The purpose of this guide is to supplement the HAP FY 24/25 Funding Application. If you have further questions regarding HAP funding during the Funding Application process please reach out to pklopp@berksredevelop.org or refer to your HAP I&R.

**Section 1:**

Please fill out the following information about your agency.

**Agency Name:** Please fill in the name of the agency that is submitting this RFP

**Address:** Primary address of the agency.

**City, State, Zip Code:** For primary address.

**Agency Director:** Name and email of the agency's director.

**Staff Contact:** Title, name, and email for staff contact regarding this RFP

**Telephone Number:** Work number for primary contact

**Fax Number:**  Agency Fax number

**Direct Email Address:** Primary email to be used for grant communications

**Type of Organization:**  Circle the designation that is appropriate for the agency.

**Agency Mission Statement:** Please include your agency's mission statement.

**Section 2:**

Please provide a summary of your program that can be used to highlight the ability of your agency to provide effective services to your clients.

**Program Title:** Name of program within the agency that is submitting the Funding Application not the agency.

**Categorical Programs:** Please select the HAP component that you are applying for. Only one should be selected per section 2. If you are applying for multiple components you will need to fill out multiple section 2 worksheets.

**Program Location:** Physical location of the program.

**HAP Request:** Write down the requested funding amount for this HAP component.

**Total Budget:** Write down the full budget for this program including the HAP request.

**Allowable Expense Projection Table:**

This table is broken down into areas of allowable expense. Please provide the **expected amount of HAP funding** to be used in each category, the % of the HAP request that this amount equals, and if you have previously received this funding include last year’s actual expenses.

**Clients Served Table:**

This table should capture every client that you served with this HAP component during the last fiscal year (if you previously received funding), the current fiscal year (if you are currently receiving funding), and the clients that you estimate to serve with next year’s allocation. If you have never received HAP funding for this project component before you will only need to answer the proposed clients for FY 24/25.

**Target Population Information:**

If your project is working with a specific population, please include details about the criteria for program entry that your clients must meet.

**Section 3:**

Please provide program results that you have had with clients that have been or will be affected by this HAP component. Again, only clients that are serviced through this component of the HAP funding should be recorded here. If you are requesting multiple HAP funding components there will need to be multiple section 3 sheets submitted.

**Goals and Services table:**

The purpose of this is to capture your program's ability to assist clients out of a crisis situation and into a sustainable independent living environment. This is the overarching goal of HAP funding and these measurements have been shown to be good indicators of lowered recidivism.

# Clients Served:

This should equal the total number of clients served reported in section 2.

# in PH 6 months after entry:

This measurement only applies to adults.

 # increased income during project stay:

Measurement only applies to adults. If a child in the household acquires income other than earned income (ex. SSI) it should be calculated as part of the head of household’s income.

 # connection to non-cash benefits during project stay:

 Measures adults that acquire or increase their non-cash benefits.

**Optional Measurements Table:**

If there are other goals that your program has that you would like to include in this RFP, please do so using the format provided.

**Program Evaluation:**

 This area is designed to capture the program's ability to meet the criteria for HAP funding.

**Describe all direct services to be provided:**

 What does your program include, what is the work that you do?

**State the intake policy and or eligibility criteria that the program will use to guarantee maximum participation by the target groups or individuals:**

 What are barriers to entry? How are clients referred to your program?

**If fees will be charged, provide the fee schedule. Sliding Scale Fees are required for Bridge Housing:**

If you are charging clients a fee for service, include your procedures here. This is a requirement for Bridge Housing.

**Is the program currently using HMIS with Data Quality of 95% or higher? If not, how does your agency plan on meeting this standard?**

If these clients are currently being captured in HMIS you can refer to your most recent monthly data quality report to answer this question. If you are not currently meeting this standard an outline of your action plan is required.

**If your agency works with children, are employees subject to CHILDLINE/criminal background checks?**

 If the program serves children under the age of 18, please respond.

**Please provide any additional comments that may obtain to this Funding Application for this program:**

 This is the space where you can include any additional program information that may be useful for the review of this Funding Application.

**Section 4**

This section is intended to capture the program's funding strategy and how your program fits in with other similar programs in the area. If your program was no longer available to the community, are there other programs that can meet the needs of your displaced clients?

**If this is an ongoing program, how would your agency replace HAP dollars if they were reduced or eliminated for a period of time?**

 Explain how your agency would continue to run this program without HAP funding.

**Would the program be eliminated?**

 **If Yes:**

 **How many clients would be affected this year?**

 This projection should include adults and children.

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

Is there any other agency that your clients would be able to go to and receive similar services?

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

 How would this impact your staff?

**Section 5**

Standard Required Documents

The documents included in Section 5 must be submitted with your Funding Application in order for it to be considered.

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. Certificate of insurance\*\*\*

\* 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. (All previously funded agencies submitted this FY 20/21)

\*\*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.

\*\*\*Insurance policies must be in effect with companies holding an A.M. Best rating of “A- “or better.

 **Certificate of Liability Insurance must indicate:**

1. Types and Amounts of Insurance Coverage
	1. Comprehensive General Liability insurance covering bodily injury and property damage with limits not less than $1,000,000 per occurrence and $2,000,000 aggregate;
	2. Commercial Automobile Liability insurance with a combined single limit of not less than $1,000,000;
	3. Professional Liability insurance with limits of not less than $1,000,000 per occurrence and $2,000,000 aggregate;
	4. Umbrella/Excess Liability insurance with limits of not less than $2,000,000 per occurrence and $2,000,000 aggregate;
	5. Worker’s Compensation insurance in statutory limits; and
	6. Employer’s Liability insurance with limits of not less than $100,000 each accident, $500,000 disease—policy limit, and $100,000 disease—each employee.
2. **Berks County Redevelopment Authority (BCRA) is a Certificate Holder.**
3. **Berks County Redevelopment Authority (BCRA) and its employees are listed as Additional Insured “for ongoing operations” and “products and completed operations” for a period of three (3) years after final payment under Commercial General Liability coverage.**
4. That Agency’s Commercial General Liability and Umbrella/Excess policies shall be Primary to and will not require contribution from any other insurance under which the Additional Insured is a Named Insured.
5. That policy contains a Waiver of Subrogation Clause.
6. That no policy may be canceled without thirty (30) days advance notice to BCRA.