

**RECOVERY HOUSING PROGRAM (RHP)**

**Notice of Funding Availability (NOFA)**

***APPLICATION: PART I***

When entering information, please use the “tab” key. Do not use the “enter” key.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | |  | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | **State:** | | |  | | **Zip Code:** | |  | | |
| **Phone:** |  | | | | | **E-mail:** | | |  | | | | | | | | |
| **Applicant Type: (Check one)** | | | | |  | | **501(C)(3) nonprofit** | | | | |  | | **Other** | | | |
| **APPLICANT CONTACT PERSON** | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | **State:** | | |  | | **Zip Code:** | |  | | |
| **Phone:** | |  | | | | **E-mail:** | | |  | | | | | | | | |
| **PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | |
| **Program Name:** | | | |  | | | | | | | | | | | | | |
| **Brief Description of Project and Location** (400 maximum characters)**:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Census Tract(s):** | | | |  | | | | | | | | | | | | | |
| What Counties does the Applicant serve?  NCC  Kent  Sussex | | | | | | | | | | What Counties will be served with this funding?  NCC  Kent  Sussex | | | | | | | |
| **PROPOSED ACTIVITIES** | | | | | | | | | | | | | | | | | |
| Is the proposed activity new affordable recovery housing? | | | | | | | | | | | | | | | | YES  NO | |
| Is the proposed activity acquisition/rehabilitation? | | | | | | | | | | | | | | | | YES  NO | |
| Will the proposed property be fully accessible and on an accessible route? If yes, how many accessible units/beds are proposed? | | | | | | | | | | | | | | | | YES  NO | |
| **RHP FUNDING REQUEST** | | | | | | | | | | | | | | | | | |
| **Total Funding Amount Requested** | | | | | | | | | | | | | | | | | **$0** |
| **Acquisition Costs:** | | | | | | | | | | | | | | | | | **$0** |
| **Rehabilitation Costs:** | | | | | | | | | | | | | | | | | **$0** |
| **Other Costs:** | | | | | | | | | | | | | | | | | **$0** |
| How many units/beds will be proposed with the funding request? | | | | | | | | | | | | | | | | |  |
| How many recovery beds does your entity have under contract with DSAMH currently? | | | | | | | | | | | | | | | | |  |
| **Type of RHP Project:**  Shared or Congregate single family  Apartment building  Re-purpose building  Other | | | | | | | | | | | | | | | | | |
| **TARGET INCOME/POPULATION** | | | | | | | | | | | | | | | | | |
| What Area Median Income (AMI) will your program estimate to serve by percentage?  30% AMI 0%  50-80% AMI 0% If < 30%, Specify AMI | | | | | | | | | | | | | | | | | |
| What population(s) will your proposed activity target? (Check all that apply)  Single Women 18 and over  Single Men 18 and older  Families (parents with dependent children)  At risk of Homeless Individuals & Homeless Families  Justice involved populations  Individuals with Opiod Use Disorder  Re-Entry  LBGTQ+  Transition age youth  Veterans  Intravenous Drug Users  Homeless  Persons with disabilities  Other Priority  Chronically homeless persons with mental disabilities  Other | | | | | | | | | | | | | | | | | |
| **SUPPORT SERVICES/RENTAL SUBSIDY** | | | | | | | | | | | | | | | | | |
| Will project include new rental subsidy?  Yes  No  If yes, specify subsidy source: | | | | | | | | | | | | | | | | | |
| Please provide the name of the supportive service agency that will be utilized at the property and has a valid license(s) from Department of Health and Human Services and any other state or local agencies.       If no, please explain status. | | | | | | | | | | | | | | | | | |
| Please check the applicable RHP Benefit for the Activities Requested:  Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless).  Persons who meet federal poverty levels.  Persons insured by Medicaid. | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **QUALIFICATIONS OF APPLICANT** |
| 1. Has the Applicant, or any director, officer, general partner, voting member, developer, an Identity of Interest or otherwise affiliated entity, joint venture, or 10% or greater stockholder of the Applicant, ever filed a petition of voluntary bankruptcy?   YES  NO N/A |
| 1. Has the Applicant or any Identity of Interest partner or otherwise affiliated entity of the Applicant been party to any litigation within the last five (5) years?   YES  NO N/A |
| 1. Does the Applicant have any unsatisfied judgements outstanding with any director, officer, general partner, voting member, developer, an Identity of Interest or otherwise affiliated entity, joint venture or 10% or greater stockholder of the Applicant?   YES  NO N/A |
| 1. Has the Applicant or ownership entity required to file reports with the Federal Securities and Exchange Commission or any state agency?   YES  NO N/A |
| 1. Has the Applicant ever been debarred or declared ineligible to participate in any federally- sponsored program or other government program?   YES  NO N/A |
| 1. Does the Applicant plan to partner with other nonprofit or local jurisdictions in this program?  YES  NO N/A If yes, please explain. |
| **If yes, is answered to any of the above questions, please provide detail below: Attach separate page if necessary.** |
|  |

|  |  |
| --- | --- |
| **APPLICANT DECLARATION** | |
| I, the undersigned, as the primary applicant, hereby apply to the Delaware State Housing Authority (DSHA) for funding and attest that the information provided is, to the best of my knowledge, accurate.  The Applicant covenants and agrees that, in the event Applicant makes false statements or otherwise provides information to DSHA with the intent to mislead DSHA, or otherwise violates the rules and regulations of DSHA, in addition to any other contractual remedies available to DSHA, DSHA may impose such sanctions as the Housing Director shall deem reasonable under the circumstances as are authorized by DSHA’s rules and regulations. In the event Applicant objects to any such sanctions in writing within thirty (30) days after notice of their imposition, Applicant shall have the right to have the imposition of sanctions reviewed at a public session of the Council on Housing (COH), and the parties agree that the COH shall have the right to recommend, modify, increase, suspend or cancel such sanctions and such decision shall be binding upon DSHA and Applicant.  Furthermore, the applicant hereby certifies to DSHA that the applicant is not in any way any person who has been found guilty or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.  I/we fully understand that it is a Class A misdemeanor punishable by fines up to $2,300, up to one (1) year in prison, restitution, and other conditions as the Court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.  **Disclaimer**  Applicant understands the information submitted in this application is for the purpose of applying to DSHA for funding consideration and that acceptance of such submission does not constitute approval by DSHA. | |
| **Legal Name of Applicant:** |  |
| **Name of Authorized Signer:** |  |
| **Title of Authorized Signer:** |  |
| **Signature: /s/** |  |
| **Date:** |  |