Housing Assistance Program (HAP)

The Housing Assistance Program (HAP) is funding and programming for housing and supportive services for homeless individuals and families.

**Instruction:** If you are applying for a Rapid Rehousing program, please use the EHH Project Application – Rapid Re-Housing Program application, even if you are specifically requesting HAP funds. In the Rapid Re-Housing project application, you should indicate you are applying for HAP funds. **This application should be used only for programs that are eligible for HAP funds but not eligible for ESG funds such as transitional housing or other permanent housing programs.**

**Part 1: Applicant Information**

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| --- | --- |
| **Agency Name** |  |
| **Program Name** |  |
|  |  |
| Program Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |

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

**Part 2: Project Design**

**Description**

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

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| **Describe how the program facilitates the utilization of appropriate social services in the community.** |
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| **Describe how the program provides, or facilitates, training in self-sufficiency to residents.** |
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| **Describe how the participant’s share of their monthly rent is calculated.** |
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**Part 3: Dane CoC EHH Supplemental Questionnaire**

1. Describe the agency’s experience in administering this type of program. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.
2. Was the program found not in compliance with the written standards for the proposed program by the funding administrator in the between July 1, 2020 and today? If yes, describe the nature of the issue and how the issue has been addressed.
3. Describe your agency’s efforts to improve service qualities and outcomes for the proposed program and other homeless programs. If it is a new program, describe your agency’s overall quality improvement efforts.
4. If the proposed program were recommended for a lower funding amount than what your agency requested, would your agency still accept the EHH funds? (YES/NO)

If yes, what is the lowest amount acceptable for this program to be functional at your agency?

Describe how receiving the lowest amount acceptable may change your program operation (e.g., the program will be able to serve 10 fewer households).

1. Is your agency proposing to use Homelessness Prevention Program (HPP) or Housing Assistance Program (HAP) funds to match Emergency Solutions Grant (ESG) funds? If yes, describe how you will meet the ESG match requirement if HPP or HAP funds were not approved for the program.

**ADDITIONAL QUESTIONS FOR EXISTING PROGRAMS CURRENTLY NOT FUNDED WITH EHH FUNDS**

1. If this is an expansion of an existing program:
   1. What was the programs budget in the past program year?
   2. How many people were served in the past program year?
   3. What were the project outcomes in the past program year?
   4. How would the EHH funds change the program (e.g. number of people served, staff to client ratio, etc.)?

\*Please note that existing programs that are not currently funded with EHH but have performance outcomes reported in HMIS need to report the performance outcomes. Please contact Sarah Lim to receive instructions. If reporting outcomes, you do not have to complete the EHH New Project Application.

# Part 4: EHH Funding Request

Instruction: Provide a funding request for a full program year of 12 months.

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| --- | --- | --- |
| **Eligible Expenses** | **ESG Request** | **Budget Narrative** (e.g. 0.5 FTE case manager, bus tickets for clients) |
| **Other Housing Program** | | |
| **Services** |  |  |
| Case Management |  |  |
| Employment Assistance |  |  |
| Outpatient Health Services |  |  |
| Life Skills Training |  |  |
| Mental Health Services |  |  |
| Substance Abuse Treatment |  |  |
| Transportation |  |  |
| **Operations** |  |  |
| Insurance |  |  |
| Utilities |  |  |
| Food |  |  |
| Furnishings & Supplies |  |  |
| Maintenance |  |  |
| Security |  |  |
| **TOTAL REQUEST** |  |  |

HAP funds do not require match.