

2023 Home4Good Program Application

I. APPLICANT INFORMATION

Name of Applicant Organization: _____

Applicant Office Address: _____

City: _____ State: _____ Zip: _____

Applicant Mailing Address: ☐ Same address as above

If different, Address: _____

City: _____ State: _____ Zip: _____

Tax ID or EIN Number: _____ DUNS Number, if applicable: _____

1. Is your organization a member of the local Continuum of Care? ☐ Yes ☐ No

If yes, which CoC? _____

2. How many individuals does your organization serve annually? _____

3. Brief description of your organization:

II. PROJECT INFORMATION

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Provide 9-digit zip code

1. Brief description of your proposed project:

2. Amount of Home4Good Funding Requested: _____

3. Other Funding Sources Committed: _____

4. Total Project Cost: _____

5. Is there a Gap in Financing? ☐ Yes ☐ No

6. Is this an all or nothing application?

- ☐ No, we would accept a reduced Home4Good award
☐ Yes, we need the full award amount requested or the project cannot be considered

7. Expected number of people you will serve with this H4G Program Grant?

8. Geographic Area Served – clearly identify the geographic scope of where services will be provided:

9. Are there multiple project sites? ☐ Yes ☐ No

10. Please select which Home4Good program goal(s) this project seeks to address:

- ☐ **Prevention/Diversion:** Projects, programs or activities that assist households seeking to avoid homelessness by maintaining their current housing situation or being diverted to alternative options.
- ☐ **Innovative Solutions:** Projects, programs or activities that provide innovative solutions that seek to end homelessness.
- ☐ **Critical Need:** Any project, program or activity serving homeless individuals and families that is determined to be critically needed by the relevant community or CoC area entity for the Region/County.

11. What type of services to people experiencing homelessness will this project provide?

- ☐ Housing Services (i.e., rapid re-housing, rental subsidies, affordable housing development, etc)
- ☐ Supportive Services (excludes staffing costs)
- ☐ Staff for Supportive Services (i.e., case management and other direct services staff)
- ☐ Indirect support (i.e., HMIS)
- ☐ Other Indirect support, Describe: _____
- ☐ Other, Describe: _____

12. Please select all of the applicable activities this project will include:

- | | | |
|---|---|--|
| <input type="checkbox"/> Case management | <input type="checkbox"/> Prevention | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Rapid Re-housing | <input type="checkbox"/> Re-entry |
| <input type="checkbox"/> Emergency shelters | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> SUD Treatment |
| <input type="checkbox"/> Innovation | <input type="checkbox"/> Childcare Services | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Job training/services | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing Costs |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Life skills training | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Other, Describe: _____ | | |

13. Will this project use HUD's Homeless Management Information System (HMIS) to collect client data and track performance outcomes? ☐ Yes ☐ No

14. If no HMIS tracking, describe how your organization plans to collect and track performances outcomes for the purposes of this RFP?

III. ADDITIONAL QUESTIONS

1. Are you a Homeless Housing Service Provider? ☐ Yes ☐ No

2. **Nonprofit organizations** recognized as exempt from federal income tax under Section 501(C)(3) of the Internal Revenue Code and that provide assistance to Homeless and or Low- and moderate- income citizens of this State. ☐ Yes ☐ No

3. Does the applicant have unresolved material audit findings, particularly related to funds management or compliance with federal program requirements, during the most recent three-year period?
☐ Yes ☐ No

IV. CONTACT INFORMATION

1. **Applicant Contact:** Contact information of the individual completing this application. (This person may be with any questions regarding this proposal.)

Name: _____ Title: _____
Phone: _____ Email: _____

2. **Project Contact:** Contact information for the individual overseeing the project's implementation. (All questions pertaining to the project's overall progress and all required reporting and monitoring documentation will be sent to the individual listed below.)

Name: _____ Title: _____
Phone: _____ Email: _____

V. PROJECT DETAILS

1. **Narrative:** Description of the overall scope of the proposal, highlighting local unmet needs and the expected impact of the funding. Funding proposals should be consistent with the goals and eligible funding activities of this request for proposals, identify which of the three program goals the application will support, and explain how the organization anticipates the program will impact that goal. The narrative should also summarize the applicant's experience and capacity to develop and operate the proposed activity.

Please enter Narrative below. No additional pages will be considered.

2. **Program Design and Measures** – Proposals must describe how the program’s design and implementation will meet the goals and eligible funding activities of this request for proposals and the stated objectives outlined in the **Home Run**. (click on hyperlink)
Please include the strategy name(s) numeric goal(s) and action step(s) that relates to your project.

Proposals should also describe how the organization currently tracks and measures program outcomes, how the organization will use data-based practices to examine outcomes, and track performance of households assisted using any of the measures listed in the Performance Objectives and Metrics section of this RFP.

Please enter Program Design and Measures below. No additional pages will be considered.

4. **Timeline** - Proposals must show an overall funding timeline including anticipated milestones (dates) for the utilization of the funds. Programs/projects should be prepared to begin implementation immediately upon receipt of funds.

Please enter Timeline below. No additional pages will be considered.

VI. REQUIRED ATTACHMENTS & ACKNOWLEDGEMENTS

1. Is the **Home4Good Performance Metrics Form (Appendix A)** attached? ☐ Yes ☐ No
2. Is the **Project Budget (Appendix B)** attached? ☐ Yes ☐ No
3. Organizations must submit a current **Subsistence Certificate** (Good Standing Certificate, or certificate of registration, as may be applicable) demonstrating current good standing in the records from the PA Department of State. It is a very simple way to determine the exact name we should be listing on contracts and each entity should have one, with the exception of municipalities and their departments.

If the entity applying for funding is not required to register with the Pennsylvania Department of State, please provide a citation to the statute creating the entity and authorizing it to enter into contracts.

<https://www.dos.pa.gov/BusinessCharities/Business/Resources/Pages/Good-Standing-or-Subsistence-Certificates.aspx>

Is the Subsistence Certificate (Good Standing Certificate) attached? ☐ Yes ☐ No

Signature of authorized party of applicant organization:

Signature: _____ Date: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Home4Good Performance Metrics Form (Appendix A)

Applicant Name: _____

Project Name: _____

All grantees are required to track the following data for the community(ies) they intend to serve.

- Number of individuals served.
- Demographic data on age, gender and race.
- Geographic dispersion of services (urban vs. rural).
- Number of Veterans served (if captured/disclosed).
- Number of ex-offenders served (if captured/disclosed).
- Number of individuals identifying themselves as a victim of domestic violence, person with a disability, or person with a substance abuse issue (if captured/disclosed).

Home4Good applicants must list the activity they wish to fund and link that activity with the anticipated impact on the community.

Using the Performance Metrics and sample charts provided below, please indicate the anticipated outcomes for each and proposed activity you wish to fund through Home4Good.

Performance Metrics

1. Reduction in the number of individuals experiencing homelessness, including among Veterans, those experiencing chronic homelessness, families, unaccompanied or parenting youth, individuals, and those unsheltered.
2. Reduction in the length of time individuals remain homeless.
3. Reduction in the extent to which individuals who exit homelessness to permanent housing destinations return to homelessness.
4. Increase in access to jobs and income among individuals experiencing homelessness.
5. Reduction in the number of individuals who become homeless for the first time.
6. Increase in successful housing placement.
7. Increase in homelessness prevention.

Performance Metric Chart EXAMPLE #1:

Proposed Activity:	Housing Locator and Case Management Program		
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days/\$/#)
Reduce average number of days between program referral/entry and housing lease up	2	Veterans and transition-age youth	Reduce average by 5 days over 1 year
Provide financial counseling	1,5,7	All	20 additional people counseled

Performance Metric Chart EXAMPLE #2:

Proposed Activity:	Housing and Employment Assistance Program		
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days/\$/#)
Provide rent/utility assistance to at risk households	7	All	Reduce number of housing insecure by 10 households
Job training/ apprenticeship program	4,5	DV survivors	Job training for 5 - 10 individuals

Proposed Funding Activity #1:

Proposed Activity:			
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days/\$/#)

Proposed Funding Activity #2:

Proposed Activity:			
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days \$/#)

Proposed Funding Activity #3:

Proposed Activity:			
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days/\$/#)

Proposed Funding Activity #4:

Proposed Activity:			
Performance Objective for this Activity (Program Outcome)	Metric to which this relates (Input Program Metric #1-7)	Target Population	Anticipated Change Increase/ Decrease (Days/\$/#)

Please attach additional pages as necessary

Home4Good Program Budget Form – Appendix B

Applicant Name: _____

Project Name: _____

Total Home4Good Request: _____

Partial Funding Acknowledgement

Grantees may be awarded Home4Good funds that are less than requested. Will your organization be able to implement the above program with a partial funding award?

☐ Yes ☐ No

Please complete the following Funding Source(s) and Program Budget charts. Be sure to identify and explain ALL funding sources and expenses associated with your organization's 2023 Home4Good proposal. Funding categories that do not apply should be left blank. Commitment letters should be included for each confirmed funding source listed below. This completed form should be included in section 3 of the Proposal Requirements. Feel free to use additional pages if need be.

Funding Source(s)		Funding Amount	Funding Status (Confirmed/Pending)	Funding Timeline	Percentage of Total Program Budget
1					%
2					%
3					%
4					%
5					%
TOTAL					

Budget Category		Home4Good Request	Leveraged/ Matching Funds	Total Program Cost (Request + Leveraged Funds)	Percentage of Total H4G Request
Personnel: (Salaries, Insurance, FICA, etc.)					
1					%
2					%
3					%
Subtotal					%
Program Costs: (Rent/Utility expenses, shelter repair costs, etc.)					
1					%
2					%
3					%
4					%
Subtotal					%
Administrative Costs: (Expenses not directly associated with program delivery)					
1					%
2					%
Subtotal					%
TOTALS					%