**Rapid Re-Housing (RRH) Notice of Funding Availability Application**

**Information Sheet**

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| **Agency Name** | Click or tap here to enter text. |
| **Street Address**  | Click or tap here to enter text. |
| **City/State/Zip**  | Click or tap here to enter text. |
| **Contact name** | Click or tap here to enter text. |
| **Title** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Name of Project**  | Click or tap here to enter text. |
| **Number of Households Served** | Click or tap here to enter text. |
| **Geographic Area/ County(ies) to be served** | Click or tap here to enter text. |
| **Federal Tax ID #** | Click or tap here to enter text. |
| **Federal UEI #** | Click or tap here to enter text. |
| **Proof of 501c(3) – nonprofits only** | [ ]  **YES (Attachment Required)** [ ]  **NO**[ ]  **N/A** |
| **Amount Requested**\* | Click or tap here to enter text. |

*\*see attached Budget breakdown*

**Please provide narratives responding to the following inquiries below**\*\***.**

\*\*For all responses, be sure to include background on any program elements or services that will be delivered by contracted or collaborative third parties. This includes description of any expertise, experience, capacity relevant to the questions below.

1. **General Description** – Provide a short summary of the project including a brief description of the Rapid Rehousing and Supportive Service strategies being used to address the needs of the identified population. Please provide an estimate of the number of households to be served. (Households may be individuals or families.)

Click or tap here to enter text.

1. **Target Population/Outreach/Coordinated Entry** – Who is the focus population?How will households be identified for the project? What is the organization's experience in working with the population of focus? How will outreach occur? Will the project partner or collaborate with any other agencies or entities to identify and engage project participants? Please describe how the agency has or will work with Coordinated Entry in the Continuums of Care in which services will be provided if awarded**?**

Click or tap here to enter text.

1. **Geographic Presence** – Describe the intended counties to be served. How will you maintain presence in these areas? Does your agency currently have any other projects, programs, or experience serving the target geography?

Click or tap here to enter text.

1. **Community needs** - Describe why rapid rehousing is needed in the counties identified in Question 3. Include data and sources that describe the need. Include data that specifically supports the need related to the population of focus for the project.

Click or tap here to enter text.

1. **Reducing Barriers to Housing** – Please describe your agency’s experience and expertise in assisting persons: 1) to find housing options that meet participant needs and choice; and 2) to work with persons experiencing homelessness with special needs (e.g.: elderly, disabilities, mental health, substance abuse) to attain and maintain housing. If the project will serve specific high needs persons/households with significant barriers (including chronically homeless persons), please describe specifically how it is determined that individuals and/or families meet the definition and what strategies will be used to house them effectively.

Click or tap here to enter text.

1. **Rapid Re-Housing Experience** – Please describe your agency’s experience and capacity to deliver Rapid Rehousing and related individualized housing stability/supportive services for persons experiencing homelessness. Describe the range of services to be provided and the staffing or other strategies for delivering these services. Describe your agency’s experience and strategy for performing eligibility determination, briefings, rent determinations, income verification, housing quality inspections and other required lease up and housing processes.

Click or tap here to enter text.

1. **Data Collection and Reporting** – Client data will be entered into the Homeless Management Information System (HMIS) or comparable database (Domestic Violence (DV) population only) in a timely manner.  Describe how HMIS will be used to track and report program outcomes and contract deliverables.

Click or tap here to enter text.

1. **Income/Employment** – Describe specifically how participants will be assisted to both increase their employment and/or income and maximize their ability to live independently and maintain housing after termination of RRH subsidy. Does the project intend to or have experience using SOAR to assist in securing Social Security disability income as appropriate?

Click or tap here to enter text.

1. **Collaboration and Partnership** – Please describe any service system gaps (ex: outreach) in your identified geographic area that this project will need to be effective. Please describe the project’s strategies for engaging and collaborating with local stakeholders including outreach, emergency shelters, faith based providers, and/or other mainstream programs (ex: VA, RBHA, etc.) to support this project. Please describe any formal collaborations or partnerships the agency will or has created that could support the activities of this project.

Click or tap here to enter text.

1. **Project Outcomes and Impact** – Please describe your proposed program in addition to meeting the performance measures.
	1. How many persons/households experiencing homelessness will be served with the funds available, if awarded?

Click or tap here to enter text.

* 1. Housing outcomes and measurement of housing stability.

Click or tap here to enter text.

* 1. Any other measurement of success such as employment, hourly wages over minimum, etc.

Click or tap here to enter text.

1. **Project Timeline** - Provide a time line of benchmarks (i.e. hiring staff, first client engagement) for implementing this project in a reasonable and timely manner.

Click or tap here to enter text.

1. **Continuum of Care/LCEH Participation** - Please describe your Agency’s involvement with the Continuum of Care and/or the AZBOS Local Coalition to End Homelessness (LCEH) in efforts to end homelessness in the counties in which you operate. Please include any committee, case conferencing, coordinated entry, community meetings, leadership positions, point in time survey participation or other local coordination activities.

Click or tap here to enter text.

1. **Agency Experience and Capacity** –Please provide a short history of the organization. Please include any key accomplishments or other programs that would demonstrate the capacity to manage the grant and services proposed here. Please include a brief background/experience about the key personnel (if identified) who would be involved in the management of this grant.

Click or tap here to enter text.

1. **Financial Management/Capacity** – Please identify the agency’s staffing and internal controls to ensure appropriate tracking and expenditure of grants funds? Does the agency manage any similar ADOH or governmental contracts? Does the agency have any current debarments or has the agency ever had a contract revoked or suspended? Does the agency have an annual financial audit conducted by a third party auditor? Did the agency’s annual third party financial audit including any findings or concerns?

Click or tap here to enter text.

1. **Projected Budget**

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| --- | --- | --- |
| **Category** | **Description** | **Amount** |
| **RRH Financial Assistance:** Short to Medium term Rental Assistance\* (include projected gross rent, # of households, avg. # of months of support)*Ex: $800 x 5 HH x 3 mos = $12,000* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Housing Relocation & Stabilization Services (Homelessness Prevention):** Rental Application fees, security and utility deposits, last month’s rent, utility payments (up to 1 year), one-time moving costs. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supportive Services\*\*:** May include both personnel and program costs. If staff cost included, provide # of FTE’s, salary and any FTE costs.*Note: Administrative salaries cannot be funded under the Supportive Services line item but may be Included in the Administrative line item. The Program Costs here should be documented in program narrative above.* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Administrative Costs:** *Maximum – 10% of total program costs* | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total ADOH HTF RRH Program Request** | Click or tap here to enter text. | Click or tap here to enter text. |
| Please document any additional funding or in kind support for this project. Please include type of support, source and amount if known. *Ex: Office Space/Rent: Landlord In-Kind - $12,000* | Click or tap here to enter text. | Click or tap here to enter text. |

**\****Rapid Re-housing is for Tenant Based Rental Assistance only.* ***No leasing*** *costs are allowed*.

*Rental Assistance: FMRs change from year to year. For this proposed budget, use current FY HUD FMR’s to estimate the number and type of housing that will be provided as a part of the project. HUD FMR’s can be found at the following site:*

[*https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024\_code/select\_Geography.odn*](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024_code/select_Geography.odn)

***\*\*****See* [***§ 578.53 Supportive Services***](https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.53) *for a list of eligible activities****.*** *Supportive services may be provided up to 6 months after rental assistance stops.*