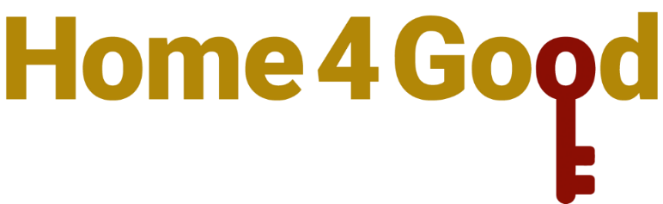


**Grant Application Instructions**

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| Thank you for your interest in applying for Home4Good funding. It is important to review the 2025 Home4Good Notice of Funding Availability (NOFA)/Program Guidelines prior to completing this application. The program guidelines and application materials can be accessed from DSHA’s website at [Delaware State Housing Authority](file:///\\DSHAFS01\DSHA%20Shared\Community%20Development\HOME4GOOD\HDF-HOME4GOOD\H4G%202024%20Cycle%20(FY25)\Draft%20Documents\Application\Community%20Benefit%20Programs%20-%20State%20of%20Delaware%20-%20Delaware%20State%20Housing%20Authority%20(destatehousing.com)).  Please recognize that a separate application must be completed for all funding requests. For example, if you are requesting funding for both Rapid Re-Housing and Diversion you will need to complete two separate and complete applications.  **Important Dates**   * **May 17th** Home4Good Program Funding Round Opens * **May 23rd**  Virtual Home4Good Stakeholders Meeting with FHLB members * **May 30th**  Technical Assistance Mandatory meetings Day for **NEW** Rapid Re-Housing, Homelessness Diversion, Homelessness Prevention, Re-Entry and Innovation   Applicants **Only**   * **July 15th**  Applications due no later than 4:00 pm   **The Application**  The Home4Good application process is an electronic application process; therefore, the application and required support documentation must be submitted to DSHA electronically to the [**DSHA\_comdev@delaware.gov**](mailto:DSHA_comdev@delaware.gov) **email** by the above-stated deadline. Applications will **not** be accepted in any other format (e.g. paper).  The Home4Good application is formatted in an easy-to-complete fillable Word document. Included in the application, are references to exhibits as demonstrated below that indicate support documentation is required in the form of an exhibit. Exhibit requirements can found in application section #15, Required Exhibits. The information provided in both the fillable portion of the application and the required exhibits are used to score and rank applications; however, please recognize that the majority of the information used in scoring is provided in the exhibits.    ***Helpful Tip:*** Do **not** use the **“Enter” key** after entering information into the fillable application. Instead use the **“Tab” key** after entering information and to move around the application.  **Packaging and Submitting the Application**   * The following information must be submitted to DSHA via email at [**DSHA\_comdev@delaware.gov**](mailto:DSHA_comdev@delaware.gov) by the posted deadline: * Completed and signed fillable application. The application may be submitted in its existing format (Word) or as a PDF. Label file “Application-Program Name”; and * Required documentation for **each** individual exhibit needs to be combined into a **single PDF** and labeled “Exhibit “X”-“Name of Exhibit”. e.g. Exhibit A-Applicant/Organization Information. * Partial application submissions will **not** be accepted. Please make sure to send the entire application package as described above. If your organization’s email system limits the size of attachments per email, DSHA will accept multiple emails sent in succession (label 1 of 3, etc.). For confirmation purposes, please send emails with a “Read Receipt” request. * Applications are electronically time stamped and must arrive by 4:00 pm of the posted deadline. No exceptions.   **If you need assistance during the application process, please contact:  Janell Stanton at 302-739-0219.** |
|  |

**Grant Application**



A partnership between FHLBank Pittsburgh and DSHA

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| 1. **Funding Request** | |
| Funding Set-Aside:  RRH  Diversion  Prevention  Re-Entry  Innovation | Amount of Request: |

|  |  |  |  |  |  |
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| 1. **Applicant/Organization Information** | | | |  | |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit A*** *of this application for specific requirements.* | | | | | |
| Organization Name: | Website URL: | | | | |
| Organization Type: | Federal Tax ID #: | | | | |
| Street Address: | Mailing Address: | | | | |
| Contact Name: | Contact Telephone: | | | | |
| Contact Email: | | | | | |
| Organization Mission Statement: (Limited to 725 characters.) | | | | | |
| 1. **Organizational Financial and Staffing Capacity** | | | | |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit B*** *of this application for specific requirements.* | | | | | |
| Enter the total number of part-time staff employed by the *organization*: | | |  | | |
| Enter the total number of full-time staff employed by the *organization*: | | |  | | |
| Please list staff or proposed staff, whose job function plays a key role in the operation of the program. Indicate if the staff member is a part- or full-time employee, and if the staff’s time is 100% dedicated to the program. | | | | | |
| Name and Title | | Employment | | | 100% Dedicated |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |
|  | | PT  FT | | | Yes  No |

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| 1. **Signatory Authority** | |
| Please provide the names of persons authorized to sign contracts and draw requests for Home4Good funding. | |
| Name of Person and Title | Authorized to Sign |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |
|  | Contracts  Draw Requests |

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| 1. **Related Experience** |  |

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| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit C*** *of this application for specific requirements.* | |
| Please indicate the organization’s level of experience with housing or similar type programs that serve low- and very low-income persons. | |
| No experience  Less than 2-years experience  At least 2 year, but less than 5 years | At least 5 years, but less than 10 years  10 years or more |

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| 1. **Board, Committee and Volunteer Opportunities** | | |  |
| *Please list any available Board or Committee vacancies and volunteer opportunities within your organization.* | | | |
|  |  |  | |
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| 1. **Partnerships, Collaboration, and Coordination** |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit D*** *of this application for specific requirements.* | |

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| 1. **Demonstrated Need** |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit E*** *of this application for specific requirements.* | |

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| 1. **Program Information** | |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit F*** *of this application for specific requirements.* | | |
| Program Name: | Program Type:  RRH  Diversion  Prevention  Re-Entry  Innovation | |
| Is this an established program?  Yes  No, proposed program. | If yes, date established: | |
| What counties does the Program serve?  NCC  Kent  Sussex | What counties will be served with this funding?  NCC  Kent  Sussex | |
| Population served, or for Innovation applications, population to be served: (Select all that apply)  Single Men  Veterans  Single Women  Victims of Domestic Violence  Families  Other  Re-Entry from Incarceration  Other | | |
| What Area Median Income (AMI) does the program target? | | |
| 1. **Program Budget/Sources and Uses** | |  |

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| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit G*** *of this application for specific requirements.* | |
| **Please include an asterisk (\*) before the source name to indicate *committed* program funds.** | |
| **Sources** | **Uses** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
| ***Total (right click to update total) 🡪*** | **$ 0** | ***Total (right click to update total) 🡪*** | **$ 0** |

|  |  |  |  |
| --- | --- | --- | --- |
| Total DSHA/FHLBank Funding: | $0 | Total **Non**-DSHA/FHLBank Funding: | $0 |
| Is the above-program budget supported by **non**-DSHA/FHLBank funding?  Yes  No | | | |
| Total Committed Funding: | $0 | Percentage of Committed Funding: | 0% |
| ***DSHA/FHLBank may require a 100% match (dollar for dollar). Matching funds must equal or exceed the total funding request. Please include all Federal, State and Private funding.***  *For DSHA Use Only:* | | | |

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| 1. **Performance Measurements** |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #14, Required Exhibits,* ***Exhibit H*** *of this application for specific requirements.* | |

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| 1. **Rapid Re-Housing Applicants ONLY** |

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| Is the program currently funded by DSHA with HDF Rapid Re-Housing funding?  Yes  No  If **yes**, please provide the following information for all **active DSHA or FHLBank grants** related to the program: | | | | | | |
| Program Name | Effective Date | Expiration Date | | Grant  Award | | Amount  Drawn-to-date |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
|  |  |  | | $0 | | $0 |
| Does the program have staff whose responsibilities include landlord recruitment and lease negotiation?  Yes  No If **yes**, please describe responsibilities and process. If **no**, is the client referred to another agency or are the clients responsible to find a landlord and negotiate the lease on their own? Please describe. (Limited to 2,800 characters.) | | | | | | |
| Does the program assist only clients referred to the program by Delaware’s Centralized Intake and/or Division of State Service Centers?  Yes  No Please describe. (Limited to 2,000 characters.) | | | | | | |
| Does the program have staff whose responsibilities include entering client data into Delaware’s CMIS?  Yes  No Please describe. (Limited to 2,000 characters.) | | | | | | |
| If applying for Rapid Re-Housing program funding, does the applicant currently have at least one full-time case manager on staff that is dedicated to the Rapid Re-Housing Program?  Yes  No | | | | | | |
| If **no**, is applicant able to meet this requirement by 01/01/2024?  Yes  No Please describe. (Limited to 1,750 characters.) | | | | | | |
| What is the average number of households the program serves annually? | | | | |  | |
| What is the average financial assistance provided to Rapid Re-Housing clients? | | | | | $0 | |
| What is the average household AMI the program serves? | | |  | | | |

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| 1. **Homelessness Diversion, Prevention, and Re-Entry** |

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| Is the program currently being funded by DSHA with Diversion/Prevention/Re-Entry funding?  Yes  No  If **yes**, please provide information for all **active DSHA or FHLBank grants** related to the program: | | | | | | | |
| Program Name | Effective Date | Expiration Date | Grant  Award | | | Amount  Drawn-to-date | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
|  |  |  | $0 | | | $0 | |
| Does the program, or will the program, assist clients referred by a third-party referral system?  Yes  No Please describe. (Limited to 1,700 characters) | | | | | | | |
| Does the program have staff, or plan to hire staff, whose responsibilities include entering client data into Delaware’s CMIS?  Yes  No Please describe. (Limited to 1,700 characters.) | | | | | | | |
| What is the average number of households the program serves, or plans to serve, annually? | | | | | | |  |
| What is the average financial assistance provided, or to be provided, to clients? | | | | | $0 | | |
| What is the average household AMI the program serves, or plans to serve? | | | |  | | | |

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| 1. **Innovation ONLY** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide information for all **active DSHA or FHLBank grants**: | | | | |
| Program Name | Effective Date | Expiration Date | Grant  Award | Amount  Drawn-to-date |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
|  |  |  | $0 | $0 |
| Innovation – Eligible Activity:  Street Outreach  HIV/AIDS Strategy Assistance  Other | | | | |
| Describe how the proposed program provides an innovative solution in addressing homelessness. (Limited to 4,250 characters.) | | | | |

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| 1. **Required Exhibits – Support Documentation** |
| In addition to completing the fillable application, applicants are required to provide support documentation in the form of exhibits. Information provided in the application and required exhibits is used to score and rank applications. Please refer to the “Scoring and Ranking” section of the Home4Good NOFA/Application Guidelines which can be accessed at [**http://destatehousing.com/dv\_hdf.php**](http://destatehousing.com/dv_hdf.php). |
| ***Exhibit A: Organization Information*** |
| * IRS documentation demonstrating Section 501(c)(3) status. * Organizational documents such as Articles of Incorporation, LLC Agreement and By-Laws. * List of Board officers, including name, city and state of residence, occupation, email address. * Board resolution demonstrating approval to apply for grant. * Location of main and satellite offices. |
| ***Exhibit B: Organizational Financial and Staffing Capacity*** |
| * Describe your organization’s financial control system and procedures. Include an explanantion of how Home4Good funds will be monitored to ensure dollars are spent in a timely manner and how funds will be applied and tracked against eligible activities. Include a description of the draw and reimbursement process. * Copies of Audited Financial Statements for the last three (3) years. * Copies of IRS Form 990, Return of Organization Exempt from Income Tax, for the last three (3) years. * Describe staffs’ ability to assist in the successful planning, marketing and managing of the program. * For Rapid Re-Housing programs, please provide a staffing plan (including salary and benefit amounts) for a   full-time case manager whose time is dedicated to the program.   * For Homelessness Prevention and Diversion programs, please provide a staffing plan (including salary and benefit amounts) for a full-time case manager whose time is dedicated to the program. |
| ***Exhibit C: Related Experience*** |
| * Describe your organization’s experience with the successful administration of *housing or similar-type programs* that serve low- and very low-income persons. * Describe current or previous experience with DSHA, FHLBank, Housing Alliance DE, CoC and HUD. * If applying for funding for an existing program, provide a list of all program funding received over the last two (2) years. Please indicate the funder, funding amount, draw frequency and total amount drawn-to-date. |
| ***Exhibit D: Partnerships, Collaboration and Coordination*** |
| * Describe partnerships and collaborations established with other organizations, agencies, volunteer services and funders to effectively operate the program and to reduce duplication of services. * Describe any coordination of funding to efficiently utilize the limited funding available in Delaware. * Describe any coordination of services with other homeless programs. * Describe any use of volunteer services utilized for the program. * Rapid Re-Housing and Homelessness Prevention and Diversion applicants must demonstrate a partnership with Delaware’s Centralized Intake administered by Housing Alliance DE (e.g. Memorandum of Understanding).   *Innovation applicants may also need to demonstrate this partnership depending on the nature of their program. This will be determined at the required pre-application meeting.* |

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| ***Exhibit E: Demonstrated Need*** |
| * + Describe the need the program is intending to address. Please include, but not limited to:   + Local and national data supporting the need;     - Statistical data and information from Needs Assessments;     - Statistical data from other sources; and     - Waiting lists. |
| ***Exhibit F: Program Description*** |
| **Rapid Re-Housing, Diversion, Prevention and Re-Entry**   * Describe type of program (e.g. Rapid Re-Housing, Homelessness Diversion, Homelessness Prevention, or Re-Entry location of main and satellite offices and counties served. * Describe targeted populations, including AMI, and geographical areas served by the program. If only a portion of a county is served, describe target area in detail. For Rapid Re-Housing Applicants, is there a preference of target population that your agency is better suited to handle or prefers (i.e. individuals with substance abuse or mental health disabilities vs family households)? * Describe how the program is distinct and separate from other programs of the applicant. * Describe length of time program has operated and how program forwards the CoC’s Action Plan and Delaware’s initiative to end homelessness in a coordinated and efficient manner. * Describe how the program operates in detail. The description should include how clients are referred to the program and services provided from entry to exit of the program. * Describe how the program participates in Delaware’s Centralized Intake. * Describe the method used to determine household income and eligibility at initial assessment and during the period the client receives assistance. Describe supporting documentation kept on file. * Describe case management services provided and how the program’s services empower clients and stabilize their housing situation. * Describe how direct-client asssitance is determined, its frequency, include examples of what types of direct-client assistance are needed. * Describe how housing is identified and how landlords are engaged for recruitment and/or communicated with to assist a household. If applicable, describe any incentives offered or barriers removed to increase the number of landlords in the program. * Describe how the exit plan is determined for each client and what processes the program has in place to prevent a future eviction. * Describe how your organization works with or plans to work with Housing Alliance DE to provide client data to the Delaware’s CMIS. * Provide a Good Standing Letter from the CoC stating that your organization regularly attends meeting and has participated in the Point-In-Time count. |
| **Innovation**   * Describe the type of program (e.g. Street Outreach or HIV/AIDS Strategic Assistance), location of main and satellite offices and counties to be served. * Describe targeted populations, including AMI, and geographical areas to be served by the program. If only a portion of a county is to be served, please describe target area in detail. * Describe how the proposed program forwards the CoC’s Action Plan and Delaware’s initiative to end homelessness in a coordinated and efficient manner. * Describe how the proposed program will be implemented and marketed, and the timeline for launching. * Describe how the program will operate in detail. The description should include how clients are referred to the program and all services provided from entry to exit of the program. * Please include any additional information that will assist DSHA in understanding your proposed program and how it operates. |
| ***Exhibit G: Program Budget/Sources and Uses*** |

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| * Documentation to support **committed** funding (letters of commitment or equivalent documentation) that supports the total program budget. * Documentation must clearly state that funding is a *dedicated* source for this program, the funding term and dated within the last six (6) months. If the commitment letter date is older, please provide evidence from the funder that the commitment is still valid and the total funding amount is still available. * If committed funding, as of application date, is less than 50% of the total program budget, please describe the strategy for obtaining additional funding to meet the total program budget, please include anticipated commitment dates for each funding source. Home4Good funding requests **cannot** be used to meet the dollar for dollar match requirement**.** * Documentation that substantiates budgeted costs, including dedicated staffing costs. * Description of how the Home4Good funding, if awarded, will be utilized: * Rapid Re-Housing   ***Please refer to the Home4Good NOFA/Program Guidelines for detailed information on how funds may be utilized.***   * Program Delivery * Program Administration * Direct-Client Assistance * Homelessness Diversion, Prevention, and Re-Entry applicants * Program Administration * Direct-Client Assistance * Innovation applicants * Program Administration * Direct-Client Assistance |

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| ***Exhibit H: Program Outcomes and Performance Measurements*** |
| * Describe the impact that will result from the program being funded including, but not limited to, the following as applicable:   + Increased accessibility to affordable housing;   + Reduction in the length of homelessness;   + Reduction in returns to homelessness;   + Reduction in first-time homelessness;   + Reduction in recidivism rates;   + Increasing access/coverage (thoroughness in reaching persons who are homeless);   + Overall reduction in number of persons who experience homelessness;   + Increasing job and income growth for persons who are homeless;   + Increasing household stabilization; and   + Other goals and objectives of your program. * Describe the proposed above outcomes for the timeframe 1/1/2025 to 12/31/2025. * Describe what processes are in place for tracking program outcomes. * Provide client outcomes that demonstrate how your program assisted in the stabilization or improvement of the housing situation or ability to obtain stable housing. * Provide a CMIS report or similar report for clients/households served by the program for the timeframe 1/1/2024 to 6/30/2024. |

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| 1. **Applicant Declaration** | | | |
| I, the undersigned, as the Applicant, hereby apply to the Delaware State Housing Authority (DSHA) for Home4Good funding and attest that the information provided in this application is, to the best of my knowledge, true and accurate.  Furthermore, the Applicant hereby certifies to DSHA that the Applicant is not in any way owned, operated, managed, contolled or otherwise affiliated with any person who has been found guility 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 fully understand that it is a Class A misdemeanor punishable by fine 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.  ***Disclaimers***  Applicant understands the information submitted in this application is for the purpose of applying to DSHA for Home4Good funding consideration and that acceptance of such submission does not constitute funding approval by DSHA.  By submitting this application, the applicant acknowledges and agrees that the application shall be deemed a “public record” for the purposes of the Delaware Freedom Of Information Act (“FOIA”), codified at 29 Del. C. §§ 10001-10005. Applicant acknowledges and agrees that any portion of the application, which is determined by DSHA to **not** constitute confidential financial or trade secret information exempt from disclosure under the FOIA, shall be subject to public examination and copying. | | | |
| I electronically certify that all of the above is true: | | | Yes  No |
| Legal Name of Applicant: | |  | |
| Name of Authorized Signer: | |  | |
| Title of Authorized Signer: | |  | |
| Signature: | /s/ |  | |
| Date: | | Click or tap to enter a date. | |