

HOME-ARP Supportive Services Application



Community Housing and Grants Management Division
2624 Vermont Ave
PO Box 1535
Bismarck, ND 58502-1535

800-292-8621 or 701-328-8080
800-435-8590 (Spanish)
711 (Voice or TTY)

www.ndhfa.org • hfainfo@nd.gov

This recipient does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs and activities. Accommodations: Individuals who require accommodations including translated documents, an alternate format, or to request a copy of the plan may contact:

504 Coordinator:
Jennifer Henderson
North Dakota Housing Finance Agency
2624 Vermont Avenue
Bismarck ND 58504
800-292-8621 or 701-328-8080
800-435-8590 (Spanish)
711 (Voice or TTY)



One copy of your FY 2024 Application is due to the North Dakota Housing Finance Agency (NDHFA) no later than 5 PM Central Daylight Time, September 30, 2024. The application deadline is firm as to the date and hour. Email completed application to hfahomelessprograms@nd.gov with the subject "HOME-ARP Supportive Services Application" or mail to Attn: Homeless Programs, NDHFA, PO Box 1535, Bismarck ND 58502.

NDHFA 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. Applicants must provide sufficient time to permit delivery on or before the deadline date and hour. Facsimile (FAX) or COD applications will not be accepted. All applications must be typed. **No handwritten applications will be accepted.**

GENERAL INFORMATION

Name of Applicant		Unique Entity ID (sam.gov)	
<input type="checkbox"/> Nonprofit Organization		<input type="checkbox"/> Unit of Local Government	
Address		City	State ZIP Code
County	Contact Person	Title	
Telephone Number	Fax Number	Email Address	
Total amount requested			

ELIGIBLE ACTIVITIES

Applicants scope of work must include:

- Work with qualifying population (QP) households at risk of homelessness or housing instability to maintain housing.
- Provide housing stability case management services to assigned households utilizing a strength-based approach that is rooted in Housing First, harm reduction and trauma-informed care methodologies.
- Assist participants in developing and attaining goals related to education, vocational training, employment, and/or other meaningful daily activities that improve overall well-being.
- Broker, advocate, and assist in navigating eligibility requirements for service access amongst community resources.
- Collaborate with community partners in housing programs and supportive service organizations.
- Identify resources that may be available to make necessary environmental modifications to promote continued independent living.

Eligible Costs include:

Services Costs

- Housing Search and Counseling Services - costs of assisting eligible program participants to locate, obtain, and retain suitable housing.
 - Development of housing plan.
 - Housing Search.
 - Tenant Counseling.
 - Securing Utilities.
 - Making moving arrangements.
 - Outreach and negotiation with housing providers.

- Assistance in submitting rental applications and understanding leases.
- Mediation with housing providers.
- Credit counselling, assessing free personal credit reports and resolving credit issues.
- Payment of rental application fee.
- Case Management - costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s). PJs and subrecipients providing these supportive services must have written standards for providing assistance.
 - Conducting the initial evaluation, including verifying and documenting eligibility, for individuals and families applying for supportive services.
 - Counseling.
 - Developing, securing, and coordinating services.
 - Using a centralized or coordinated assessment system that complies with the requirements of Section IV.C of the Notice.
 - Obtaining federal, state, and local benefits.
 - Monitoring and evaluating program participant progress.
 - Providing information and referrals to other providers.
 - Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking.
 - Developing an individualized housing and service plan, including planning a path to permanent housing stability.
 - Conducting re-evaluations of the program participant's eligibility and the types and amounts of assistance the program participant needs.
- Credit Repair: credit counselling and other services necessary to assist program participants with skills such as household budgeting, managing money, assessing free credit report, and resolving credit problems. This does not include payment or modification of debt.

Financial Assistance Costs

Funds may be used to pay housing owners, utility companies, or other third parties the following costs on behalf of a qualifying participant.

- Rental application fees.
- Security deposit.
- Utility deposit.
- Moving costs.
- First and last month rent.
- Payment of rental arrears, up to 6 months.
- Short-term and medium-term assistance for rent

Supportive services may include, if identified as a need through the housing plan, the payment of rental assistance. Provided the total assistance does not exceed 24 months of rental assistance including any prepayment of first and last month's rent. Rental assistance payments cannot exceed the Fair Market Rent as established by HUD.

ESTIMATED NUMBER SERVED

List the Estimated Annual Numbers to be Served with HOME-ARP Funds

Type of Service	Number of Youths	Number of Single Individuals	Number of Families with Children	Number of Families without Children
Services				
Financial Assistance Costs				
Rental Assistance-Short Term				
Rental Assistance-Long Term				

All applications should include the following information:

Target Population – HOME-ARP Supportive Services must serve all Qualifying Populations. Describe how you intend to outreach and serve all Qualifying Populations.

Service Area

Describe the service area you intend to serve with this program.

Program Description, Design and Approach (up to 30 points)

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

- Outreach methods;
- Explain the range and the types of assistance and services that will be provided to the individuals/households in the program;
- Explain the specific triage and screening processes that will be used;
- Details on the length of the program;
- Provide details on case management services;
- 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
- If applicable, explain how the program will prevent homelessness.

Policies and Procedures (up to 15 points)

Provide copies of your organization's policies and procedures that will be used by program staff. These procedures should include procedures for evaluating eligibility, termination policy, intake procedures, procedures for determining the amount of assistance and participant share of rent, program rules for participants, assistance time limits, etc.

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? Do you partner with any other organizations? (Attach additional pages if needed)

Experience and Capacity (20 pts) Describe your organizational capacity and ability to meet qualifications.

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. Describe in detail your agency's involvement and participation in the ND Continuum of Care. (Attach additional pages if needed)

Readiness To Proceed (up to 10 points)

Explain your agency's plan for distribution of funds in an effective, efficient and timely manner. Will you need to hire staff, are there additional financing sources you are applying for, what is the expected timeline to begin providing services to eligibly qualifying populations?

Program Budget (up to 20 points)

Provide a complete budget estimating the costs of delivering the HOME-ARP Supportive Services. The budget should include a breakdown of all funding sources and expenditures to administer the program.

Staffing and Staff Experience

Provide a list of all staff who will be involved in the program including staff who will work directly with clients and fiscal staff who will perform administrative functions. The list should include the Name, Email, Phone Number, Staff Role of each individual involved in the program.

ADMINISTRATIVE COMPLIANCE

INSTRUCTIONS: Review the NDHFA 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 the following business hours:

Name

Telephone Number

- ☐ 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 HOME-ARP funding.
- ☐ Provide copies of the Certification of completion HUD Visual Assessment Training for all staff who will perform LBP Visual Assessments.

Coordinated Assessment

- ☐ The applicant will assure the use of the Coordinated Assessment System. (Victim service providers must use the alternative database.)

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 \$750,000 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 2 CFR Part 200 Uniform Guidance.
- ☐ The grantee is a local government or nonprofit expected to expend less than \$750,000 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 NDHFA.
- ☐ The applicant recognizes that this provision does not limit NDHFA 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 HOME-ARP funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing HMIS in accord with standards published by NDHFA. If a recipient is a victim services provider or a legal services provider, it may use a comparable database that collects client-level data.
- ☐ Environmental – Before a grant agreement can be executed, the agency will contact NDHFA to coordinate the required level of environmental review.

Compliance with Programs

- ☐ The applicant certifies that there are no outstanding monitoring or audit findings issued by the Internal Revenue Service, HUD, Department of Commerce, or NDHFA.

REQUIRED ORGANIZATIONAL DOCUMENTS

<input type="checkbox"/> Certificate of Good Standing or proof of good standing (date within the last 12 months)
<input type="checkbox"/> Sams.gov UEI Status (print out current UEI Status)
<input type="checkbox"/> IRS-501 (C) 3 Designation
<input type="checkbox"/> Current Organizational Chart
<input type="checkbox"/> Most recent available Fiscal Year Audit
Lead Based Paint Visual Assessment Training Certification
<input type="checkbox"/> Provide copies of training certificate for each staff who will conduct visual assessments.
Operations Manual to Include
<input type="checkbox"/> Organization Mission
<input type="checkbox"/> Fair Housing Policy (Affirmatively Furthering Fair Housing Policy)
<input type="checkbox"/> Anti-Discrimination Policy
<input type="checkbox"/> Equal Access Policy
<input type="checkbox"/> VAWA Policy and Transfer Policy
<input type="checkbox"/> Confidentiality Policy
<input type="checkbox"/> Record Keeping Policy
<input type="checkbox"/> HMIS/Alternative Database Use (data collection)
<input type="checkbox"/> Program Grievance and Appeals Policy
<input type="checkbox"/> Coordination (with agencies to provide services)
<input type="checkbox"/> Supportive Services Procedures and Policies including
1. Program Design or Overview (type of assistance offered)
2. Intake Procedures
3. Assistance Time Limit
4. Participant Eligibility Requirements
5. Specific Populations Served (if applicable)
6. Case Management Expectations
7. Procedures for Determining Rental Assistance
8. Procedures for Determining Participants Share of Rent
9. Termination Policy
10. Program Rules for Participants

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 Emergency Solutions 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
-----------	------