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 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 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  2-6 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.** | | |
|  | | |

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