**COUNTY OF BERKS**

**Homeless Assistance – HAP**

**Fiscal Year 2024/2025**

**Submittal Deadline:**

**Wednesday, May 15, 2024 4:00 P.M., Local Prevailing Time**

**Submit one ELECTRONIC VERSION of the Funding Application only to:**

**pklopp@berksredevelop.org**

**Berks County Redevelopment Authority**

**400 E. Wyomissing Avenue, Ground Floor, Suite 2**

**Mohnton, PA 19540**

# Fiscal Year 24/25 Berks County Homeless Assistance Program (HAP) Funding Application

# Section 1: Agency Information

|  |  |
| --- | --- |
|  |  |
| Agency Name: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Agency Director Name/Email: |  |
| Staff Contact Name/Title/Email: |  |
| Telephone Number: |  |
| Fax Number: |  |
| Direct E-mail Address (needed for emergency grant information) |  |

Type of Organization (select one):

* + Public Agency
  + Private Non-Profit (501)(c)(3)
  + Private For- Profit,
  + Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Mission Statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section 2: Program Summary

*(Make copies or copy and paste section 2 for each proposed categorical service, ex. You are applying for both Rental Assistance and Case Management, you will need separate section 2 worksheets for each category.)*

1. Program Title:
2. Categorical Programs (select **one** per section 2 sheet)
   * Case Management
   * Rental Assistance
   * Bridge Housing
   * Emergency Shelter
   * Innovative Supportive Housing
3. Program Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Requested:
   * Amount requested for FY 24/25 $\_\_\_\_\_\_\_\_\_\_\_\_\_
   * What is the total budget for this program (including HAP Request):$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Allowable Expense Projection:

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Expected Amount | % of HAP Allocation | Last Year’s Actual % |
| On Behalf of Clients | $ | % | % |
| Personnel | $ | % | % |
| Operations | $ | % | % |
| Fixed Assets/Equipment | $ | % | % |
| Admin: (no more than 10%) | $ | % | % |

1. Client Served (within this service category only):

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Last Year (22/23) | Current Year FY (23/24) | Proposed for FY (24/25) |
| Under 18 |  |  |  |
| 18 to 59 |  |  |  |
| 60+ |  |  |  |

1. Target Population Information (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 3: Program Results and Evaluation

*(Make copies or copy and paste section 3 for each proposed categorical service, ex. You are applying for both Rental Assistance and Case Management, you will need separate section 3 worksheets for each category.)*

1. Goals and services: Please provide the following information regarding project outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| Goal/Service | Last Year (FY22/23) | Current Year (FY23/24) | Expected for (FY24/25) |
| # Clients Served (all) |  |  |  |
| # in PH 6 months after entry (adults) |  |  |  |
| # increased income during project stay (adults) |  |  |  |
| # connection to non-cash benefits during project stay (adults) |  |  |  |

1. Optional Measurements: Please include any additional service goals that your project has historically measured:

|  |  |  |  |
| --- | --- | --- | --- |
| Goal/Service | Last Year (FY 22/23) | Current Year (FY 23/24) | Expected for (FY 24/25) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Program Evaluation:
   * Describe all direct services to be provided:
   * State the intake policy and/or eligibility criteria that the program will use to guarantee maximum participation by the target groups or individuals:
   * If fees will be charged, provide the fee schedule and policy. Sliding Scale Fees are required for Bridge Housing.
   * Is the program currently using HMIS with Data Quality of 95% or higher?\_\_\_\_\_\_ If it is not currently compliant how does your agency intend to remedy this:
   * If your agency works with children, are employees subject to CHILDLINE/criminal background checks?\_\_\_\_\_\_\_\_\_\_\_
   * Please provide any additional comments that may obtain to this Funding Application for this project:

# Section 4: Funding Strategy

It is important for your organization to help offset the demand for the limited amount of HAP dollars available by using these funds to leverage other funding. If your project relies on a renewal of funds every year, the County cannot guarantee that renewal. HAP is now part of the Human Services Block Grant Program. There is no guarantee regarding the amount of funding that will be available for HAP in the future. Please answer the following questions as precisely and truthfully as possible.

1. If this is an ongoing program, how would your agency replace HAP dollars if they were reduced or eliminated for a period of time?
2. Would the program be reduced or eliminated? If so,
   1. How many clients would be affected this year?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Would you be able to refer your clients to other agencies for their needed services?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Would you need to lay off staff if funding was eliminated for this program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 5: Standard Required Documents and Agency Capabilities

The following documentation will need to be provided along with this Funding Application:

1. A list of your current board of directors or other governing body, including names, telephone number, address, occupation or affiliation of each member as well as who the principal officers of the governing body are.
2. A financial statement and the most recent agency audit.\*
3. 501c3\*\*
4. Articles of incorporation\*\*
5. Current Certificate of Insurance (**Please see the guide for additional insured to be BCRA**).

\*After your agency’s first approval for HAP funding the full agency audit only needs to be submitted with the HAP Funding Application every **three years.**

\*\* After your agency's first approval for HAP funding the Articles of Incorporation and 501c3 documents do not need to be included with the application packet.

Important Agency Requirements for the Funding Application Approval:

1. All agencies submitting a Funding Application must participate in the local Homeless Management Information System unless prohibited by state law.

2. Agency must be able to submit quarterly reports covering populations served, expenditures, and invoicing.

3. Agency must accommodate annual monitoring of funding usage.

4. If an agency is using HAP funds for personnel there must be a clearly documented and standardized method by which that expense is generated.