

LEGAL ASSISTANCE PROGRAM – HOMEOWNERS (LAP-H)

**APPLICATION NARRATIVE**

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# Eligibility Checklist and Confirmation of Services Provided

My organization has the financial capacity to bridge at least $25,000 of services prior to URA reimbursement (typically within 30 days to URA’s certification of work completion/invoice received by the URA).

My organization has the necessary certifications/qualifications to administer the service(s) that are required of this RFP.

Please identify which service(s) your organization is applying to administer:

*(Your organization may apply to administer more than one service.)*

Tangled Title

Foreclosure Prevention

Estate Planning

Application Document Checklist

Application Narrative

Recent 2 years of Form 990s

Copy of Intake Process

Copy of Applicant Income Verification Process

Resumes of Key Staff Who Will Support the Work if Awarded

Copy of 501(c)(3) Status

Proposed Budget (including additional sources raised)

Scope of Work

Marketing/Community Outreach Plan

# Organization Information

Organization Name:

Organization Address:

Organization Website:

Federal Tax ID #:

Primary Applicant Contact Name and Title:

Primary Applicant Contact Phone Number:

Primary Applicant Email Address:

# Total Funding Request

**Please note, each client is limited to a maximum grant of $5,000 of legal assistance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **TANGLED TITLE** | *Households at 30% AMI or below* | *Households 31% - 50% AMI* | *Households 51% - 80% AMI* |
| Number of households to be served |  |  |  |
| Funding Request (Per AMI level) |  |  |  |
| *Per HOF legislation, HOF funding must assist a certain number of households at 30% AMI, 50% AMI, and 80% AMI; 50% of fund requests must go towards households at 30% AMI and 25% of funding request must go towards households at 50% AMI, and 25% of funding requests must go towards households at 80% AMI.* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FORECLOSURE PREVENTION** | *Households at 30% AMI or below* | *Households 31% - 50% AMI* | *Households 51% - 80% AMI* |
| Number of households to be served |  |  |  |
| Funding Request (Per AMI level) |  |  |  |
| *Per HOF legislation, HOF funding must assist a certain number of households at 30% AMI, 50% AMI, and 80% AMI; 50% of fund requests must go towards households at 30% AMI and 25% of funding request must go towards households at 50% AMI, and 25% of funding requests must go towards households at 80% AMI.* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ESTATE PLANNING** | *Households at 30% AMI or below* | *Households 31% - 50% AMI* | *Households 51% - 80% AMI* |
| Number of households to be served |  |  |  |
| Funding Request (Per AMI level) |  |  |  |
| *Per HOF legislation, HOF funding must assist a certain number of households at 30% AMI, 50% AMI, and 80% AMI; 50% of fund requests must go towards households at 30% AMI and 25% of funding request must go towards households at 50% AMI, and 25% of funding requests must go towards households at 80% AMI.* | | | |

# Organizational Experience and Staff Qualifications

Describe the history and mission of your organization. If your organization is forming a team, explain the relationship among the proposing team members. Describe in detail the qualifications of key staff that will be administering this program and their appropriate licenses, certifications, and experiences. **Please include all key staff resumes as an attachment to the Application Narrative.**

The URA is committed to serving diverse populations. Describe your organization’s cultural competency training and outreach/marketing/community engagement strategy. Please include if your organization has experience serving the immigrant and refugee population, including those who are undocumented.

Describe how your organization plans to work with community organizations to market and administer the program. Identify which community partners your organization intends to

partner with to administer the LAP-H and describe what their intended roles are.

# Approach to Providing Services

Please respond according to the service(s) your organization is applying for.

**Tangled Title**

Provide a summary of your current or proposed service or program including the structure intervention model your organization uses for tangled title. Also, please include the following answers in your response below.

1. Describe the accessibility of your organization and the hours of operation.
2. Describe the outreach strategy of your organization.
3. Describe the language access plan of your organization, if available.
4. Describe your organization’s income verification process.
5. Describe your organization’s intake process, tracking, referral, and database system.
6. Describe your organization’s average time from intake to resolution/transfer.

**Foreclosure Prevention**

Provide a summary of your current or proposed services including repayment plans, special

forbearance plans, and/or mortgage modifications and/or refinancing services.

1. Describe the accessibility of your organization and the hours of operation.
2. Describe the outreach strategy of your organization.
3. Describe the language access plan of your organization, if available.
4. Describe your organization’s income verification process.
5. Describe your organization’s intake process, tracking, referral, and database system.
6. Describe your organization’s average time from intake to resolution.

**Estate Planning**

Provide a summary of your current or proposed services including helping homeowners with protecting their assets and assuring that their wishes are honored through the creation of Wills, Power of Attorney, Medical POA, Healthcare Directives, establishment of trust(s), and tax planning.

1. Describe the accessibility of your organization and the hours of operation.
2. Describe the outreach strategy of your organization.
3. Describe the language access plan of your organization, if available.
4. Describe your organization’s income verification process.
5. Describe your organization’s intake process, tracking, referral, and database system.
6. Describe your organization’s average time from intake to resolution.

V. Minority and Woman-Owned Business Enterprise (MWBE) Narrative

The URA has a long history of diversity and inclusion within all its programs and other activities. The URA encourages the full participation of minority and women business owners and professionals in this effort. The URA requires that all respondents demonstrate a good faith effort to obtain minority and women-owned business participation in work performed in connection with URA projects.

In the form of a narrative, state as succinctly as possible your firm’s efforts to provide opportunities for MWBE firms. MWBE participation can be satisfied by:

* Ownership/partnership of firm;
* Use of minority or women-owned businesses as vendors for legal, printing, office supplies, travel, etc.; and
* Subcontracting with organizations owned and controlled by minorities and/or women.

If this is to be done, that fact, and the name of the proposed subcontracting organizations, must be clearly identified in the proposal.

*Any questions about MWBE requirements should be directed to* [*hof@ura.org*](mailto:hof@ura.org)*.*

References

1. References

Provide two (2) references from entities that have worked with your organization on similar projects. Provide only references who have directly worked with one or more members of your organization.

Reference Name/Organization:

Reference Contact Name and Title:

Reference Address:

Reference Telephone Number:

Reference Email Address:

Reference Name/Organization:

Reference Contact Name and Title:

Reference Address:

Reference Telephone Number:

Reference Email Address:

# Additional Information (optional)

Please provide any other information which you believe is pertinent to the URA’s consideration of your firm and/or organization.

**Please be sure to attach a copy of all the supplemental documentation listed in the checklist along with the Application Narrative.**