RAPID RE-HOUSING

Rapid Re-housing involves helping households experiencing homelessness obtain permanent housing by providing temporary financial assistance and services.For more information about eligible services, client populations, and program 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 |  |

|  |  |
| --- | --- |
| Submitting the application for: | [ ]  EHH funds only [ ]  CoC funds only\* [ ]  Both EHH and CoC funds\* |

\*Review the Request for Proposals Continuum of Care (CoC) – Rapid Rehousing document, including all resources and regulations, and submit all documents as required on the Continuum of Care – Rapid Rehousing Checklist.

**Part 2: Project Design**

## 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** |
| Select the average duration of rent payment assistance: | [ ]  1 month [ ]  2-6 months [ ]  More than 6 months [ ]  Arrears only |
| Select the type of rental 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.**  |
|  |

# 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, 2020 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. If the proposed program were recommended for a lower funding amount than what your agency requested, would your agency still accept the EHH funds? (YES/NO)

If yes, what is the lowest amount acceptable for this program to be functional at your agency?

Describe how receiving the lowest amount acceptable may change your program operation (e.g., the program will be able to serve 10 fewer households).

1. Is your agency proposing to use Homelessness Prevention Program (HPP) or Housing Assistance Program (HAP) funds to match Emergency Solutions Grant (ESG) funds? If yes, describe how you will meet the ESG match requirement if HPP or HAP funds were not approved for the program.

**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.)?

\*Please note that existing programs that are not currently funded with EHH but have performance outcomes reported in HMIS need to report the performance outcomes. Please contact Sarah Lim to receive instructions. If reporting outcomes, you do not have to complete the EHH New Project Application.

# Part 4: EHH Funding Request

**Instructions:** 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. **If applying for Continuum of Care (CoC) funds only, skip Part 4 & 5 and use the CoC budget form instead.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Expenses** | **ESG Request** | **HPP/HAP Request** | **Budget Narrative** (e.g. 0.5 FTE case manager, bus tickets for clients) |
| **RAPID REHOUSING** |
| **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 FUNDING REQUEST**  |  |  |  |

# Part 5: ESG Match

ESG requires a one hundred percent match commitment ($1 of match for every $1 of ESG funds granted). HPP and HAP do not require match and can match ESG funds. Documentation of non-HPP/HAP match must be submitted with the application forms. See the EHH Request for Proposal for details.

|  |  |
| --- | --- |
| Match Amount (non-HPP) |  |
| Match Source (Check all that apply) | [ ]  Other Non-ESG HUD Funds [ ]  Other Federal Grants [ ]  State Government [ ]  Local Governments [ ]  Private Funds [ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |