

Homelessness Prevention and Rapid Re-Housing Program (HPRP) (SEE HPRP PLAN FOR MORE DETAILED INFORMATION)

South Dakota Homeless Prevention and Rapid Re-Housing Program (HPRP) Application

- Is your agency a member of either the local or state level Continuum of Care?
 Yes No
- Are the accounting records for your agency supported by adequate source documentation such that the combination of source documentation and accounting records could provide a complete audit trail documenting a requested and approved purchase?
 Yes No
- Does your agency have a system in place for maintaining financial records for four years or until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later?
 Yes No
- Does your agency have a current financial policy and procedure manual that covers basic accounting procedures such as those for recording financial transactions, for maintaining accounting records, and for approving grant funded expenditures?
 Yes No
- Does your agency have the capacity to effectively administer this grant based on the reporting requirements and the two year term limit?
 Yes No
- Is your agency able and willing to report client level data either through HMIS or another comparable database?
 Yes No
- Does your agency have the capability of verifying income eligibility for program participants (see <http://www.hud.gov/offices/adm/hudclips/handbooks/hsg/4350.3/43503c5HSGH.pdf> for more guidance)
 Yes No

If you answered “NO” to 4 out of the 6 questions STOP HERE!

(Based upon the responses above your agency may not have the capacity to administer the HPRP funds. If you are interested in proceeding, please contact SDHDA.)

Applicant Organization Information

Organization Name:		
Type of Organizations: (Select One)	<input type="checkbox"/>	Unit of Local Government
	<input type="checkbox"/>	Private/Non-Profit Must be a 501(C)(3)
	<input type="checkbox"/>	
Federal Tax I.D. Number:		
DUNS Number:		

Contact Information

Name:	
Title:	
Phone Number:	
Email Address:	
Mailing Address:	

Current Funding for Services Below for the time period of 1/1/08 to 12/31/08

Services	# of Clients Served	Funding Amount
Short-Term Rental Assistance		
Medium-Term Rental Assistance		
Security Deposits		
Utility Deposits		
Utility Payments		
Moving Cost Assistance		
Motel/Hotel Vouchers		
Case Management		
Outreach and Engagement		
Housing Search and Placement		
Legal Services		
Credit Repair		
Data Collection and Evaluations		
Administrative Costs:		
Other:		
Other:		
Other:		

Amount and Distribution of HPRP Funds applied for (by eligible category):

Category		Amount	
1	Financial Assistance	\$	
2	Housing Relocation and Stabilization Services	\$	
3	Data Collection and Evaluation	\$	
4	Administrative Costs	\$	

Services To Be Funded with HPRP

	Short-Term Rental Assistance		Medium-Term Rental Assistance
	Security Deposits		Utility Deposits
	Utility Payments		Moving Cost Assistance
	Motel/Hotel Vouchers		
	Case Management		Outreach and Engagement
	Housing Search and Placement		Legal Services
	Credit Repair		
	Data Collection and Evaluation		Data Evaluation
	Administrative Costs		Other:
	Other:		Other:

HPRP is focused on housing for homeless and at-risk households. It will provide temporary financial assistance, housing relocation, and stabilization services to individuals and families who are homeless or would be homeless ***BUT FOR*** this assistance. The funds under this program are intended to target two populations of persons facing housing instability: 1) individuals and families who are currently in housing but are at risk of becoming homeless and need temporary rent and utility assistance to prevent them from becoming homeless or assistance to move to another unit (prevention), and 2) individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain and retain housing (rapid re-housing).

PROGRAM DESCRIPTION

4 pages maximum

Listed questions are to be included in your response

1) How will your program serve the intent of HPRP?

2) Who will be served by your program?

3) How do you intend to document compliance with HPRP guidelines for program participant eligibility?

4) Describe in detail the types of services you intend to provide using HPRP funds including current services offered along with any new services proposed?

5) For services provided, clearly explain the process for determining need, type, level and duration of assistance.

6) What is your plan for outreach to your target population(s)?

7) Explain how the HPRP funds are being used in conjunction with other ARRA funding.

8) Explain your organizations intent to continue to provide these services beyond HPRP funding.

9) Describe your plan for contracting with other service agencies (if needed) to administer the HPRP funds. Describe which agencies you will be coordinating with and explain if your current relationship with those agencies.

The U.S. Congress enacted the American Recovery and Reinvestment Act (ARRA) to help persons affected by the current economic crisis. The urgency with which Congress engaged in recovery efforts speaks strongly of their intent to target funding where the greatest impact will be felt to sustain and stabilize housing for those in most need of assistance now. Sub-Grantees are thus responsible for ensuring that funds are expended efficiently, expediently, and with the greatest degree of transparency and accountability possible. **All grants funds awarded must be expended within 2 years of the grant award.**

ADMINISTRATIVE CAPABILITY

4 pages maximum

Listed questions are to be included in your response

- 1) Describe your organization's organizational structure as relating to the administration of your program.
- 2) Submit a Responsibility Chart for your program. (A responsibility chart identifies key personnel responsible for the execution of your program and includes a brief description of their primary tasks related to the program).
- 3) Identify and discuss the abilities and qualifications of key personnel involved with program execution.
- 4) Discuss your financial management system and its role in supporting program operations. If your organization has past experience administering federal funds, please discuss.
- 5) If you plan to contract out to other agencies for services offered under HPRP, describe your plan and also identify how the funds will be disbursed and how you will calculate the amount of HPRP funds for those services provided.

REQUIRED/MANDATORY FOR SUBMISSION WITH YOUR APPLICATION:

- A copy of your latest audited financial statements **MUST** be submitted with your application.
- A comprehensive and detailed two-year project budget including projected HPRP funding **MUST** be submitted with your application.

The American Recovery and Reinvestment Act require HPRP recipients to report client-level data, such as the number of persons served and their demographic information. SDHDA will require sub-grantees to either use South Dakota's statewide HMIS system or a comparable system for this purpose. HMIS is an electronic data collection system that facilitates the collection of information on persons who are homeless or at-risk of becoming homeless. SDHDA will require sub-grantees to provide data and information for the submission of quarterly and annual reports pertaining to the expenditure of HPRP funded activities.

PERFORMANCE: REPORTING, MONITORING, RECORD-KEEPING

3 pages maximum

Listed questions are to be included in your response

1) Is your organization currently a member of the South Dakota Housing for the Homeless Consortium?

2) Describe and discuss your organization's experience with utilizing HMIS (if applicable).

3) Describe and discuss any experiences you have in reporting, monitoring, or record-keeping compliance requirements in other situations with other funders.

4) Provide three (3) references (agency name, point-of-contact) with whom we might call to discuss their experiences with your organization's reporting, monitoring and record-keeping for projects of similar scope and size.

5) Address your plan for contracting with other agencies and how you will be collecting the required data for all HPRP reporting requirements.

Certification

I certify that:

- 1) To the best of my knowledge and belief, the information in this application is true and correct.
- 2) The undersigned is an authorized certifying official of the organization here represented and is authorized to submit this application on their behalf.
- 3) The organization responsible for carrying out the project activities under this proposal will comply with all applicable local and Federal laws and regulations.
- 4) The organization will provide in a timely manner for citizen participation, public hearings, and access to information with respect to the proposed project/program.

Organization Name: _____

Project Name: _____

Address to conduct project activities: _____

Certifying Official: _____

Title: _____

Signature: _____

Date: _____