

GRANT APPLICATION

DEKALB COUNTY COMMUNITY DEVELOPMENT HOME-ARP TENANT BASED RENTAL ASSISTANCE and/or SUPPORTIVE SERVICES

PART I: GENERAL APPLICANT INFORMATION

1. APPLICANT INFORMATION			
Organization Legal Name			
Mailing Address			
City, State		Zip:	
County			
Applicant's Email Address:		Phone:	
Federal Tax ID#:		SAM.gov UEI Number:	
FAITH-BASED?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. APPLICANT SIGNATORY			
Name:		Title	
Mailing Address			
2 nd line Address			
City, State, Zip			
Email Address			
3. CONTACT INFORMATION FOR APPLICATION			
Name		Title	
Address			
2 nd Address Line		City, State, Zip	
Email:			
4. TARGET GROUP (Check all that apply)			
<input type="checkbox"/> Elderly (62+) <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Homeless Youth (18-24) <input type="checkbox"/> Individuals with Disabilities <input type="checkbox"/> Homeless Adults <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Homeless Veterans <input type="checkbox"/> Homeless Families with Children <input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Re-entering from prison/jail			
Other (Explain)			

5. List funding received by the applicant.

Funding Source	Year	Amount	# People Serve	Purpose (Prevention, Rapid re-housing, DV etc. – Housing or Case Mgt)
ESG				
ESG-CV				
CDBG				
CDBG-CV				
CoC				
Other				

PART II: APPLICANT NARRATIVE

1. Provide a concise description of the proposed program, indicating specifically how DeKalb County HOME-ARP funds will be used. Briefly, what are the goals/objectives of the /program?
 - a. How will a participant access the proposed program, use the services, and derive a beneficial outcome from participation?

- b. How many participants on average will be served at any one time? What is the maximum number that can be served at any one time? What is the unduplicated total number of participants to be served during the program year?

- c. Describe the population(s) to be served. Describe the key demographic and economic characteristics of the client.

2. Describe the unmet need that the proposed program seeks to address. Why does the population described above need the proposed assistance? Include data supporting the need. Describe the need and urgency for the proposed program. What are the consequences if the program is not funded?

3. Describe any specific collaborative relationships with other organizations (public or private) and how they will impact the project/program. How will collaboration contribute to the planning, implementation, operation, oversight, and performance measurement of the proposed project/program?

4. Describe how the program will connect participants to jobs, transportation, and community resources.

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed description of how the program will connect participants to jobs, transportation, and community resources.

5. Describe the outcomes as a result of the proposed activity. Describe how outcomes will be achieved.

[Empty response box]

PART III: AGENCY CAPACITY

1. Program Performance Measurement

a. Identify your program’s target population for use of HOME-ARP funds? _____

b. Indicate the number of people expected and choose household type(s) this project will target: (Complete each box – leave no blanks)

Participants	Homeless			At-Risk of Homelessness	Victims of DV, Trafficking	Other
	Sheltered	Unsheltered	Chronic			
Households with Children						
Single Adults						
Seniors						
Households w/o Children						
Youth (18-24)						
Veterans						
Re-entering						
Total						

2. Commitment of Funds

a. If awarded funding for your program, will you be able to complete the program within 24 months of the program setup date? Yes No If no, explain. How long will the program take to complete?

b. What is the estimated timeframe (in calendar days) from funding notification to client engagement? Time to client actual housing or service assistance (explain your answer)?

3. Project Timeline (Anticipated award date is August 18, 2023)

Estimated Project Start Date: _____

Estimated Project Completion Date: _____

PART IV: FISCAL CAPACITY

1. Describe the applicant's fiscal management structure. Provide information on financial reporting and recording keeping.

2. Is there a fiscal agent other than the applicant? Yes No
If yes, provide the name of fiscal agent.

3. DeKalb County will require organizations to submit monthly reports pertaining to expenditure of HOME-ARP funded activities. Describe and discuss any experience you have in reporting and/or record-keeping in compliance with HOME-ARP and/or other funding source requirements.

4. If the applicant is funded, what percentage of the applicant's total budget will HOME-ARP funding represent?

5. Is the agency in a financial position to wait for a 30-day reimbursement? If not, please explain.

PART V: CoC Coordination

1. How does the applicant contribute to activities within the DeKalb CoC? (Committees, subcommittees, CE/By Name List meetings)

2. Is the applicant requesting funding in HOME-ARP that have been identified by the CoC as a priority?

3. Did the applicant consult with the CoC while preparing the HOME-ARP Application and its proposed activities?

4. Does the Applicant currently use the DeKalb County CoC’s HMIS? YES NO
Please note, use of the CoC’s HMIS system is required for participation in this initiative, except for Domestic Violence service providers

5. If a DV provider, does the Applicant utilize a comparable database? YES NO. What database does the applicant use?

PART VI: HOME-ARP Budget Proposal

1. Indicate the requested funding for each activity in the table below and for each line item listed in your budget, provide a detailed description of how HOME-ARP funds will be used to support your program. If additional space is needed, use the space provided below in Item 2.

Line Items	HOME-ARP Funds	Non-HOME-ARP Funds	Total Funds
HOME-ARP Eligible Activities			
Provision of Supportive Services			
1. Case Management	\$	\$	\$
2. Direct Project Operating Costs	\$	\$	\$
3. Childcare	\$	\$	\$
4. Basic Educational Skills	\$	\$	\$
5. Employment Skills	\$	\$	\$

Line Items	HOME-ARP Funds	Non-HOME-ARP Funds	Total Funds
HOME-ARP Eligible Activities			
6. Job Training	\$	\$	\$
7. Legal Services	\$	\$	\$
8. Life-Skills Training	\$	\$	\$
9. Transportation	\$	\$	\$
10. Landlord Tenant Liaison	\$	\$	\$

Line Items	HOME-ARP Funds	Non-HOME-ARP Funds	Total Funds
HOME-ARP Eligible Activities			
11. Credit Repair	\$	\$	\$
12. Housing Search	\$	\$	\$
13. Financial Assistance (Short-term Rental Assistance)	\$	\$	\$
14. Financial Assistance (Arrears Payments, Utility Deposit, Security Deposit)	\$	\$	\$
15. Housing Counseling (Certified Housing Counselor)	\$	\$	\$

Line Items	HOME-ARP Funds	Non-HOME-ARP Funds	Total Funds
HOME-ARP Eligible Activities			
16. Homeless Prevention (see fact sheet)	\$	\$	\$
Total Supportive Services Activities	\$	\$	\$
Tenant Based Rental Assistance			
1. Monthly Rental Assistance	\$	\$	\$
2. Security Deposit	\$	\$	\$
3. Utility Deposit	\$	\$	\$
4. Monthly Utility Payments during housing	\$	\$	\$
Total TBRA ASSISTANCE	\$	\$	\$
TOTAL OF ALL COMPONENTS	\$	\$	\$
ADMINISTRATION (UP TO 1% OF GRAND TOTAL OF COMPONENTS)	\$	\$	\$
TOTAL HOME-ARP REQUEST	\$	\$	\$
TOTAL OTHER FUNDING	\$	\$	\$

2. Additional budget information.

3. If you are proposing Housing Counseling, is the staff performing the counseling HUD certified? Yes No
If not, how do you propose to provide the housing counseling service?

CERTIFICATION

By submitting this application, applicant agrees to comply with all DeKalb County and Federal guidance and regulations concerning programmatic operations, if funding is provided. Further, the applicant understands that program participants will be referred to the applicant by the DeKalb County Coordinated Entry System only. The applicant further agrees, to enter all required information into the Homelessness Management Information System that is specified by DeKalb County.

By signing this application, the signatory certifies that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant.

Authorized Representative:

Signature _____
Date

Typed Name _____
Title