funding from a government entity?



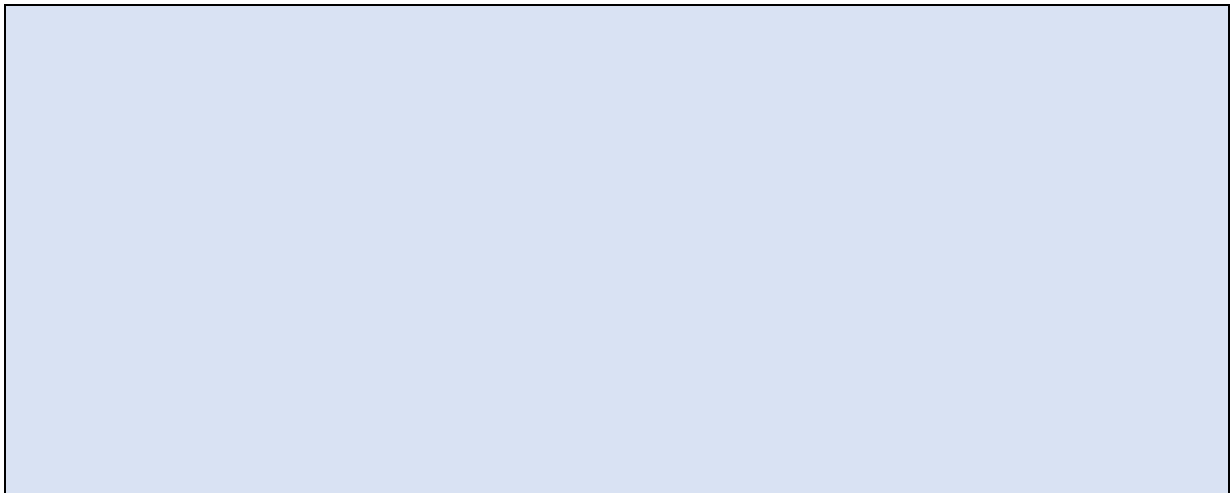


## **VI. Approach to Providing Social Services and Financial Planning**

What does the proposing Service Provider consider to be the core social services necessary to provide in conjunction with rental assistance in order for the HSP program to be successful?



How would the proposing Service Provider determine that HSP funds will be a one-time only need and that these funds will help stabilize the household?



## **VII. Additional Information (Optional)**

This section does not count for any additional points, however if there is any additional information about the proposing Service Provider that is believed to be significant to this application, please use the section below to provide such information, and/or supply additional attachments if necessary.

