

HOME-ARP: Supportive Services

Application Questions

All responses must be submitted via ZoomGrants. This document is provided as a helpful reference.

Summary Instructions

Before beginning the application, thoroughly review the HOME-ARP Supportive Services Application Guide for application specifics and eligibility.

• HOME-ARP Supportive Services Application Guide

About the Funding: Through the HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) from the U.S. Dept. of Housing and Urban Development (HUD), the City of Fort Collins has received a federal allocation of \$400,000 for supportive services that assist persons currently experiencing homelessness and to prevent those precariously housed from becoming homeless.

- This is a one-time application process.
- Any funding awarded must be used to meet eligible HOME-ARP supportive service activities and service costs incurred from May 1, 2024 through December 31, 2026.
- The Pre-Application is the required first step for funding consideration and is due by 5:00pm on Friday, December 15, 2023.
- Once the Pre-Application is approved, the full Application will become available for completion. The full application must be submitted by 5:00pm on Friday, January 5, 2024.
- City staff will read, evaluate, and deliver a summary of applications received and their ability to deliver on the priority needs identified in the <u>HOME-ARP Allocation Plan.</u>
- The Human Services and Housing Funding (HSHF) Board is responsible for making funding recommendations to City Council for their approval. Staff will provide a separate review for the Board to consider in their evaluations. Funding recommendations will be made on Wednesday, February 14, 2024.
- Funding recommendations will go before City Council for approval on April 2, 2024 (subject to change).
- Following funding approval, staff will work with the applicants to execute contracts as quickly as possible.

For questions regarding eligibility, contact Hannah Tinklenberg, htinklenberg@fcgov.com.

(Note: Applicants can modify applications, including the dollar amount requested, anytime until the deadline on Friday, January 5, 2024).

Application Title/Project Name		
Amount Requested (\$)		
Applicant Information		
First Name		
Last Name		
Telephone		
Email		
Organization Information		
Organization Legal Name/Entity N	ame	
Address		
City		
State/Province		
ZIP+4/Postal Code		
Country		
Telephone		
Fax (optional)		
Website (optional)		
Federal Tax ID (EIN)		
Federal UEI Number		
CEO/Executive Director		
First Name		
Last Name		
Title		
Email		

Pre-Application

Instructions

<u>Please note the following deadline</u>: The Pre-Application (REQUIRED) is due December 15, 2023.

Pre-Application submissions are due no later than 5:00 pm MST on Friday, December 15, 2023. Applicants will be notified within 2 business days of submission regarding the proposal's eligibility. Once approved, applicants can proceed with the application.

The number of questions is limited and is intended to screen for eligibility.

1.		nich describes the "type" of applicant for this project (the lead applicant if more than one)? Private Nonprofit (501c3) Public Agency Other
2.		es your organization have experience managing federal CDBG- or HOME-funded activities in following capacity (check all that apply).
dod Pre	um ser	chosen subrecipients must have demonstrated federal compliance with the following: A. Maintaining entation of client eligibility (may include income verification, beneficiary data, and Proof of Lawful ace) and B. Documentation of eligible expenses in accordance with federal record-keeping ements.
		As a federal entitlement jurisdiction As a federal subrecipient (see details above) As a federal contractor None of the above
3.	Do	es the primary mission of your organization or existing programs and services include
	ho □	meless prevention and long-term housing stabilization? Yes No
4.	ho	meless prevention and long-term housing stabilization? Yes

ь.	 ☐ Yes ☐ No
7.	Please describe how your program provides services to eligible populations.
8.	Which category of eligible HOME-ARP Supportive Services are you seeking to fund? Check all that apply. Refer to the HUD-defined descriptions on the HOME-ARP Supportive Service Application Guide.
No	te: Eligible program participants must not be receiving these services through another program.
	 McKinney Vento Supportive Services Housing Counseling (must be provided by HUD certified Housing Counseling Agency) Homeless Prevention Services None of the above
9.	Does your organization track housing outcomes of clients as a result of homeless prevention services and housing navigation? Yes No
10	. Is this program located within the city limits of Fort Collins? ☐ Yes ☐ No
Λ	polication Questions

Application Questions

Pre-application must be approved in order to continue to full application.

For questions 9 and 10, please reference the <u>HOME-ARP Program Fact Sheet</u> on eligible costs for HOME-ARP Supportive Services qualifying activities.

Program Information

- 1. Provide a brief description of your organization. Please also include any details about previous experience delivering similar activities related to your proposed funding request.
- 2. Describe the program for which you plan to use HOME-ARP funding. Please include how housing stabilization is a primary function of your organization and how the program tracks housing outcomes of clients as a result of services.

3.	Describe whether the program is a new or existing program and describe how the program will assist qualifying populations in Fort Collins with obtaining and maintaining housing, including preventing homelessness.
4.	Provide the total number of <u>new</u> unduplicated Fort Collins individuals/households to be assisted with HOME-ARP funds (If awarded funding, all individuals/households reported on must fall under a qualifying population).
5.	How long can clients be served by your program?
6.	Are clients in this program already receiving case management or supportive services related to housing stabilization as part of another program? Yes No
7.	If you answered 'Yes' to the above question, please explain how additional funding from the HOME-ARP Supportive Services fund is necessary to prevent existing clients already receiving housing stabilization support from falling back into homelessness or becoming homeless if current support or funding goes away. If answered 'No' please write N/A in the field.
8.	Describe how the project receives program referrals for services from other entities. Particularly, what is this program's procedure for client selection?
F	unding Information
	r questions 9 and 10, reference the <u>HOME-ARP Program Fact Sheet</u> for a full list of eligible costs. If arded, only eligible costs outlined in the Subrecipient contract will be reimbursed.
9.	Eligible Costs Associated with McKinney-Vento and Homelessness Prevention Supportive Services: Select all associated eligible costs. If the request does not fall within this qualifying activity category select 'Not Applicable.'
ned	te: The costs of homelessness prevention services are only eligible to the extent that the assistance is cessary to help program participants regain stability in their current permanent housing or move into other manent housing to achieve stability in that housing.
	 □ Costs of childcare □ Costs of improving knowledge and basic educational skills □ Costs of establishing and/or operating employment assistance and job training programs □ Costs of providing meals or groceries □ Costs of assisting eligible program participants to locate, obtain and retain housing □ Costs of certain legal services □ Costs of teaching critical life management skills

	 ☐ Financial assistance costs, including: rental application fees, security deposits, payment of rental arrears ☐ Not Applicable
	Eligible Costs Associated with Housing Counseling: Select all associated eligible costs. If the request does not fall within this qualifying activity category select 'Not Applicable.'
	e: Costs for the provision of services to existing homeowners related to homeownership and mortgages existing homeowners are not eligible under HOME-ARP.
	 □ Staff salaries and overhead costs of HUD-certified housing counseling agencies related to directly providing eligible housing counseling services to HOME-program participants □ Development of a housing counseling workplan □ Marketing and outreach □ Client intake □ Financial and housing affordability analysis □ Action plans that outline what the housing counseling agency and the client will do to meet the client's housing goals and that address the client's housing problem(s) □ Follow-up communication with program participants □ Not Applicable
	Summarize the expense(s) to be paid with the requested funds. For each category, include the request amount and a description. If you are listing more than one category, please list them in order of priority. Expense categories must match the selected eligible costs in questions 9 and 10. Example: (1) Staffing - 50% of direct service salaries and benefits - totaling \$xxx; (2) Direct Client Assistance - totaling \$xxx; (3) Material costs – totaling \$xxx
12.	Describe how you determined the requested amount.
13.	What is the estimated annual budget for this project for each calendar year through 2026?
14.	If awarded, can the funding be fully expended by December 31, 2026?
	Is this project dependent on commitments or allocations of other funding sources? If yes, please provide details.
Ac	dditional Information
	Do you have an active status on SAM.gov? To be considered for funding, you must have an active status on SAM.gov by January 31, 2024. If you do not currently, you can still apply for funding but must send proof of active status to htinklenberg@fcgov.com by January 31, 2024.
	☐ Yes, my organization has an active status on SAM.gov.

- No, my organization does not have an active status on SAM.gov. We will obtain active status by January 31, 2024.
 In Progress, my organization has applied for active status from SAM.gov and have not received it yet.
- 17. Based on your organization's most recent audit, were there any outcomes or findings that changed the way the organization does business? If yes, please cite examples from the audit that helped improve performance.
- 18. Is there any additional information about the proposed program for which you are requesting funds that you deem helpful for us to know?

Required Documents

- List of Board of Directors (Please ensure the roster is current for 2023) (Names and titles are adequate)
- If a nonprofit entity, IRS 501(c)(3) Designation (upload the first page)
- SAM Registration
- Certification of Good Standing from Secretary of State (dated 2022 or 2023)
- Audit most recent, or a Financial Review
- A line-item budget for proposed program, including projected revenue and expenses
- A list of all other pending, potential, or confirmed requests for funding for the project
- Current year budget (revenue and expenses)
- Most recent financial statements, including a balance sheet and statement of activities