

Home4Good Program Application (Appendix A)

NOTE: All information provided within this form will be the final information used during the application review process.

1. Program Name: _____

2. Organization Name: _____

3. Continuum of Care: _____

4. Please select which Home4Good program goal(s) this proposal seeks to address:

- Prevention/Diversion Innovative Solutions Critical Need

5. Please select all of the applicable activities this proposal will impact:

- Case management Prevention Outreach
 Diversion Rapid Re-housing Re-entry
 Emergency shelters Transitional Housing SUD Treatment
 Innovation Childcare Behavioral Health
 Job training Transportation Housing Costs
 Legal Life skills training Permanent Housing
 Landlord Risk Mitigation

6. Amount of Home4Good funding requested: \$ _____

7. Total Committed Funding Leveraged: \$ _____

8. Total Program Cost: \$ _____

9. Is your regional Continuum of Care (CoC) participating in the Home4Good program?

- Yes No

NOTE: Service providers located in a region where the Continuum of Care is participating in Home4Good must submit funding proposal(s) directly to the local participating CoC. Only providers located in districts where the CoC is not participating in Home4Good are permitted to apply directly to PHFA for funding.

10. Is your organization a member of the local Continuum of Care?

Yes No

11. HMIS Requirement – This proposal will use HUD’s Homeless Management Information System (HMIS) to collect client data and track performance outcomes as required by the Home4Good program.

Yes No

If not, please describe how your organization expects to collect and track performance outcomes for the purposes of this RFP.

12. Geographic Area Served – clearly identify the geographic scope of where services will be provided:

13. Property address(es) where the Program will be operated?
(**Please include the nine-digit zip code(s))

14. Brief description of the services proposed.
(One or two sentence description of the programs)

15. Contact information of the individual completing the application.

(This person will be contacted by PHFA with any questions regarding this proposal.)

Name: _____

Address: _____

Phone: _____

E-mail: _____

16. Local Continuum of Care Contact Information.

Name: _____

Address: _____

Phone: _____

E-mail: _____

17. Contact information for the individual overseeing the program's implementation.

(**All questions pertaining to the program overall and all required reporting documentation will be sent to the individual listed below.)

Name: _____

Address: _____

Phone: _____

E-mail: _____

18. Contact information for one person able to handle communications regarding contracting and transfer of funds.

Name: _____

Address: _____

Phone: _____

E-mail: _____

****Please attach additional pages as necessary****