HOMELESSNESS PREVENTION

Homelessness Prevention is funding and programming for low-income individuals and households who are at risk of becoming homeless.For more information about eligible services, client populations, and project requirements, please see the DOA website.

**Eligible Activities:**

|  |  |
| --- | --- |
| **Housing Payments** | **Housing Services** |
| * Application Fees
* Security Deposits
* Rent Payments
* Utility Payments/Deposits
* Moving Costs
* Arrearages
 | * Housing Search and Placement
* Housing Stability Case Management
* Mediation
* Legal Services
 |

# Part 1: Applicant Information

|  |  |
| --- | --- |
| Agency Name |  |
| Project Name |  |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |
|  |  |
| Local Continuum of Care |  |
| Primary Cities or Counties Served |  |

# Part 2: Homelessness Prevention Funding Request

Fill out the chart below with the request for funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | ESG | HPP | Overall Total |
| Prevention Housing Payments |  |  |  |
| Prevention Housing Services |  |  |  |
| **Overall Total** |  |  |  |

**Part 3: Project Information**

**Description**

Describe the homelessness prevention project for which funding is being requested. Include project details and the need addressed by the project. Describe the populations targeted and how the populations are reached. If the project is new describe when it began or will begin and how it complements other services in the continuum of care.

|  |
| --- |
| Description of the Project |
|  |

**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 Prevention Project Budget |  |
| Total Homeless Project Budget |  |
| Total Agency Budget |  |

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

**Project Design**

|  |
| --- |
| Rental Payments |
| Select the average duration of rent payment assistance: | [ ]  1 month [ ]  2-3 months [ ]  4-6 months [ ]  More than 6 months[ ]  Arrears only |
| Select the type of rent subsidy model the project uses: |
| **Income-Based Subsidy:** household pays a fixed percentage of their income for rent | [ ]  |
| **Flat Subsidy:** subsidy is fixed andbased on a client’s rent or apartment size | [ ]  |
| **Declining Subsidy:** subsidy is income-based or flat and declines in steps based upon a fixed timeline or when the individual has reached specific goals | [ ]  |
| **Complete Subsidy**: subsidy covers full rent payment until the subsidy period ends | [ ]  |
| Describe the parameters and flexibility of the model chosen. |
|  |

|  |
| --- |
| Describe the provision of case management and homeless and mainstream services to clients.  |
|  |