

Housing Opportunity Fund (HOF) Housing Stabilization Fund (HSP) EXHIBIT E: Application Narrative

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I. Eligibility Check List

Check if statement is true.

- The proposing Program Administrator is a non-profit organization.
- Has financial capacity to bridge at least \$10,000 prior to URA reimbursement (typically within 15 days of URA's certification of work completion/invoice received by URA)
- Has been in existence as a certified non-profit for at least two years

II. Organizational Information

	Organization Name	Mailing Address	Website Address	Federal Tax ID #
Program Administrator				

<u>RENTAL</u> Total Funding Request	
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Reminder: Max assistance per household is \$3,000. Also, admin costs should be included in the total funding request.

<u>MORTGAGE</u> Total Funding Request	
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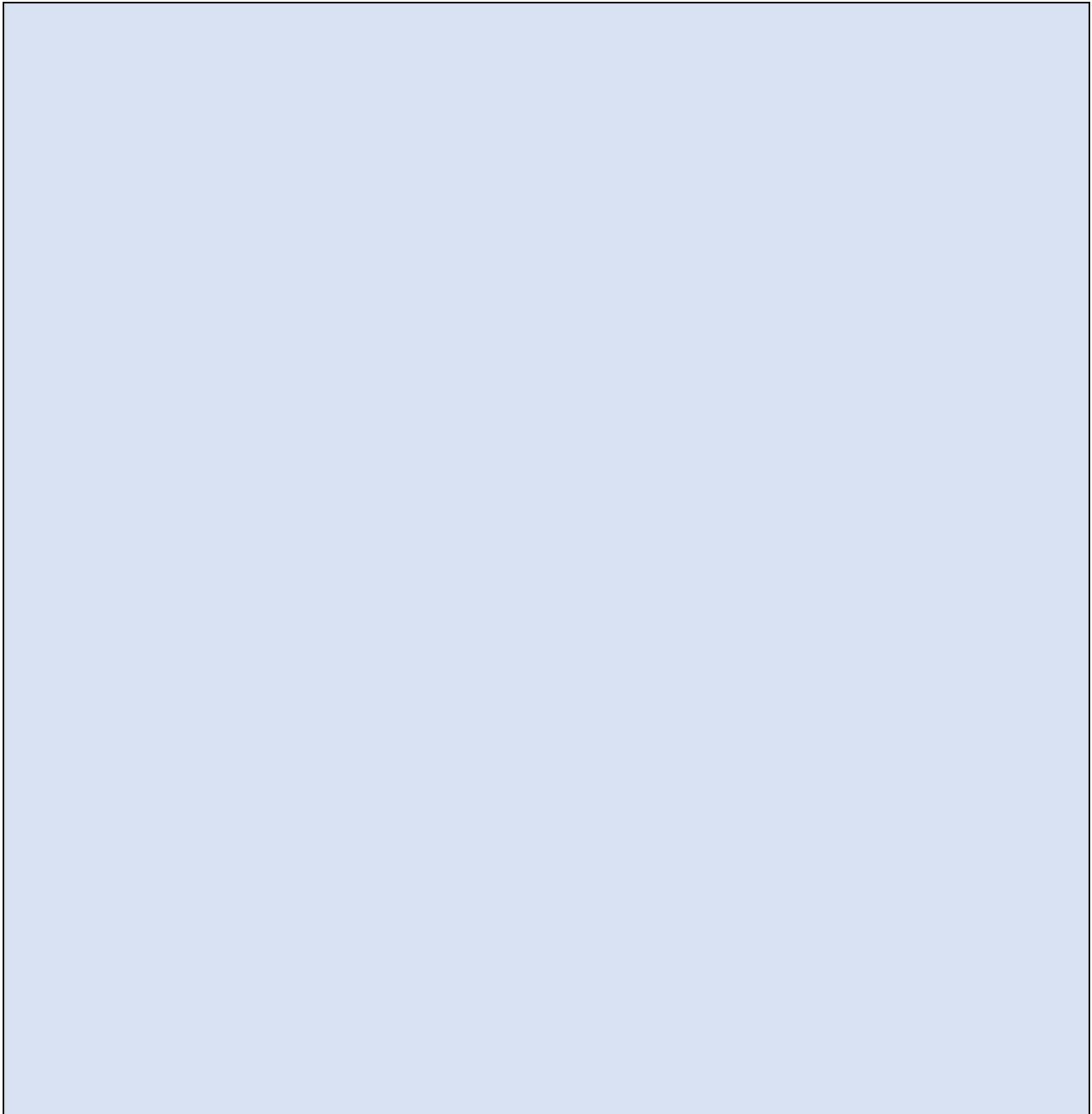
Reminder: Max assistance per household is \$3,000. Also, admin costs should be included in the total funding request.

TOTAL FUNDING REQUEST	
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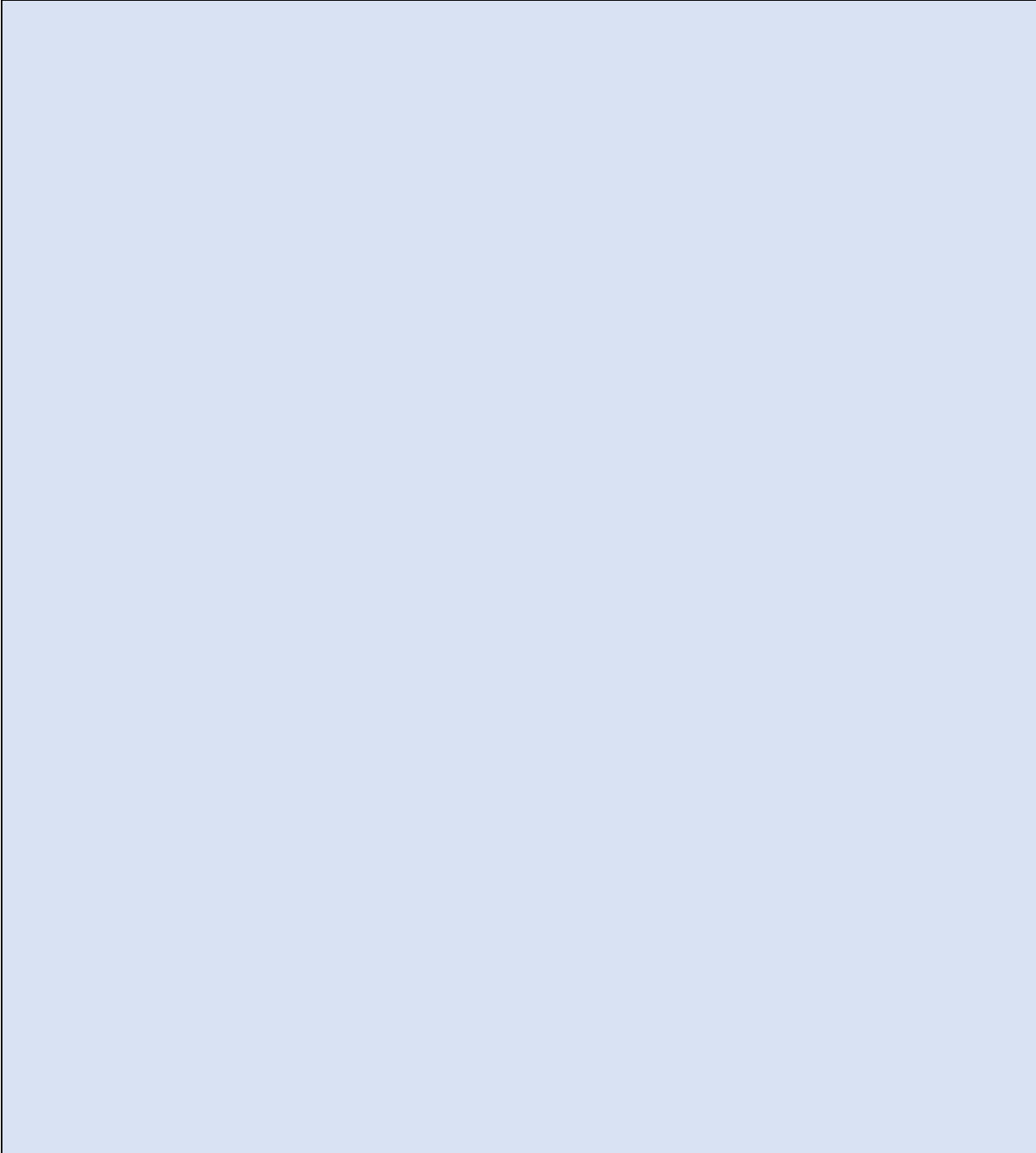
	# of Households at 30% AMI or below	# if Households between 31% AMI – 50% AMI	# of Households between 51% - 80% AMI (Mortgage Assistance Only)
# of Households to receive assistance based on organization's capacity			

III. Organizational Experience

Describe the proposing Program Administrator. 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 Program Administrators must attach the most recent financial audit (Attachment 1) and a copy of the IRS 501(c)3 certification (Attachment 2).



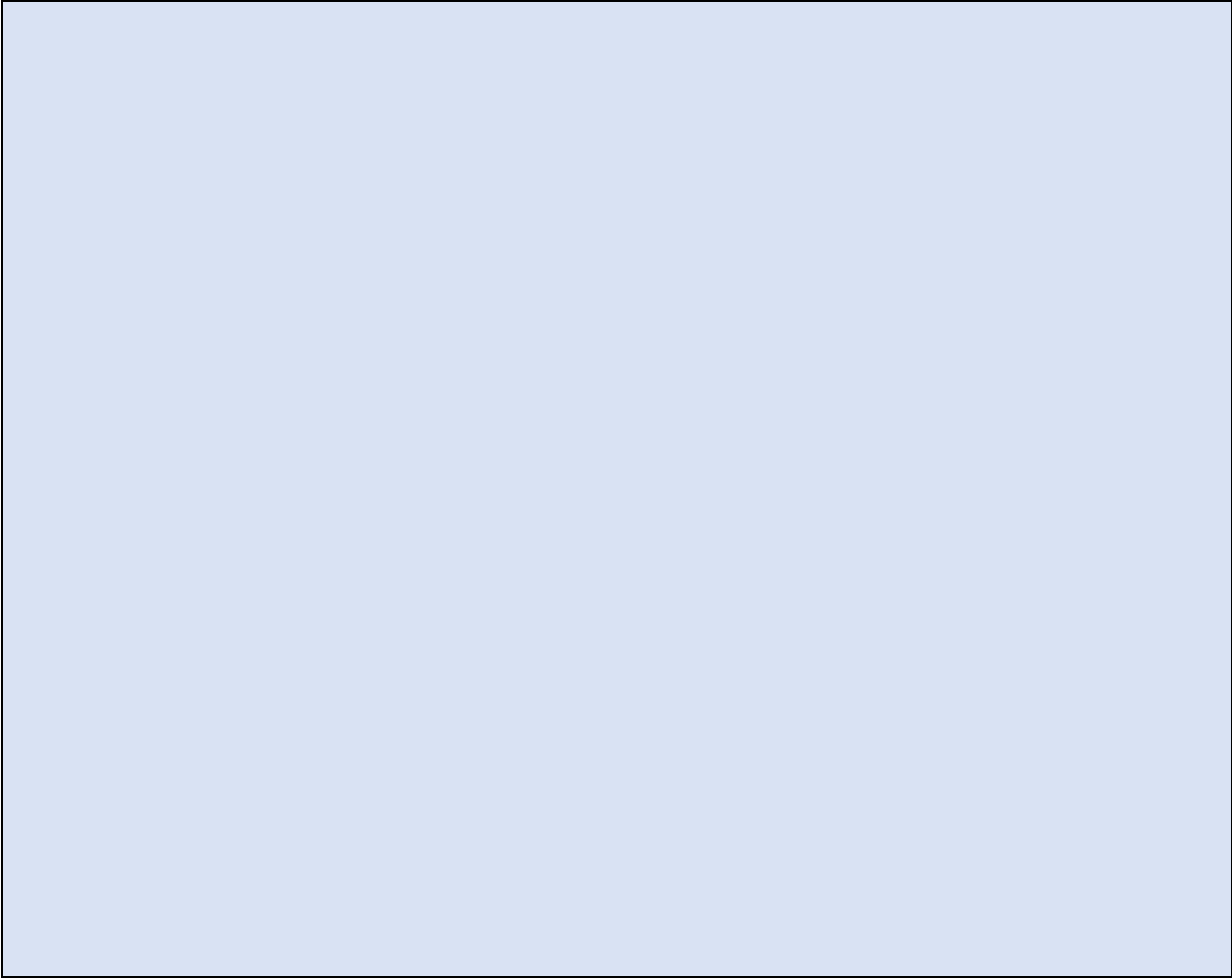
Describe what prior experience (rental and/or mortgage assistance) the proposing Program Administrator has in regard to implementing programs similar to HSP which is aimed at stabilizing households, preventing homelessness, and/or decreasing time spent homeless. Please provide as much detail as possible about working with partners and funders to deliver such programs. What volume of households has the proposing Program Administrator previously served? How much funding was deployed for these efforts?



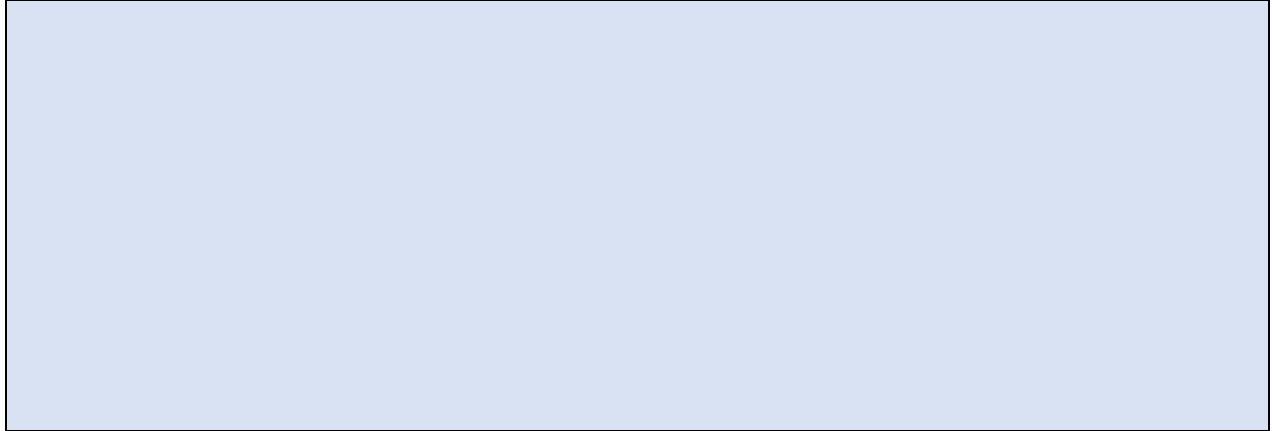
Describe the proposing Program Administrator’s experience providing cultural competency trainings to ensure staff is responsive to diverse populations.



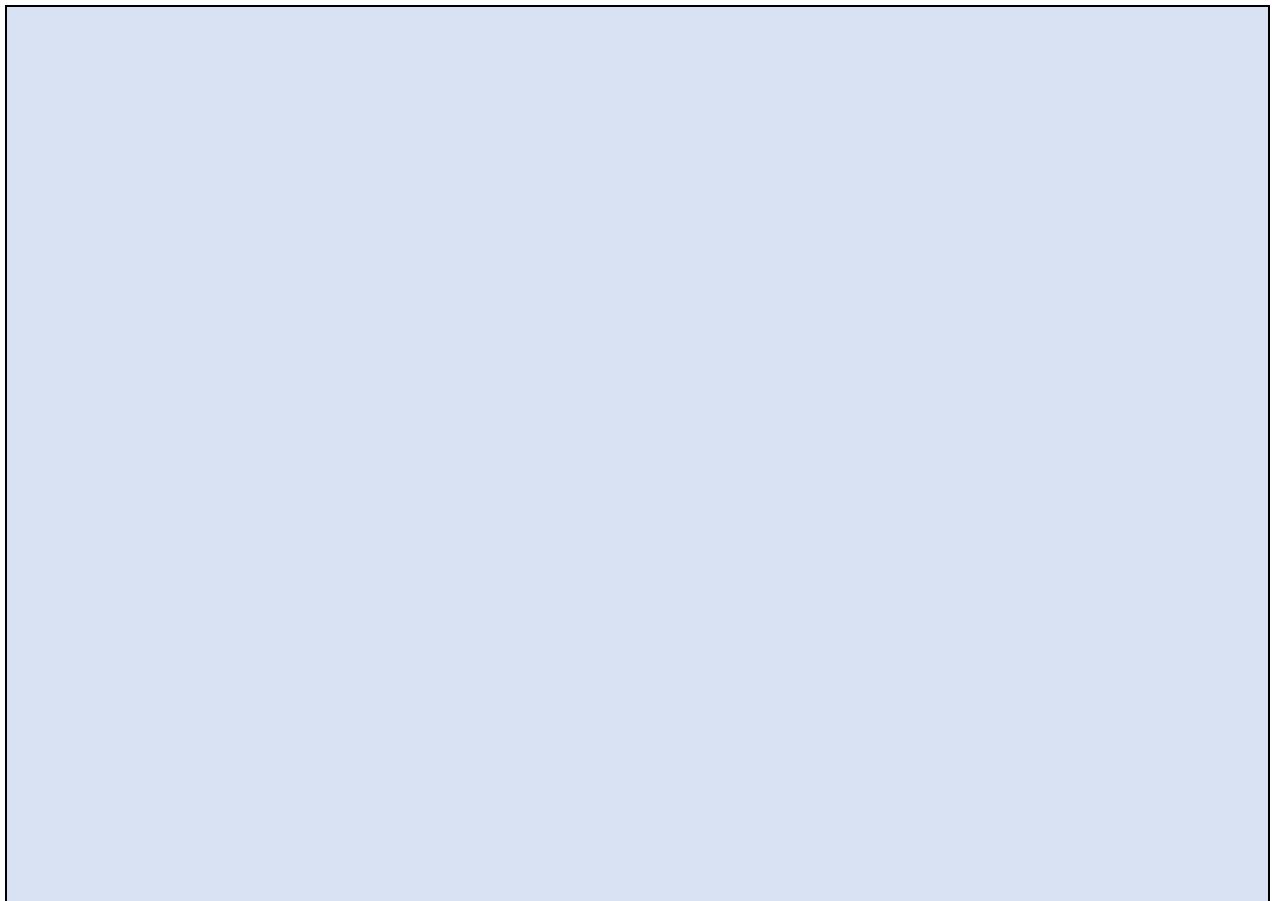
Does the proposing Program Administrator have experience collaborating with community partners? Please explain.



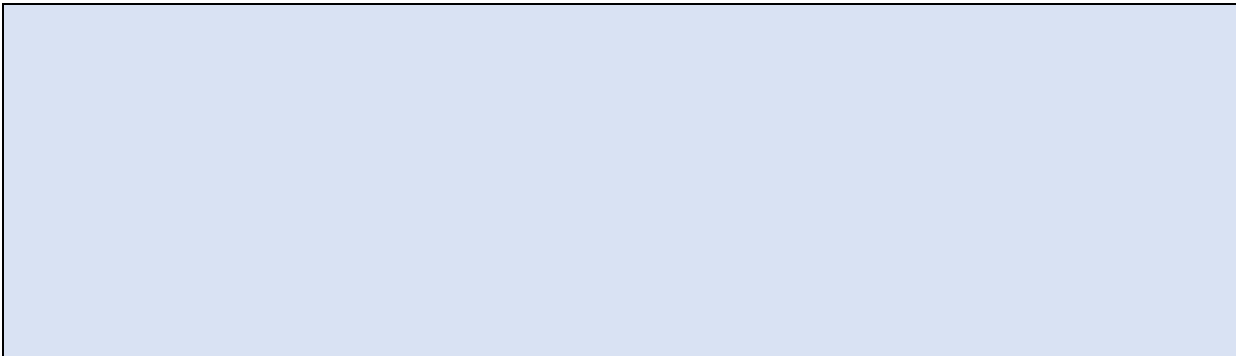
Describe proposing Program Administrator’s internal intake system. In addition, describe the methods used to not only help Households become financially independent but self-sufficient. What supportive services will your organization provide to renters and homeowners once HSP assistance ends?



Does the proposing Program Administrator have experience using DHS’s HMIS system? If so, how many years of experience does it have and how many programs does the proposing Program Administrator have that require the use of HMIS?

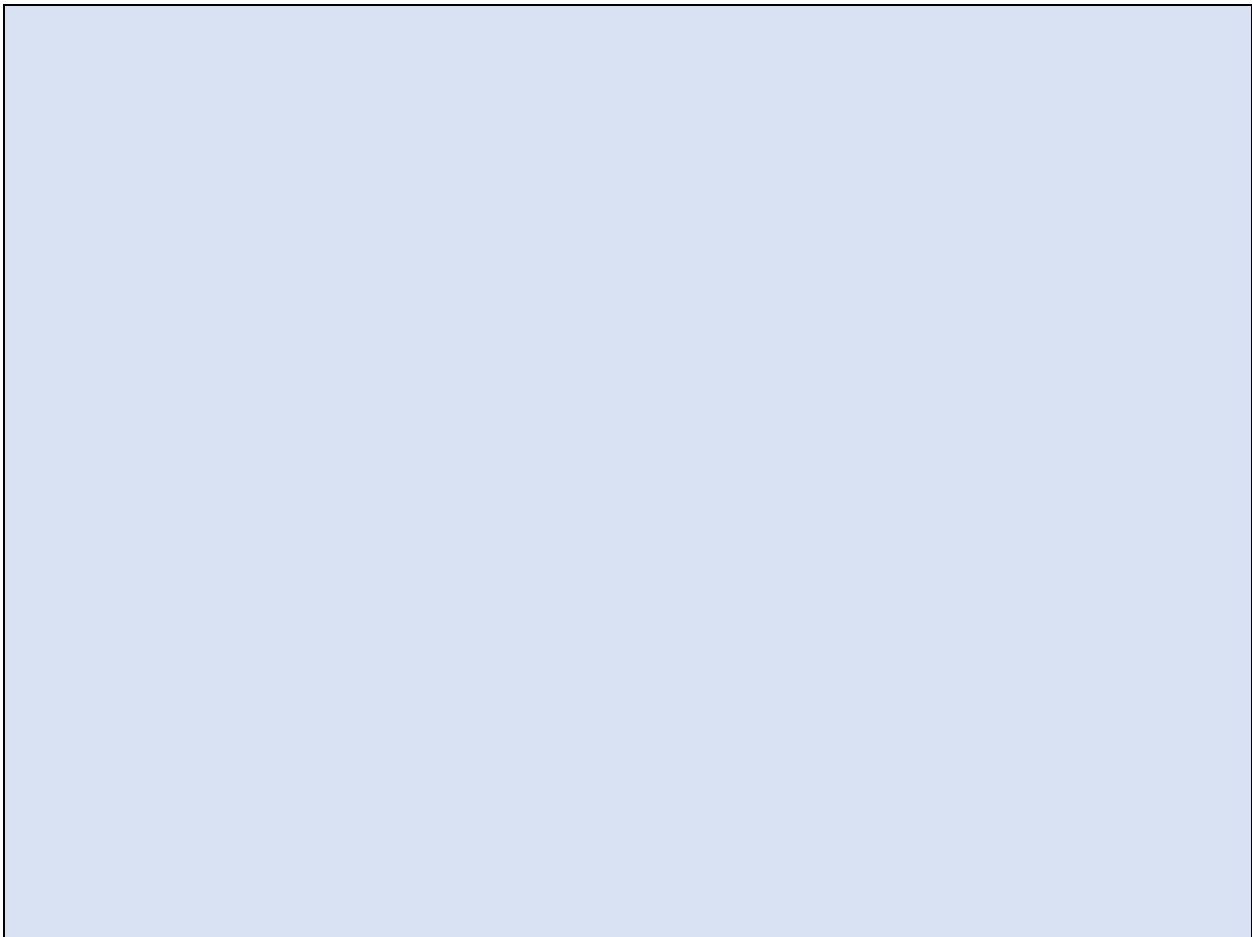


Is the proposing Program Administrator’s organization listed in the United Way’s 211 information and referral system?



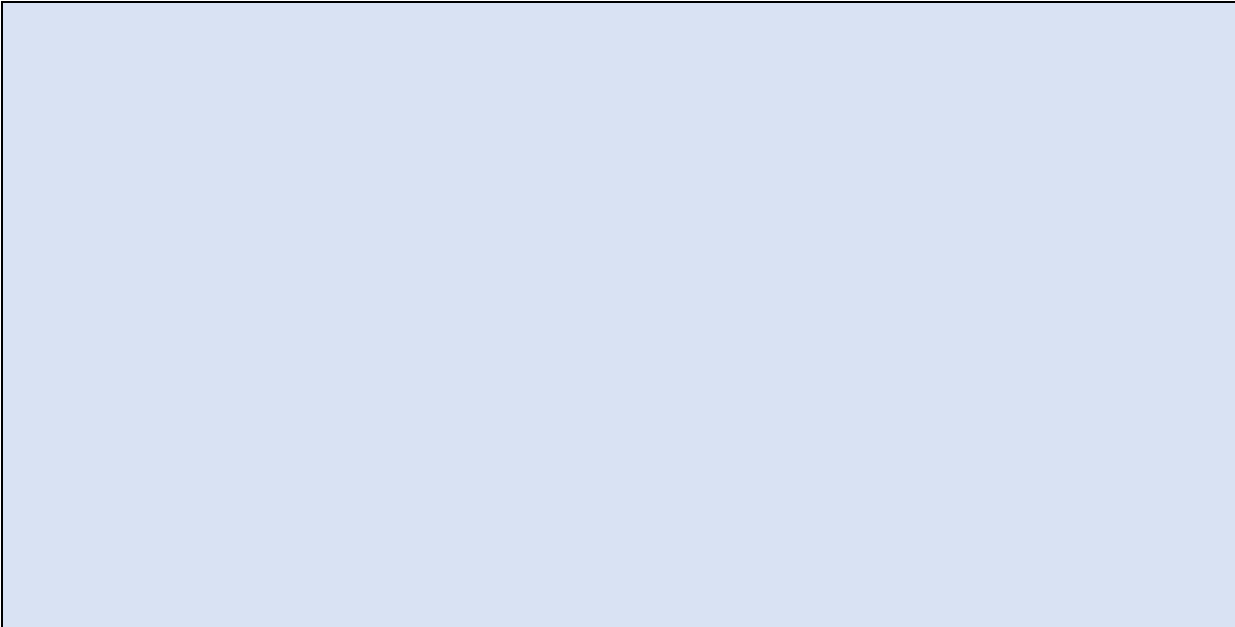
IV. Readiness to Proceed

What will be the proposing Program Administrator’s approach to staffing should they be awarded HSP funds? As Attachment 3 indicates, provide an organizational chart indicating the staff responsible for administering the HSP funds and provide resumes for those staff.

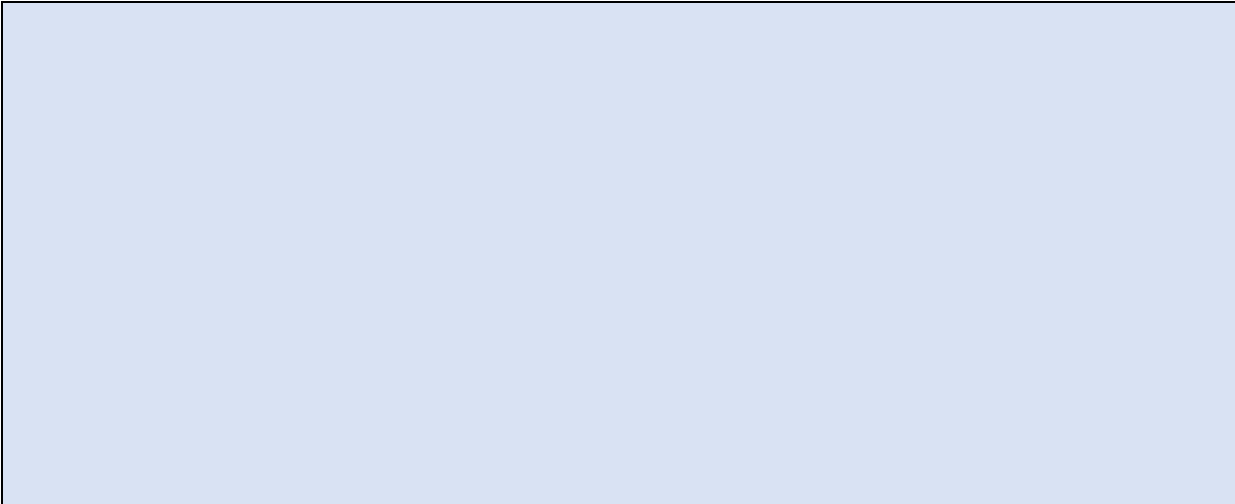


V. Approach to Providing Social Services and Financial Planning

Program Administrators will need to create housing plans for certain households. Describe how a situation was handled when a Household’s monthly rent or mortgage payment exceeded the income that the Household was making. How will this Program Administrator help the Household?



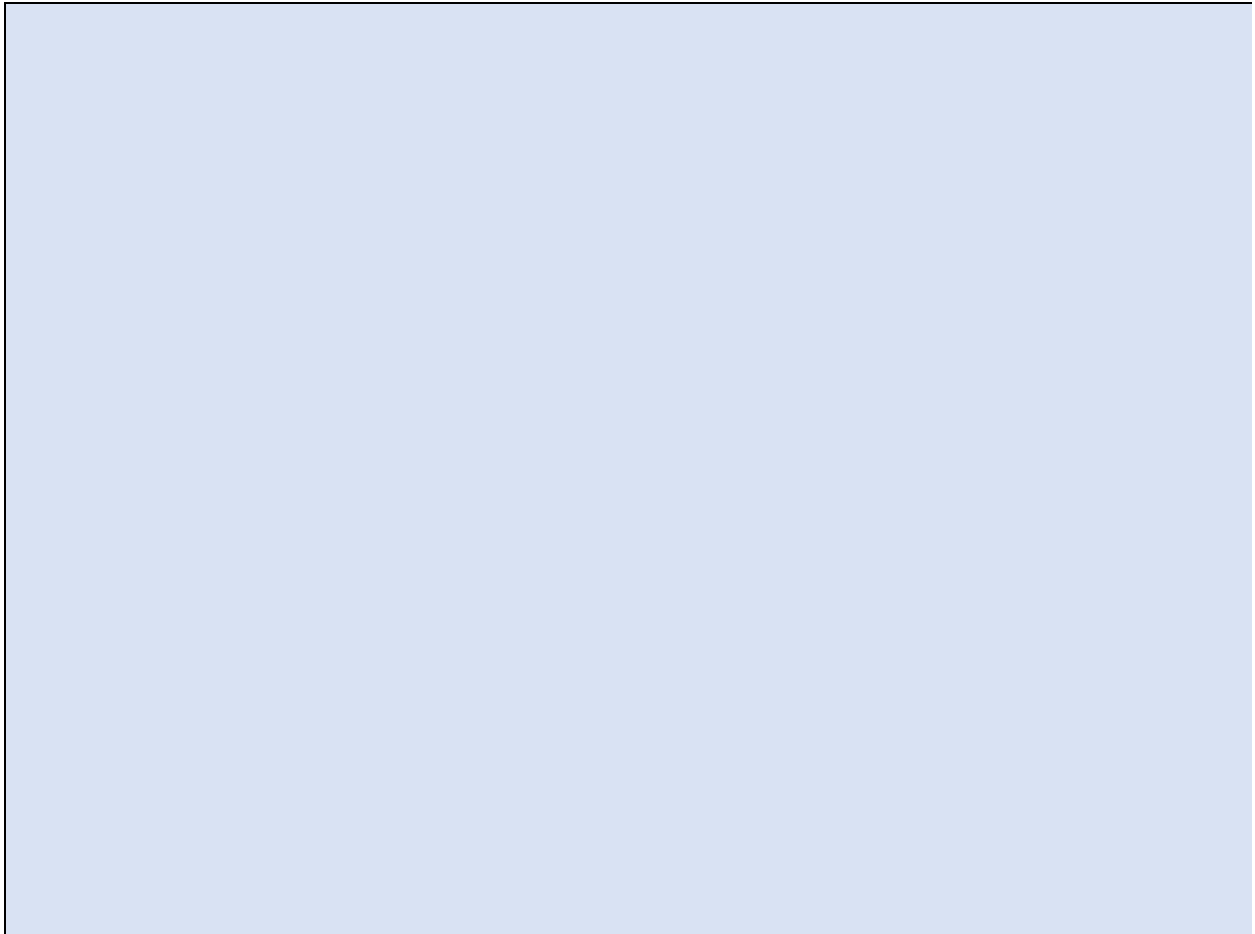
What does the proposing Program Administrator consider to be the core social services necessary to provide in conjunction with rental and/or mortgage assistance in order for the HSP program to be successful? Are these services provided in-house or referred out?



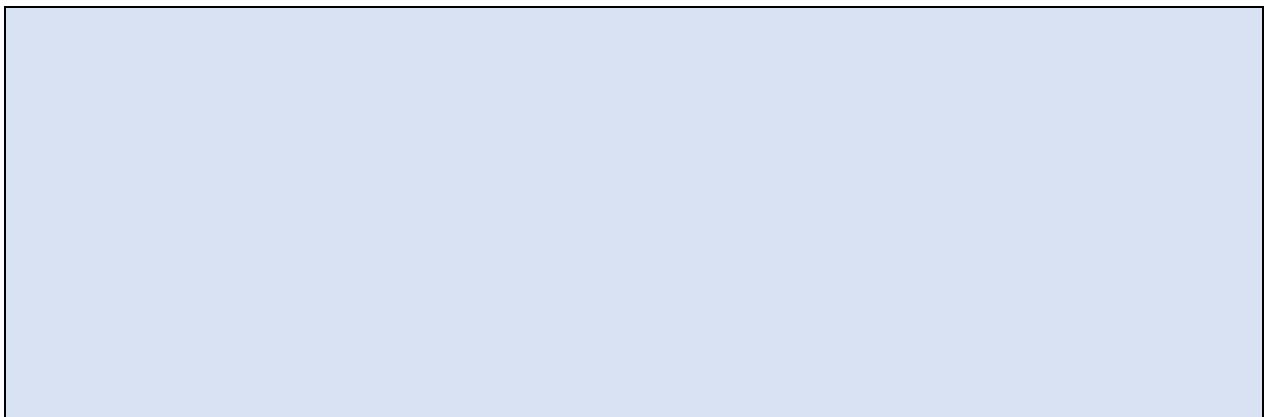
Below, you will find various supportive services that organizations provide to their clientele. Fill out the chart with the services that you are now providing to clients whether they are provided directly or indirectly (referrals are made).

Supportive Services	In-house	Formal Partnership	Refer Out	Name the partner or referral.
REQUIRED SERVICES				
Assessment of Service Needs				
Housing Stability Planning				
Case Management				
Assistance with Moving Costs				
Utility Deposits				
Mortgage Assistance				
Payments for rent and/or utilities in arrears				
Ongoing support 1,3,6 months post assistance				
Legal Services (required for legal assistance service providers)				
Assistance with enrolling in SNAP/CAP/HCV				
Capability to assist diverse populations (ex. immigrants and refugees, individuals with disabilities, etc.)				
PREFERRED SERVICES				
Housing Search and Counseling Services				
Life Skills Training				
Education Services				
Financial Counseling				
Employment Assistance and Job Training				
In-house visits				
ADDITIONAL SERVICES (please add additional services that your organization provides in the blank spaces below)				
Transportation				
Mental Health Services				
Child Care				
Outpatient Health Services				
Outreach Services				
Substance Abuse Treatment Services				
Food				
Continuous follow-up post assistance				

Describe the follow-up process for renters and/or homeowners when a client is actively engaged with the Program Administrator as opposed to when assistance has ended.



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



VI. Additional Information (Optional)

This section does not count for any additional points, however if there is any additional information about the proposing Program Administrator 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.

