HOMELESSNESS PREVENTION

Homelessness Prevention is funding and programming for low-income individuals and households who are at risk of becoming homeless.For more information about eligible services, client populations, and project requirements, please see the DOA website.

**Eligible Activities:**

|  |  |
| --- | --- |
| **Housing Payments** | **Housing Services** |
| * Application Fees
* Security Deposits
* Rent Payments
* Utility Payments/Deposits
* Moving Costs
* Arrearages
 | * Housing Search and Placement
* Housing Stability Case Management
* Mediation
* Legal Services
 |

# Part 1: Applicant Information

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name** |  |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |
| HMIS Project Name/ID (if available) |  |

**Part 2: Project Information**

**Description**

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| **Describe the project for which funding is being requested. Include project details, the need addressed by the project, and the populations to be served.** |
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**Project Design**

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| **Rental Payments** |
| Average duration of rent payment assistance: | [ ]  1 month [ ]  2-6 months [ ]  More than 6 months[ ]  Arrears only |
| Max length of assistance: |  |
| Select the type of rent subsidy model the project uses: |
| **Income-Based Subsidy:** household pays a fixed percentage of their income for rent | [ ]  |
| **Flat Subsidy:** subsidy is fixed andbased on a client’s rent or apartment size | [ ]  |
| **Declining Subsidy:** subsidy is income-based or flat and declines in steps based upon a fixed timeline or when the individual has reached specific goals | [ ]  |
| **Complete Subsidy**: subsidy covers full rent payment until the subsidy period ends | [ ]  |
| **Describe the parameters and flexibility of the model chosen.** |
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| **Describe the provision of case management and homeless and mainstream services to clients.**  |
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# Part 3: Dane CoC EHH Supplemental Questionnaire

1. Describe the agency’s experience in administering this type of program. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.
2. Was the program found not in compliance with the written standards for the proposed program by the funding administrator in the between July 1, 2021 and today? If yes, describe the nature of the issue and how the issue has been addressed.
3. Describe your agency’s efforts to improve service qualities and outcomes for the proposed program and other homeless programs. If it is a new program, describe your agency’s overall quality improvement efforts.
4. Is your agency proposing to use Homelessness Prevention Program (HPP) funds to match Emergency Solutions Grant (ESG) funds? If yes, how much match is your agency able to provide from other sources (non-HPP), if any?

**ADDITIONAL QUESTIONS FOR EXISTING PROGRAMS CURRENTLY NOT FUNDED WITH EHH FUNDS\***

1. If this is an expansion of an existing program:
	1. What was the programs budget in the past program year?
	2. How many people were served in the past program year?
	3. What were the project outcomes in the past program year?
	4. How would the EHH funds change the program (e.g. number of people served, staff to client ratio, etc.)?

\*Existing programs that are not currently funded with EHH but have performance outcomes reported in HMIS will need to report the performance outcomes. Please contact Sarah Lim ASAP so that the project can be included in the performance reports run by ICA. If reporting outcomes, you do not have to complete the EHH New Project Application.

# Part 4: EHH Funding Request

Instruction: Provide a funding request for a full program year of 12 months. Enter all request amount under ESG column, if match can be provided by other funding sources and HPP funds are not needed for match. If HPP funds must be used as match for ESG request, use both ESG and HPP columns.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Expenses** | **ESG Request** | **HPP Request** | **Budget Narrative** (e.g. 0.5 FTE case manager, bus tickets for clients) |
| **HOMELESSNESS PREVENTION**  |
| **Housing Services** |   |  |   |
|  Housing Search & Placement |   |  |   |
| Housing Stability Case Management |   |  |   |
| Mediation |   |  |   |
| Legal Services |   |  |   |
| **Housing Payment** |   |  |   |
|  Application Fees  |   |  |   |
|  Security Deposits |  |  |  |
| Moving Costs |   |  |   |
| Rent Payments |   |  |   |
| Rent Arrears |   |  |   |
| Utility Payments |   |  |   |
| Utility Arrears |   |  |   |
| **TOTAL REQUEST**  |   |  |   |

# Part 5: ESG Match

ESG requires a one hundred percent match commitment ($1 of match for every $1 of ESG funds granted). Documentation of match (e.g. match confirmation letter, copy of the contract, etc.) must be submitted with the application forms. See the EHH Request for Proposal for details.

|  |  |
| --- | --- |
| **Match Amount** |  |
| **Match Source** (e.g. agency fundraising, City of Madison ESG contract, Dane County purchase of services contract, United Way contract, etc.) |  |