

Grant Application Instructions

Thank you for your interest in applying for Home4Good funding. It is important to review the 2027 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 found [here](#).

Important Dates

May 12th	Home4Good Program Funding Round Opens
May 14th	Virtual Home4Good Stakeholders Meeting with FHLB members
May 20-21th	Technical Assistance Mandatory meetings Day for NEW Homelessness Prevention, Innovation, Rapid Re-Housing, Re-Entry, Shelter Connect and Street Outreach Applicants Only
June 25th	Applications due no later than 4:00 pm

The Application

Please recognize that separate applications must be completed for all funding requests across multiple categories.

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 email by the above-stated deadline. Applications will **not** be accepted in any other format (e.g. paper).

Packaging and Submitting the Application

- The following information must be submitted to DSHA via email at 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:
Zoe Rawheiser at 302-739-0204.**

Applicant Organization/Program Information

Organization Name:		Program Type:
Amount of Request:	Unique Entity Identifier (UEI):	Federal Tax ID:
Street Address:		Mailing Address:
Primary Contact Name:	Primary Contact Email:	Primary Contact Telephone:

What counties will be served with this funding?
 New Castle Kent Sussex

Please indicate the organization's level of experience with housing or similar type programs that serve low- and very low- income persons:
 0-5 Years 6-10 years Over 10 years

Signatory Authority

Please provide the names of person(s) authorized to sign contracts and draw requests for Home4Good funding

Name of Person and Title	Authorized to Sign
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests

Operational Budget

Please provide a list of financial awards or grants that will be used to match Home4Good awarded funds

Grantor	Amount	Award Date

Volunteer Opportunities

Please list any available volunteer opportunities within your organization

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 on the DSHA website [here](#), under Home4Good Related Information.

Exhibit A – Organizational Information

- IRS documentation demonstrating Section 501(c)(3) status.
- List of Board officers, including name, city and state of residence, occupation, and email address.
- Board resolution demonstrating approval to apply for the grant.
- Describe your organization’s experience with the successful administration of *housing or similar-type programs* that serve low- and very low- income persons.
- Please provide at least two letters of support from partnering or collaborating organizations.

Exhibit B – Demonstrated Need

- Please describe the current challenges faced by the proposed program’s target communities. Please include, but not limited to:
 - Local data supporting the need for services
 - Other statistical data
 - Testimonial experience with serving the unhoused or at-risk populations in Delaware

Exhibit C – Program Description

- Describe how the proposed or existing program operates **in detail**. The description should include services provided to clients from entry to exit of the program.
 - Please describe the intake procedures for client entry. What methods are used to determine household income and eligibility at assessment?
 - How will you engage clients in defining priorities? Describe how direct-client assistance is determined, including what types of client assistance are needed.
 - Describe the 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 the program is distinct and separate from other programs operated by the applicant.

Exhibit D – Program Budget

- Describe your organization’s financial control system and procedures. Include an explanation 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.
- Documentation of **committed** funding that supports the total program budget. Please provide at least two letters of commitment or equivalent documentation dated within the last twelve (12) months.
- Please provide a program budget. How are funds utilized to maximize client support?

Exhibit E – Program Outcomes and Performance Measurements

- Please describe the expected outcomes of funding this program. How will you sustain the program beyond the grant period?
- What processes are in place for tracking client outcomes? How will you measure progress towards goals during the grant period?
- Please answer one of the two following questions, as best applies to your proposed project:
 - Staff based grant: What are the goals and objectives for the proposed project?
 - Client based grant: What are the expected client outcomes in the proposed program?

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, controlled or otherwise affiliated with 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 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:

Additional Contact Information

Should there be other members of your organization that you wish to be contacted with updates regarding this application, please list their name and contact information below.

Name	Contact Information