

# Housing Opportunity Fund (HOF) Legal Assistance Program(LAP) EXHIBIT C: 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)

## II. Organizational Information

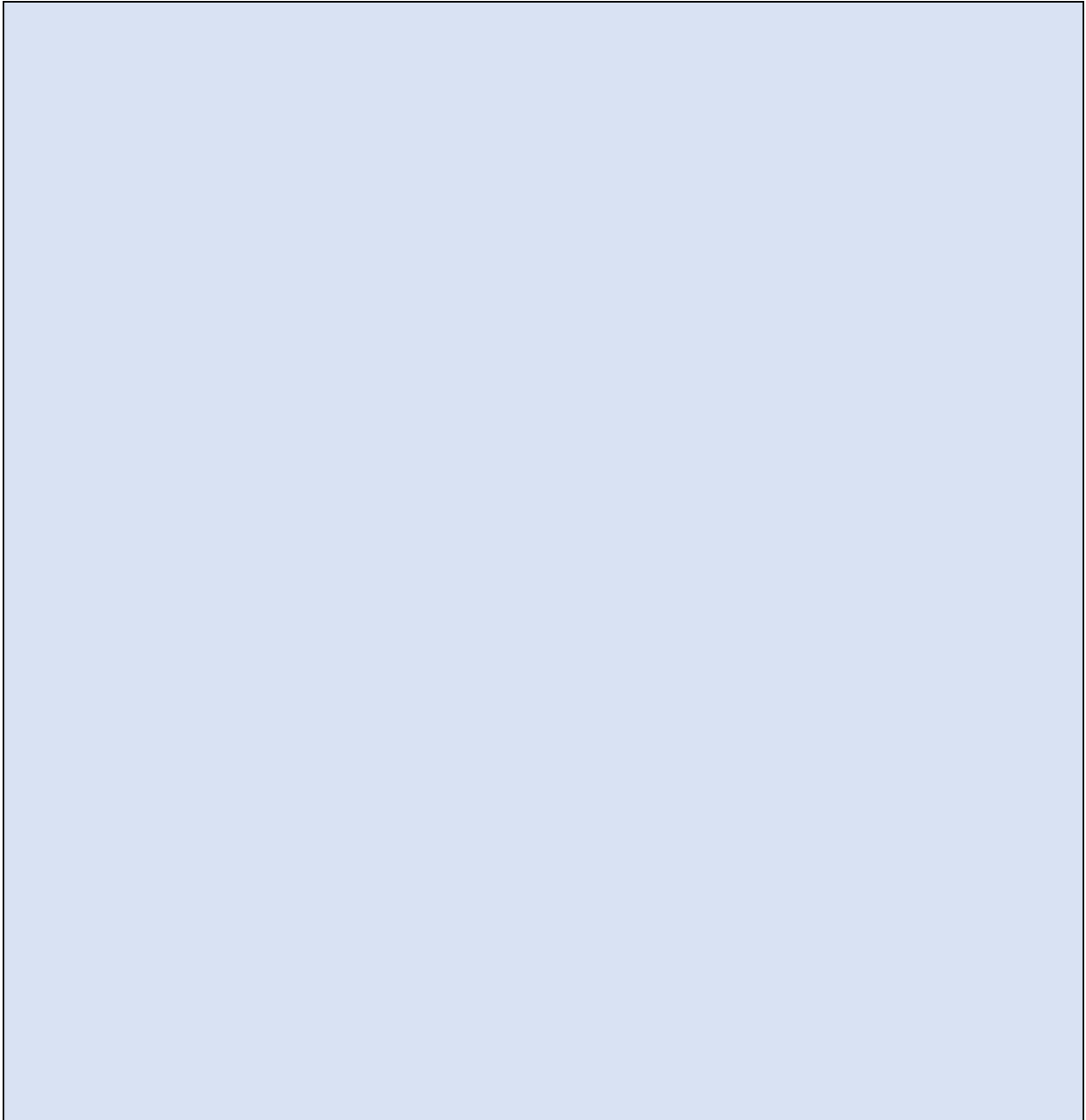
	Organization Name	Mailing Address	Website Address	Federal Tax ID #
<b>Program Administrator</b>				

<b>Total Funding Request</b>	

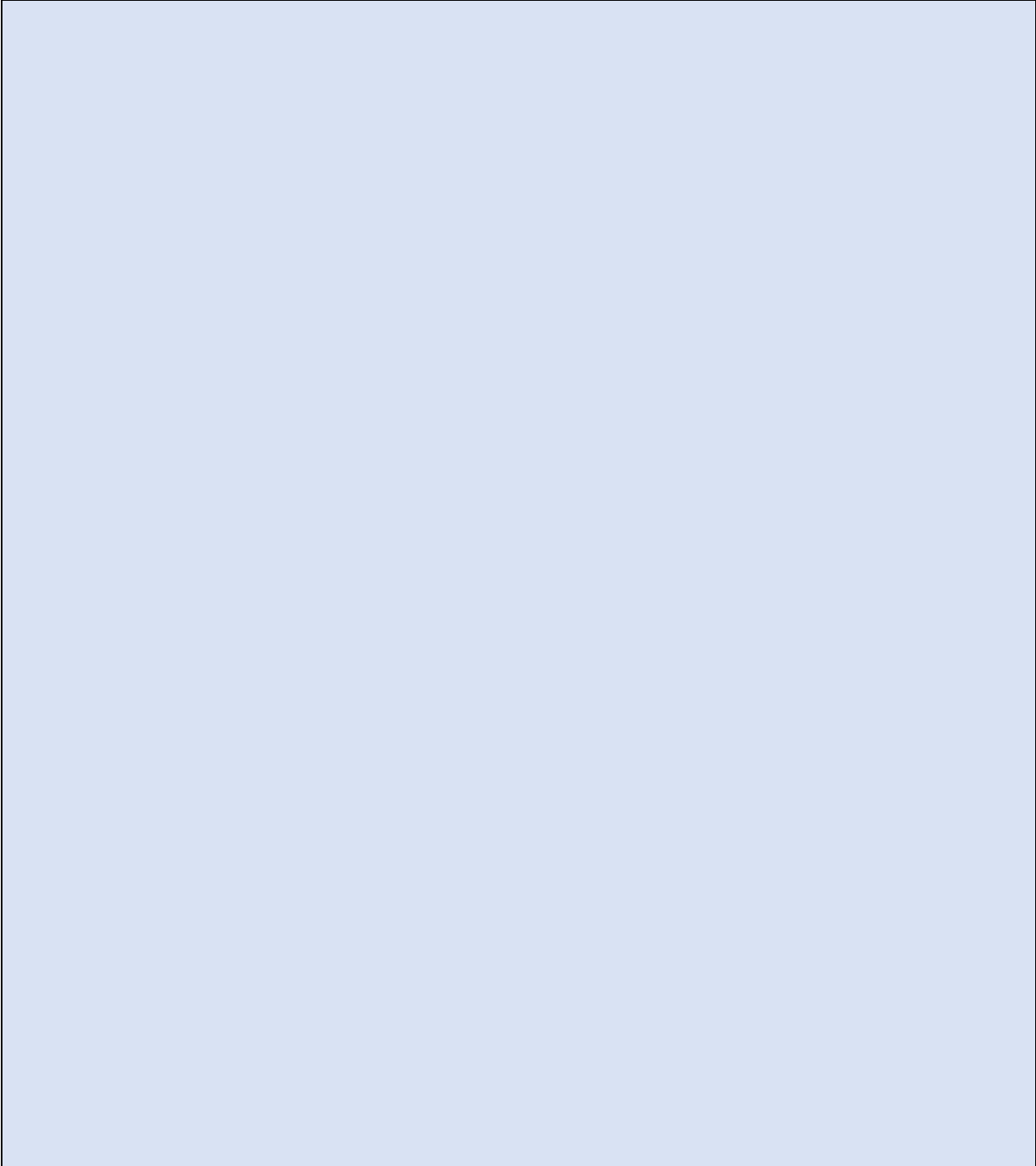
	# of Households at 30% AMI or below	# if Households between 31% AMI – 50% AMI
<b># of Households to receive assistance based on organization's capacity</b>		

### 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).**



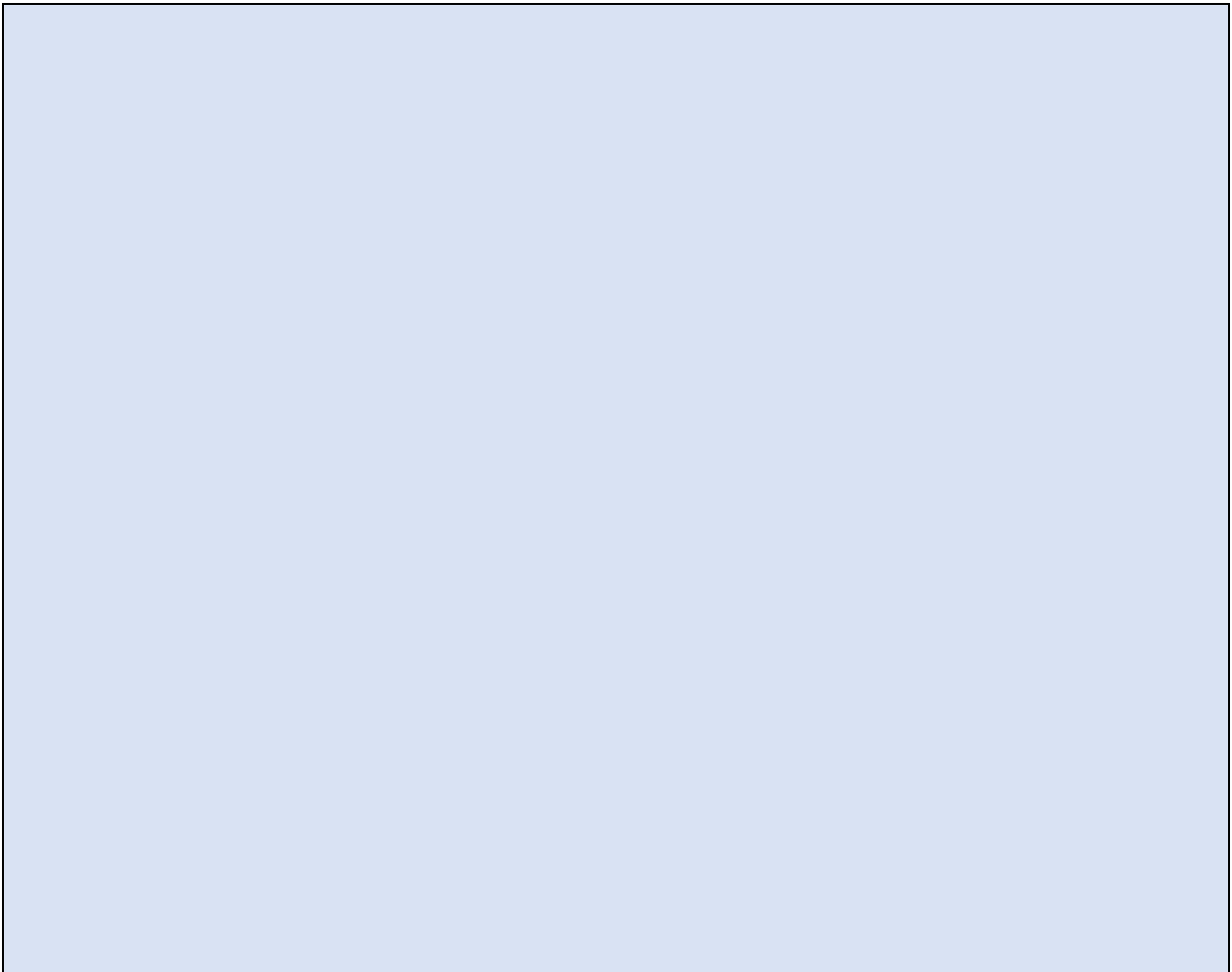
**Describe what prior experience the proposing Program Administrator has in regard to implementing programs similar to LAP which is aimed at stabilizing households, preventing homelessness, and/or decreasing time spent homeless. Please provide as much detail as possible about working with partners and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



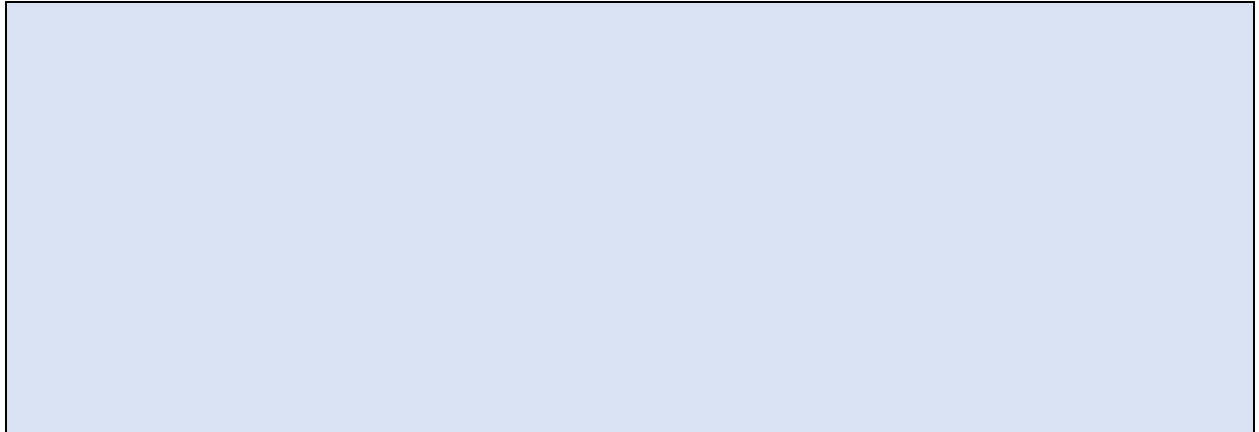
**Describe the proposing Program Administrator's experience providing cultural competency trainings to ensure staff is responsive to diverse populations.**



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



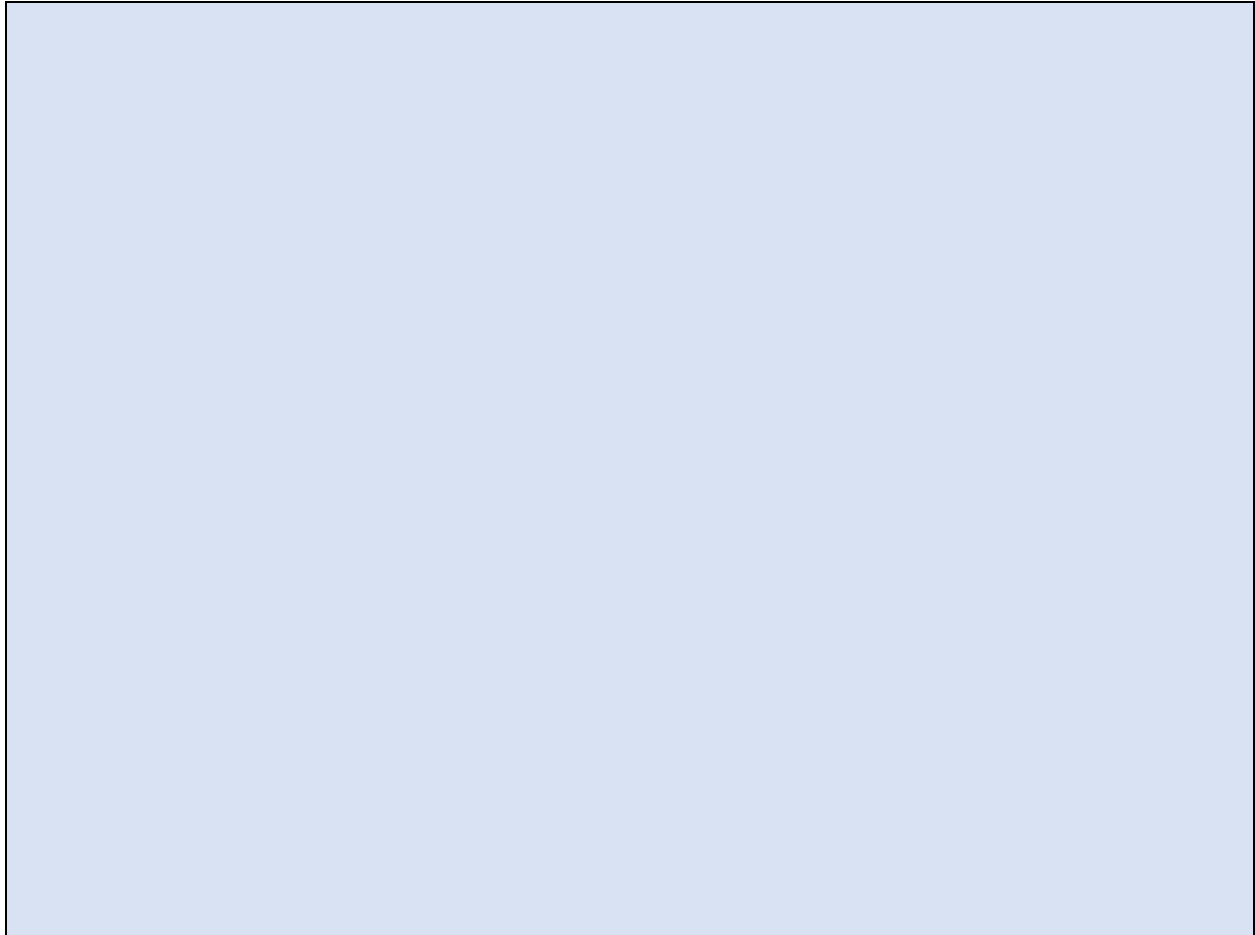
**Describe proposing Program Administrator's internal intake system. In addition, describe the methods used to not only help Households become financially independent but self-sufficient.**



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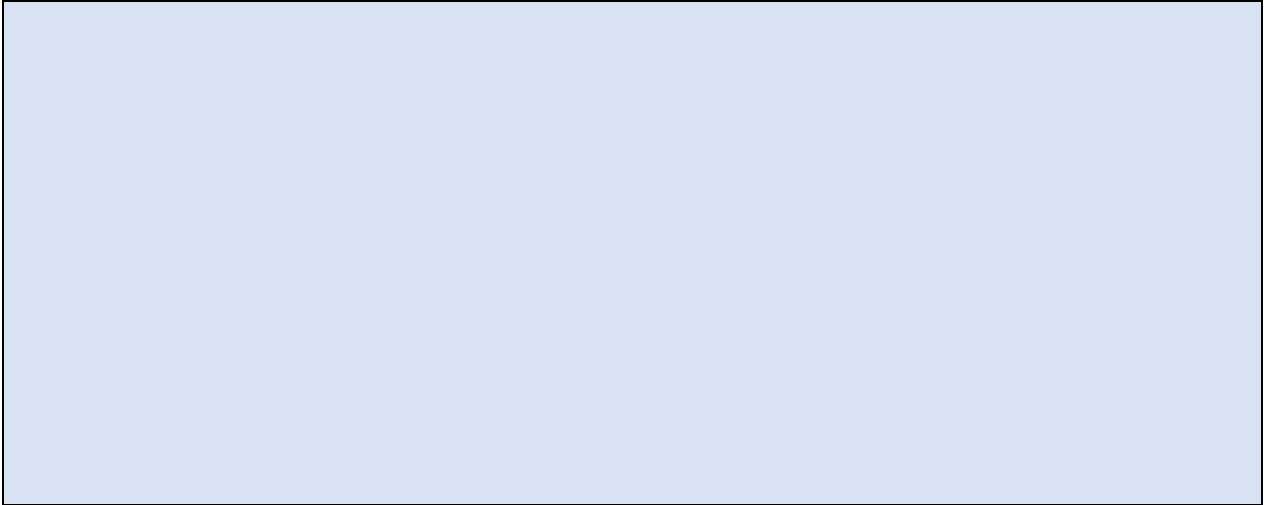
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**What will be the proposing Program Administrator’s approach to staffing should they be awarded LAP funds? As Attachment 3 indicates, provide an organizational chart indicating the staff responsible for administering the LAP funds and provide resumes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

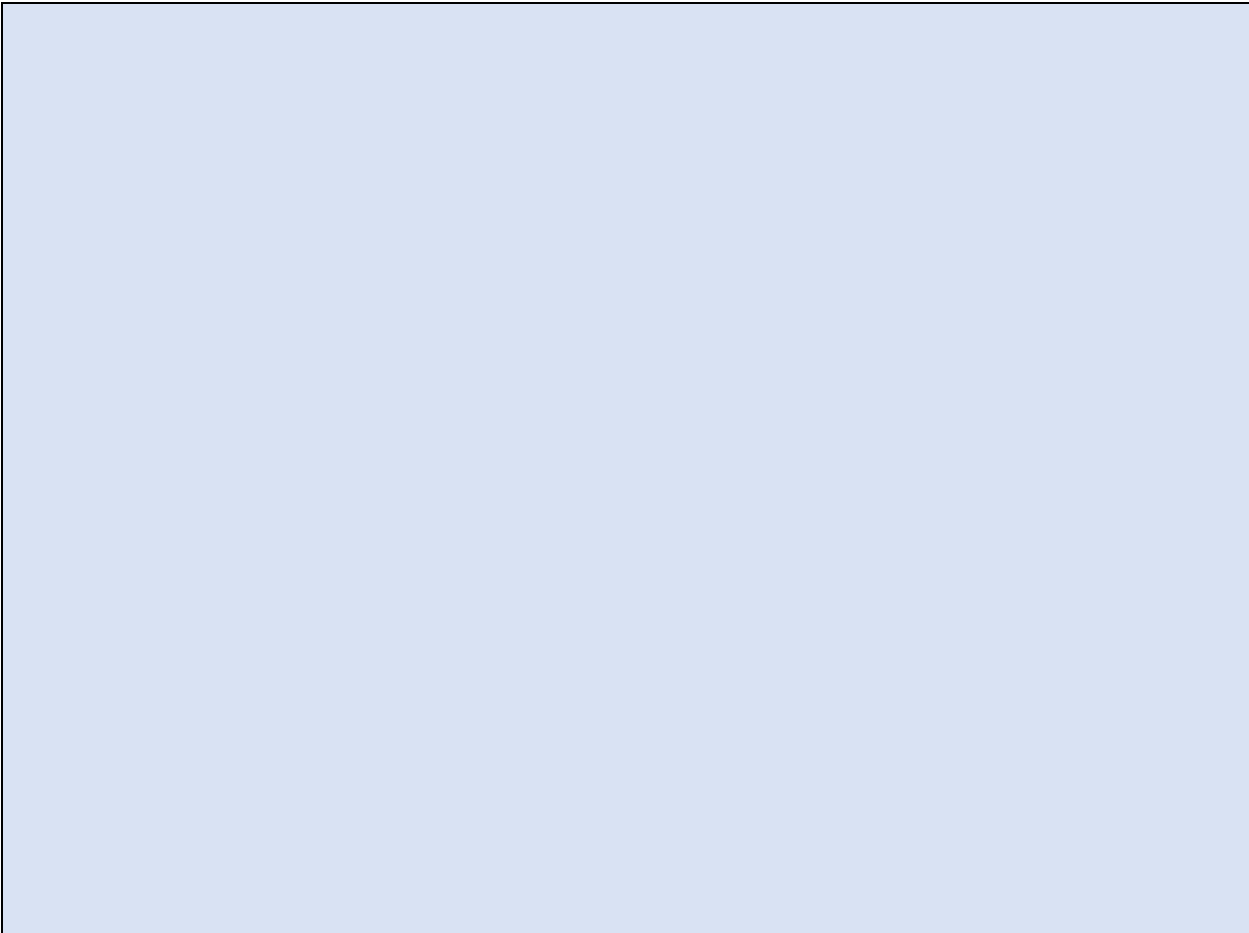


**What does the proposing Program Administrator consider to be the core legal services necessary to provide in order for the LAP program to be successful? Are these services provided in-house or referred out?**





**Describe the follow-up process when a client is actively engaged with the Program Administrator as opposed to when assistance has ended.**



**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.**

