

NORTH DAKOTA HOMELESS GRANTS (NDHG) APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE
DIVISION OF COMMUNITY SERVICES
 SFN 60089 (04/18)

APPLICATION FOR FY 2018 NDHG ALLOCATION FUNDING

| GENERAL INFORMATION | | |
|--|---|----------|
| Name of Applicant | DUNS Number | |
| <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Unit of Local Government | |
| Street Address | PO Box | |
| City | State | ZIP Code |
| County | Contact Person | |
| Title | Telephone Number | |
| Fax Number | Email Address | |
| Total amount requested from FY 2018 ALLOCATION (MAX \$25,000) | | \$ |
| Application Deadline – See page 13 for deadline and submission instructions. | | |

| ELIGIBLE ACTIVITIES |
|---|
| RAPID RE-HOUSING ACTIVITIES – PRIORITY |
| <p>DEFINITION: To help homeless individuals or households transition as quickly as possible into permanent supportive housing.</p> <p>ELIGIBLE PARTICIPANTS: Literally homeless individuals and households currently living in an emergency shelter or a place not meant for human habitation.</p> <p>Housing Relocation and Stabilization Services include: Rental application fees, security deposit, last month’s rent, utility deposit, and utility payments.</p> <p>Tenant Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance.</p> <p style="padding-left: 40px;">a. Short-Term Rental Assistance: Up to 3 months</p> <p>Project Based Rental Assistance – Applicants identify permanent housing units that meet NDHG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.</p> <p style="padding-left: 40px;">a. Short-Term Rental Assistance: Up to 3 months</p> |

HOMELESS PREVENTION ACTIVITIES

DEFINITION: To PREVENT an individual or household from becoming homeless, and moving into an emergency shelter or an unsheltered situation.

ELIGIBLE PARTICIPANTS: Individuals or households who are at risk of becoming homeless and who are extremely low income (household income BELOW 50% AMI).

Housing Relocation and Stabilization Services include: Transportation, rental application fees, security deposit, last month's rent, utility deposit, and utility payments.

Tenant Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance:

- a. Short-Term Rental Assistance: Up to 3 months

Project Based Rental Assistance – Applicants identify permanent housing units that meet NDHG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

- a. Short-Term Rental Assistance: Up to 3 months

HMIS ACTIVITIES

ELIGIBLE EXPENSES: Software cost to help fund the cost of HMIS (For North Dakota Coalition for Homeless People).

PROJECT DESCRIPTION

What services will you administer with awarded NDHG funds? *(Check all that apply)*

Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)

- Housing Relocation and Stabilization Services – eligible activities include:
 - Rental Application Fees
 - Security Deposits
 - Last Month's Rent
 - Utility Deposits
 - Utility Payments
 - Transportation
- Short-Term Rental Assistance (Project Based Assistance)
- Short-Term Rental Assistance (Tenant Based Assistance)

Rapid Re-Housing Component (Homeless Individuals and/or Households)

- Housing Relocation And Stabilization Services – eligible activities include:
 - Rental Application Fees
 - Security Deposits
 - Last Month's Rent
 - Utility Deposits
 - Utility Payments
- Short-Term Rental Assistance (Project Based Assistance)
- Short-Term Rental Assistance (Tenant Based Assistance)

ESTIMATED NUMBER SERVED
List the Estimated Annual Numbers to be Served with NDHG Funds

| | Number of Youths | Number of Single Individuals | Number of Families with Children | Number of Families without Children |
|------------|------------------|------------------------------|----------------------------------|-------------------------------------|
| Prevention | | | | |
| Re-Housing | | | | |

All applications should include the following information:

Target Population

Please describe the program target population. (Attach additional pages if needed)

Need Narrative

Please describe what local needs and service gaps this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area. (Attach additional pages if needed)

Program Description

Please describe the proposed program. (Attach additional pages if needed). Be sure to include details on the following:

- Outreach methods;
- Details of the types of assistance and services that will be provided to the individuals/ households in the program;
- Explain specific triage and screening processes that will be used;
- Details on the length of the program;
- Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing);
- How service will be coordinated with other programs within the agency and within the larger community (including mainstream services);
- Program outcomes (current and/or projected); and
- Plan for distribution of the funds in an effective, efficient and timely manner.
- If applicable, explain how the program will prevent homelessness.

Collaboration

Please describe the key collaborations (current and/or proposed) specific to this program. Are you a member of the North Dakota Coalition for Homeless People? Are you a member of your local homeless coalition? (Attach additional pages if needed)

Organizational Capacity (Capacity is an abstract term that describes a wide range of capabilities, knowledge, and resources needed in order to be effective.)

Please describe your agency's capacity to provide homeless and/or prevention services. (Attach additional pages if needed)

Housing First

Describe how your agency incorporates Housing First when providing homeless and/or prevention services. (Attach additional pages if needed)

HMIS and Coordinated Assessment Plans

Describe in detail your agency's current and proposed usage of HMIS. Describe in detail your agency's current and proposed usage of Coordinated Assessment. (Attach additional pages if needed)

| SUMMARY OF FY 2018 FUNDS REQUESTED (FY 2018 Allocation) | |
|--|-------------------------|
| Activity Type | Requested Amount |
| RAPID RE-HOUSING COMPONENT | |
| Housing Relocation and Stabilization Services | \$ |
| Rental Assistance | \$ |
| HOMELESS PREVENTION COMPONENT | |
| Housing Relocation and Stabilization Services | \$ |
| Rental Assistance | \$ |
| HMIS COMPONENT (for NDCHP only) | |
| Total FY 2018 Request | \$ |

| FY 2018 ALLOCATION MATCHING FUNDS (25%) | |
|---|------------------------|
| Source of Match | Amount of Match |
| Volunteer hours | \$ |
| Private donations | \$ |
| City government contribution | \$ |
| County government contribution | \$ |
| In-Kind (donations) | \$ |
| Donated value/use of a building | \$ |
| Other _____ | \$ |
| Other _____ | \$ |
| Other _____ | \$ |
| Total Match | \$ |
| If funds from the city, county, state agency, or a private source are to be used to meet the match requirement, please attach a letter of commitment or award. | |

| Project Work Item Priority | |
|--|---------------|
| In order to allocate NDHG funds, please prioritize funds requested on page 6 . Prioritize using the number one (1) as your greatest need. If funds are needed in each category, please specify each in the (1) work item. | |
| Work Item | Budget Amount |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |

ADMINISTRATIVE COMPLIANCE

INSTRUCTIONS: Review the DCS and/or HUD requirements listed below and respond by checking the appropriate boxes. **Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.**

Fair Housing (Check all the following)

- The applicant will maintain and continuously update a listing of Fair Housing Resources.
- The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during business hours:

Name

Telephone

- The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials.
- The applicant will conduct business and provide emergency housing from a barrier-free facility, or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

- The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

- The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

Lead-Based Paint Requirements

- The grantee is aware of and will abide by lead-based paint requirements that are applicable to North Dakota Homeless Grant funding.

Coordinated Assessment

- The applicant will assure the use of the Coordinated Assessment System. (Victim service providers choose not to participate.)

Audit (Check all that apply; NOTE: only check one of the first two below)

- The grantee is a local government or nonprofit expected to expend more than \$500,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB Circular A-133 pursuant to the Single Audit Act Amendments of 1996.
- The grantee is a local government or nonprofit expected to expend less than \$500,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.
- Records will be available for review by appropriate officials of DCS.
- The applicant recognizes that this provision does not limit DCS to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).
- The grantee understands that costs of audits are not allowable.

Participation in Homeless Management Information System

- The applicant understands that, as a recipient of NDHG funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing HMIS in accord with standards published by DCS. If a recipient is a victim services provider or a legal services provider, it may use NDHG funds to establish and operate a comparable database that collects client-level data.

**(NON-PROFITS ONLY)
REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

| | |
|---|---|
| Fiscal Year Operating Budget | <input type="checkbox"/> I will/have mailed this attachment |
| Certificate of Good Standing or proof of good standing h(date within the last 12 months) | <input type="checkbox"/> I will/have mailed this attachment |

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

| | |
|---|--|
| IRS-501 (c) 3 Designation | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Articles of Incorporation | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Organizational Bylaws | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| List of Board of Directors & Officers | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Current Organizational Chart | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Most recent available Fiscal Year Audit | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Fair Housing Policy | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Bids – at least 2 competitive bids for renovation/rehabilitation activities | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> N/A |

**(LOCAL UNITS OF GOVERNMENT ONLY)
 REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

| | |
|---|---|
| Most recent available Fiscal Year Audit | <input type="checkbox"/> I will/have mailed this attachment |
| Current Fiscal Year Operating Budget | <input type="checkbox"/> I will/have mailed this attachment |

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

| | |
|--------------------------------------|--|
| Roster of Members of Governing Board | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Current Organizational Chart | <input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current |
| Fair Housing Policy | <input type="checkbox"/> I will/have mailed this attachment |

CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the North Dakota Homeless Grant Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature

Date

APPLICATION DEADLINE

One copy of your **FY 2018 Application** is due to the North Dakota Department of Commerce, Division of Community Services no later than 5 PM Central Time, Thursday, May 17, 2018.

The application deadline is firm as to the date and hour.

DCS will not consider any incomplete applications or applications received after the deadline. Applicants should take this into account and submit applications as early as possible to avoid risk brought about by unanticipated delays or delivery-related problems. In particular, applicants must provide sufficient time to permit delivery on or before the deadline date and hour. Acceptance by post office or private mailer does not constitute delivery. Facsimile (FAX), COD, and postage due applications will not be accepted.

All applications must be typed. **No hand-written applications will be accepted.**

Mail Completed Application to:

Adele Sigl
Department of Commerce (DCS)
1600 East Century Avenue, Suite 2
PO Box 2057
Bismarck, ND 58502-2057