Housing Assistance Program (HAP)

The Housing Assistance Program (HAP) is funding and programming for housing and supportive services for homeless individuals and families. The HUD Continuum of Care (COC) must be the lead agency for each HAP application. The lead agency will distribute funds to sub-recipients within their system. The State will coordinate contracts, payments, and compliance with the lead agency. The lead agency must completely respond to all parts of the Application to describe how the COC would use HAP funds. Each sub-recipient must complete a HAP Sub-Recipient Application.

**Eligible Sub-Recipients**

Eligible sub-recipients must:

* Be a city, county, tribal agency, private non-profit agency, or for-profit corporation that is both organized under Chapter 180 in Wisconsin and in good standing;
	+ Private non-profit agencies must also:
		- Be exempted from taxation under Subtitle A of Section 501(c) of the Internal Revenue Code;
		- Be governed by a voluntary board of directors;
		- Use approved accounting systems;
		- Practice nondiscrimination in the provision of assistance;
* Use HMIS (or an HMIS-equivalent database for victim services agencies) to record client data;
* Use grant funds to support a housing program that does all of the following:
	+ Subsidizes only existing buildings;
	+ Subsidizes only units which meet Habitability Standards;
	+ Facilitates the utilization, by residents, of appropriate social services available in the community;
	+ Provides, of facilitates the provision of, training in self-sufficiency to residents;
	+ Requires that at least 25% of participants’ income be spent on rent;

**Eligible Activities**

* **Services** may include any of the following: Case Management, Child Care, Education Services, Employment Assistance, Outpatient Health Services, Life Skills Training, Mental Health Services, Substance Abuse Treatment, and Transportation.
* **Operations** may include any of the following: Maintenance, Rent, Security & Insurance, Utilities, Food, Furnishings & Supplies.

**HAP SUB-RECIPIENT APPLICATION**

**Part 1: Applicant Information**

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Program Name** |  |
|  |  |
| Program Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |
|  |  |
| Local Continuum of Care |  |
| HUD Continuum of Care |  |
| Cities or Counties Served |  |

|  |  |
| --- | --- |
| Facility Type: | [ ]  Scattered Sites [ ]  Single Site |
| Location of Facility: (city and county) |  |
| Population Type | [ ]  Households with Children [ ]  Households without Children [ ]  Youth [ ]  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

**Part 2: Funding**

Fill out the chart below with the request for funding.

|  |  |
| --- | --- |
| **Activity** | **HAP Request** |
| Services |  |
| Operations |  |
| **OVERALL TOTAL** |  |

**Part 3: Project Design**

**Description**

|  |
| --- |
| **Describe the project for which funding is being requested. Include project details, the need addressed by the project, and the populations to be served.** |
|  |

**Budget and Staffing**

Enter information about the project for your agency’s last fiscal year. If you did not have this project in the last year, write N/A.

|  |
| --- |
| **Fiscal Year** |
| Total Housing Project Budget |  |
| Total Homelessness Budget |  |
| Total Agency Budget: |  |

|  |  |
| --- | --- |
| **Staff: (# of individuals)** |  **Volunteers: (# of individuals)** |
| Full-Time |  | Part-Time |  | Volunteers |  |

**Project Experience and Design**

|  |
| --- |
| **Describe how the program facilitates the utilization of appropriate social services in the community.** |
|  |

|  |
| --- |
| **Describe how the program provides, or facilitates, training in self-sufficiency to residents.** |
|  |

|  |
| --- |
| **Describe how the participant’s share of their monthly rent is calculated.** |
|  |