

Homeless to Housing (H2H)

Application Reference Sheet

APPLICATION INFORMATION

1. Are you a nonprofit, Section 501(c)(3) organization? Yes / No
 2. Are you a government agency? Yes / No
 3. Does your agency have a Negotiated Indirect Cost Rate Agreement (NICRA)? Yes / No
 4. If yes, please list your NICRA below:
Text Box (1 character minimum, 6 character maximum)
 5. What is your NICRA Base: Yes / No
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GRANT INFORMATION

Participation in HMIS is a requirement for this funding unless specifically prohibited by other funding sources. Unless Exempted, are you willing to enter clients and services in HMIS? Yes / No / Exempt

Does the program for which you are applying for meet TANF funding requirements, including eligibility requirements for targeted populations? If unsure, reach out to DWS staff before completing application: Yes / No

If awarded, will you able to operate the program on a reimbursement basis, understanding there is no guarantee of funding beyond the initial grant period? Yes / No

If applying for diversion funding, did representatives from your organization attend the two-day, state-sponsored Diversion Training? Yes / No / Not Applicable

Please check at least one of the purposes of TANF that this program will fulfill if funded:

- Provide assistance to needy families so that children can be cared for in their own homes
- End the dependency of needy parents by promoting job preparation, work, and marriage
- Prevent and reduce the incidents of out-of-wedlock pregnancy
- Encourage the formation and maintenance of two-parent families

Please check all of the funding priorities that this program will fulfill if funded:

- Diverting homeless or imminently homeless individuals and families from emergency shelters by providing a better housing-based solution
- Meeting the basic needs of homeless individuals and families in crisis
- Providing homeless individuals and families with needed stabilization services
- Decreasing the state's homeless rate
- Implementing a coordinated entry system with consistent assessment tools to provide appropriate and timely access to services for homeless individuals and families
- Providing access to caseworkers or other individualized support for homeless individuals and families
- Encouraging employment and increased financial stability for individuals and families being diverted from or exiting homelessness
- Creating additional affordable housing for state residents
- Providing services and support to prevent homelessness among at-risk individuals and adults
- Providing services and support to prevent homelessness among at-risk children, adolescents, and young adults
- Preventing the reoccurrence of homelessness among individuals and families exiting homelessness

SCOPE OF WORK

1. Specify how requested funding would be used. Please note: For a program to be considered new or expanded, it cannot have been started prior to March 15, 2016:

**Drop Down List including:
New Services
Expansion of Existing**

2. Please explain your project plan, including implementation plan, for the program you are applying for, including (a) staffing (additional or reassigned), (b) timelines for implementation and (c) how the program is an evidence based approach to delivering services

Text Box (1 character minimum, 2000 character maximum)

3. Using objective sources, please cite how the program you are applying for will (a) fill a specific, unmet need in your community, and (b) how you have communicated and coordinated with your partners in determining that the type and level of funding requested is proportionate to that need.

Text Box (1 character minimum, 2000 character maximum)

4. If awarded, what will be your (a) target population and outreach method to engage those in most need, (b) method to ensure client eligibility requirements are met prior to rendering services, and (c) how the program will be incorporated in your CoC's coordinated entry.

Text Box (1 character minimum, 2000 character maximum)

5. Please explain (a) the intended use of how awarded funds will be spent by your organization, which should justify the budget section of this application, and (b) your organization's plan for sustainability beyond grant period

Text Box (1 character minimum, 2000 character maximum)

6. Please explain the program's (a) expected outputs, i.e. total number expected to be served and number of services offered and (b) the projected, measurable outcome-based benchmarks for the service or activity provided under the program. These projections should reference the State adopted performance measures.

Text Box (1 character minimum, 2000 character maximum)

BUDGET

Total Agency Budget*: (Manually entered)
 Program Requested Amount: (Sum of "FY' 17 Requested Amount" column)
 Total Leveraging Amount: (Sum of "Leveraging Funds" column)
 Total Program Amount: (Sum of "Total Program Budget" column)

Expenditures	FY '17 Requested	Leveraging Funds	Total Program Budget
Total Agency Budget			
Program Budget			
Administrative Expenses:			
Salaries and Fringe Benefits			
Operational Costs (Space costs, utilities, insurance, etc)			
Indirect Costs			
Supplies			
Sub-Total			
Program Expenses:			
Salaries and Fringe Benefits			
Direct Financial Assistance			
Operations and Maintenance			
Transportation			
Supplies/Equipment			
Other (please specify in narrative)			
Other (please specify in narrative)			
Sub-Total			
Total			

LEVERAGING FUNDS

Leveraging Fund(s)	Projected FY17 leveraging funds	Activities Funded	Type of Leverage
Text Box (200 character maximum)		Text Box (200 character maximum)	Drop Down List Including: In-Kind Cash