

MHDC Homeless Prevention and Rapid Re-housing (HPRP) Funding Application

In February 2009, the U.S. Congress enacted the American Recovery and Reinvestment Act (ARRA) to help persons affected by the current economic crisis. The purpose of the Homeless Prevention and Rapid Re-housing Program (HPRP) is to provide homelessness prevention assistance to households who would otherwise become homeless, and to provide assistance to rapidly re-house persons who became homeless.

The Missouri Housing Development Commission (MHDC) was awarded \$2,000,000 in HPRP funding from the Department of Social Services who was awarded through the Department of Housing and Urban Development (HUD). MHDC is now accepting applications from non-profit organizations, counties and units of local government for the use of HPRP funds to provide homeless prevention and rapid re-housing services for homeless and at-risk households. Funds awarded must be expended by **June 30, 2012**.

Applicants must be a non-profit or partnership entity formed pursuant to applicable Missouri law, must be an entity in good standing with the state of Missouri and provide housing or housing services. Homeless Prevention and Rapid Re-housing monies will not be awarded to individuals.

All intended recipients assisted with Homeless Prevention and Rapid Re-housing funds must have incomes at or below 50 percent of the Area Median Income (AMI) for the geographic area adjusted for family size.

Applicants must have experience in administering HUD Homeless Prevention and Rapid Re-housing (HPRP) funds and must be currently entering into a Homeless Management Information System (HMIS) database or comparable database for victim service providers.

Any organization receiving HPRP funds shall be subject to all of the requirements that apply to the grantee in accordance with the HPRP Federal Register Notice FR-5307-N-01.

Funding will be awarded for the following eligible activities:

1. Financial assistance
2. Housing relocation and stabilization services
3. Data collection and evaluation (HMIS)
4. Administrative costs

Applicants should complete the HPRP application and include additional attachments outlined in the application. Applications, including attachments, should be submitted via email or mail to MHDC by 4:30 p.m. on May 18, 2012. Agencies who submit their application by email should also mail a hard copy to the address below.

To be considered for funding, please submit completed applications to the address listed below:

Missouri Housing Development Commission
Attention: Jenni Miller jmiller@mhdc.com
3435 Broadway
Kansas City, MO 64111

APPLICATIONS MUST BE RECEIVED VIA EMAIL OR MAIL BY 4:30 P.M. on MAY 18, 2012.

Applications received after 4:30 PM on May 18, 2012 will not be considered.

MHDC recommends that interested parties review the HUD HPRP Regulations at:

<http://www.hud.gov/recovery/hrp-notice.pdf>

Section 1: Applicant Information

Please check one of the following for questions i and ii:

i. Has the agency administered HUD HPRP Funds?

- a. Yes
- b. No

ii. Is the agency currently entering into HMIS or a comparable database for victim service providers?

- a. Yes c. N/A (HMIS Lead Agencies Only)
- b. No

iii. Agency information, please complete the following chart:

Organization/Agency Name:		Tax Identification Number (TIN):		
DUNS (required): https://eupdate.dnb.com/requestoptions.asp?cm_re=HomepageB*TopNav*DUNSNumberTab		Have you registered with the Central Contractor Registry (CCR)? http://www.ccr.gov		
Mailing Address:		City:	State:	Zip:
Telephone:		Website:		
Applicant Fiscal Year End (month/day):		County(ies)/Area(s) to be Served with HPRP:		
Type of Agency				
<input type="checkbox"/> Unit of Local Government <input type="checkbox"/> Non-Profit Organization; Non-profit organizations must submit IRS verification of non-profit status with the application (Attachment E) and attach copy of organizational chart (Attachment F)				
Audit Information				
Date of last audit:				
Name of company performing the audit:				
Audit findings or management letter: <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, please provide a copy of the audit.				
Contact Information				
	Executive Director	HPRP Program Contact	HMIS Data Contact	Finance Contact
Name:				
Title:				
Address: <i>(if different from mailing address)</i>				
Phone:				
Fax:				
E-Mail:				
Fair Housing				
Check the boxes below if any of the following situations have occurred with your organization and have not been resolved with HUD:				
<input type="checkbox"/> Have been charged with an ongoing system violation of the Fair Housing Act.				
<input type="checkbox"/> Is a defendant in a Fair Housing Act lawsuit filed by the Department of Justice alleging an ongoing pattern or practice of discrimination.				
<input type="checkbox"/> Received a letter of findings identifying ongoing systemic noncompliance under Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, or section 109 of the Housing and Community Development Act of 1974.				

iv. Continuum of Care Information:

Name of Local Continuum of Care:	Contact Person at CoC:
Contact Person Address:	Contact Person E-Mail Address:
Contact Person Telephone Number:	Contact Person Fax Number:

Section Two: Competitive Factors

Competitive Factor One: Capacity and Experience Related to Proposed HPRP Activity(s)

Describe the applicant’s experience and capacity to administer Homeless Prevention and Rapid Re-housing funds by completing the following questions. If you are an HMIS Lead Agency applying for Data Collection funds please skip Section Two and ONLY complete Section Three.

1. Describe specific types of programs/services/activities/projects the applicant administers or provides that are relevant to the objectives of the HPRP program.

2. List current staff positions and qualifications of individuals who will carry out the grant or project activities. If applicable, describe your plans for recruiting and hiring additional staff.

3. If you are applying to administer rental assistance, describe your experience in inspecting housing units.

Competitive Factor Two: Program Design and Financial

1. Please describe in detail the population(s) you plan to target with HPRP funds?
2. What is your plan for outreach to your target population?
3. Describe procedures you will use for verifying and documenting the eligibility of program participants.
4. If you are applying for Homelessness Prevention funds, describe your process for determining the specific types and levels of assistance you will provide to each person accepted into your program.

5. If you are applying for Rapid Re-housing funds, describe your process for determining the specific types and levels of assistance you will provide to each person accepted into your program.

6. How will your agency/organization measure the performance of its HPRP program(s)? List intended objectives, outcomes and indicators of performance.

7. Applicants must submit a sources and uses statement (Form: HPRP-101) as **Attachment A**.

8. Indicate the activities your agency will provide with HPRP funds:

Financial Assistance

- Rental Assistance
- Security and Utility Deposits
- Utility Payments
- Hotel/Motel Vouchers

Please provide anticipated staff to participant ratio: _____

Rapid Re-Housing

- Case Management
- Outreach and Engagement
- Housing Search and Placement

Please provide anticipated staff to participant ratio: _____

9. Complete the following table by showing the amount of funds requested in each category and the number of households your agency expects to assist with each type of assistance during the grant term:

Budget		Households Assisted
Financial Assistance	\$	
Housing Relocation and Stabilization Services	\$	
Data Collection and Evaluation (cannot exceed 2% of total grant)	\$	
Administration (cannot exceed 2% of total grant)	\$	
TOTAL	\$	

Competitive Factor Three: Timeliness

1. What system or processes do you have in place to quickly move or stabilize participants in permanent housing?

2. Describe your agency's ability to expend the HPRP funds by June 30, 2012.

Competitive Factor Four: Coordination

1. Describe how you will coordinate the HPRP program so as to link program participants with other services available (specifically to ARRA resources, and to other mainstream resources) in your community.
2. The grantee must use the Homeless Management Information System (HMIS) approved by their CoC to collect client-level data and report to MHDC. What is your plan to coordinate, collect and enter data into the local HMIS of your CoC, or what is your alternative plan to collect and enter information into a comparable client-level database if you are a victim service provider?

**Section 3: HMIS Competitive Factors
(To be completed by HMIS Lead Agencies only)**

- A. Please respond to the following questions if you are an HMIS Lead Agency applying for Data Collection funds:
1. Please explain briefly how the funding will be used, and the timeline for the following contract deliverables.
 - a. HMIS system modified for HPRP reporting;

 - b. One unduplicated Quarterly Performance Report, which meets federal HPRP reporting requirements, generated by HMIS and compiled by continuum geographical service area for MHDC by the 2nd of July;

 - c. All funding expended by June 30, 2012.

 2. Please explain how you will ensure that system modifications meet federal HPRP data collection requirements?

 3. Please explain how you will ensure that every funded agency is enrolled and entering data.

4. How many jobs will be created or retained with this funding (please attach a job description for any jobs created or retained)? If retained, explain why previous funding ended.

5. Please explain how you will make MHDC aware of any reporting compliance findings and what steps you will take to assist agencies to come into compliance.

6. Please explain how you will maximize resources through coordination and collaboration.

7. Please explain how you will utilize multiple training formats such as on-line training, websites for technical assistance, phone calls, etc. to reduce costs while maximize training opportunities.

12. Complete the following table by showing the amount of funds requested in each category and the number of households your agency expects to assist with each type of assistance during the grant term:

Budget		Households Assisted
Data Collection (HMIS lead agencies only)	\$	
Administration (cannot exceed 2%)	\$	
TOTAL	\$	

Required Attachments for all Applicants

Please provide the required attachments along with your printed HPRP application:

- The agency must include a Sources and Uses form (**Attachment A**) provided by MHDC;
- The agency must coordinate with the local Continuum of Care (CoC) and submit a letter of support (**Attachment B**) to ensure that proposed HPRP activities are aligned with the CoC's strategies for preventing and ending homelessness;
- The agency must submit a letter of support (**Attachment C**) from their local County Commissioner;
- The agency must submit a letter of support (**Attachment D**) from their HMIS provider;
- Non-profit organizations must include required 501(C)3 documentation (**Attachment E**) from IRS as;
- The agency must provide an agency organizational chart (**Attachment F**);
- The agency must provide a copy of agency by-laws (**Attachment G**);
- The agency must provide a list (**Attachment H**) of agency board members and their affiliations;
- The agency must provide a Certificate of Good Standing (**Attachment I**) current within six months;
- The agency must provide their most recent Federal Form 990 (**Attachment J**) "Return for Organization Exempt from Income Tax Status"; and
- If last audit contained findings, must include a copy of the agency audit (**Attachment K**).

Application Check-list

<input type="checkbox"/>	Application (Agencies complete Sections 1 & 2, HMIS Lead Agencies complete Section 3)
<input type="checkbox"/>	Attachment A
<input type="checkbox"/>	Attachment B
<input type="checkbox"/>	Attachment C
<input type="checkbox"/>	Attachment D (N/A for HMIS Lead Agencies)
<input type="checkbox"/>	Attachment E
<input type="checkbox"/>	Attachment F
<input type="checkbox"/>	Attachment G
<input type="checkbox"/>	Attachment H
<input type="checkbox"/>	Attachment I
<input type="checkbox"/>	Attachment J
<input type="checkbox"/>	Attachment K

MHDC Homeless Prevention and Rapid Re-Housing (HPRP) Funding Application

Recipients of American Recovery and Reinvestment Act (hereinafter ARRA) funding are legally obligated and must meet accountability and reporting requirements under ARRA. The State of Missouri or the federal funding source may also identify additional requirements or other changes in requirements. Such requirements may be in statute, regulation, policy, or procedure. The Grantee is responsible for incorporating these requirements into the performance of this contract. Although all requirements have not yet been identified, expect additional reporting requirements to include, but not limited to, performance outcomes such as created or retained jobs. Grantees will enter appropriate data into the local Continuum of Care's Homeless Management Information System (HMIS) for required HUD reporting.

Consistent with the special purposes and goals of the Act, and its strong emphasis on accountability and transparency, it is essential that all funds from ARRA be tracked, accounted for, and reported on separately from all other funds. Misuse of grant funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal and state grants, recoupment of monies provided under a grant, and civil and/or criminal penalties.

The applicant understands that this is time-sensitive, limited, one-time funding to preserve and/or create jobs and promote economic recovery. There will be no extensions to reporting requirements or grant end dates.

The applicant understands that the recipients of ARRA grants will likely have agency name, budget, program activities, and other information posted on federal and state websites related to expenditures made with ARRA funds.

By signing this application, the applicant certifies that:

- The Grantee has reviewed and will comply with the requirements set forth in the "Funding Application Guideline";
- The Grantee will track, account for, and report separately ARRA funds under this grant;
- The Grantee's accounting system will ensure funds from any award under ARRA are not commingled with funds from any other source; and
- That all information, including program responsibilities and associated budget, described in this application is true and accurate.

Submitted by the Executive Director or other Authorizing Authority	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Name (Typed or Printed)</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Title</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Authorized Signature (Live Signature)</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Date</p>