**Logo

Description automatically generated2022 DV Bonus**

**Project Proposal Form**

Applicants seeking DV Bonus funding must complete the Project Proposal Form. Funded proposals will be for an initial one-year project term with the potential to renew in one-year increments thereafter.

**CONTACT INFORMATION**.

1. **Contact Person** (provide contact information for the person(s) submitting the application)

|  |  |
| --- | --- |
| **Name:** |  |
| **Email Address:** |  |
| **Best Phone Number:** |  |

**APPLICANT INFORMATION**

1. **Applicant Organization**

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Employer Identification Number (EIN):** |  |
| **Organization DUNs:** |  |
| **Address:** |  |
| **Address 2:** |  |
| **City:** |  |
| **Parish:** |  |
| **State:** | Louisiana |
| **Zip Code:** |  |

1. **Is the applicant delinquent on any federal debt?**  \_\_\_ Yes \_\_\_ No

**If yes, explain:**

1. **Are there any unresolved monitoring or audit findings on HUD grants?**

\_\_\_ Yes \_\_\_ No  
If yes, explain:

**PROJECT SUMMARY [30 Points]**

**RRH Project Type (choose one or both):   
\_\_ RRH Project Serving Households with children   
\_\_ RRH Project Serving Households without children**

1. **Project description** (maximum 5,000 characters)**:**

The description must include:

* the service area/geography the project proposes to serve (specify at the parish level; if metropolitan service areas are included, specify those as well)
* type of housing to be provided and number of units, and the initial length of stay for all households (must be between 3 and 12 months)
* the extent to which the applicant and/or partners have experience serving survivors of domestic violence, dating violence, sexual assault, or stalking
* if the applicant organization does not have past experience with this population, describe how the applicant will ensure clients are served with appropriate, specialized services

1. **Describe how the applicant will use trauma-informed, victim-centered approaches to service provision.** **Include past experience with and plans for service provision in each of the following areas** (maximum 1,500 characters)**:**
   * Prioritizing client choice and rapid placement and stabilization in permanent housing, consistent with clients’ preferences
   * Establishing and maintaining an environment of agency and mutual respect
   * Providing clients access to information on trauma
   * Emphasizing client strengths
   * Offering support for parenting

1. **Describe the unmet RRH need that this project will fill in its proposed service area** (maximum 1,000 characters)**.**

Responses should include information about existing homeless program housing inventory in the proposed service area. Applicant should, to the extent possible, identify any service gaps, explain utilization rates of existing local homeless services and their performance on key HUD outcomes (i.e., helping clients retain permanent housing and helping clients move from transitional housing to permanent housing), and recent Point-in-Time Count results.

**Experience of Project Applicant and Partners [40 Points]**

Describe the specific type and length of relevant experience for the applicant, project partners (if any), and housing and supportive service providers involved in implementing the project.

1. **Describe applicable experience relating to the administration of rental assistance or leasing assistance** (maximum 1,000 characters).
2. **If applicable, describe the Housing Placement Rate and Housing Retention Rate of DV survivors for any projects the applicant currently operates. Describe how the rates were calculated. If not applicable, enter “N/A”** (maximum 1,000 characters)**.**
3. **Describe how the applicant and partners (if any) will work together to implement and administer the proposed project. Describe the kind of formal agreements that exist or that may be put into place** (maximum 1,000 characters)**:**

1. **Describe how the applicant ensures the safety of DV survivors experiencing homelessness** (maximum 1,500 characters)**:**
2. **How does the applicant train staff on safety planning?**
3. **How has the applicant addressed building space to ensure private conversations?**
4. **How does the applicant conduct interviews/intakes with couples?**
5. **How does the applicant work with survivors to have them identify what is safe for them as it relates to scattered units and/or rental assistance?**
6. **How does the applicant maintain building space to ensure safety for clients?**
7. **How does the applicant keep the location confidential for buildings/units dedicated solely for use by survivors?**
8. **How has the applicant evaluated its ability to ensure the safety of domestic violence survivors it has served in any prior projects? For example, have you used any formal evaluations or exit surveys to evaluate the safety of the survivors you served? Please describe.**

**Type and Scale of Households [15 Points]**

**Project Participants**

In the following two tables indicate the households/persons to be served by the project as well as the number of persons, characteristics, and subpopulations within each household in the project. The numbers entered into the table should reflect the number of households and persons that the project can serve **at a point-in-time (any given day),** not over the course of a full year or the grant term.   
  
For example, if the proposed project will serve up to five families at one time, then you would enter ‘5’ into the *Total Number of Households* and provide estimates about the numbers of persons in those households, number of adults and children, number with disabilities, etc.

1. **Total Number of Households**

Indicate the total number of each type of household to be served at a point-in-time for the project, and the total persons of the various characteristics in those households.

|  |  |  |  |
| --- | --- | --- | --- |
| **Households** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Total** |
| Total Number of Households |  |  |  |
| **Characteristics** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Total** |
| Disabled Adults Over Age 24 |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |
| **Total Number of Adults Over Age 24** |  |  |  |
| **Total Number of Adults Ages 18-24** |  |  |  |
| **Total Number of Children Under Age 18** |  |  |  |
| **Total Persons** |  |  |  |

**Project Match [Unscored]**

Indicate the type, source, and total amount of cash and/or in-kind contributions for which the project has a written commitment in hand. **Applicants must have match commitments equal to 25% of the total project funding requested.** Eligible match items may include any written commitments that will be used towards the match requirements of the project; equipment, materials, services and volunteer time are acceptable.

1. **Provide a summary of match funds for this project**

* **Total value of cash commitments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Total value of in-kind commitments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Total value of all commitments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy and paste the table below as necessary to account for all match sources. Each contribution should be detailed in its own table.

|  |  |  |
| --- | --- | --- |
| **Project Match Detail** | | |
| Type of Contribution (i.e., Cash, In-Kind) |  |
| Name the Source of the Contribution |  |
| Type of Source (i.e., Government, Private) |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

**Project Budgets [15 Points]**

See details below about the eligible activities and budgets associated with the eligible DV Bonus project types. Please note, applicants are not required to request funding for all eligible activities/budgets listed. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

1. **Rental Assistance Budget**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter the number of units for each size requested, with the appropriate FMR for each unit. Multiply the number of units by FMR by 12 months for each unit size to calculate the total request. Duplicate the table to add additional FMR areas if serving more than one metro or non-metro area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |  | | | |  |

1. **Supportive Services Budget**

Enter the quantity and total dollar amount of funds requested for each supportive service in the project for the one-year grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible.

Complete the following budget fields detailing how funds will be used to provide supportive services to project participants. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CM 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800 or child care for 15 children x $50 week x 52 weeks/year = $39,000*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | **Quantity**  (limit 200 characters) | **Request**  **Year 1** | **Total** |
| 1. Assessment of Service Needs |  |  |  |
| 2. Assistance with Moving Costs |  |  |  |
| 3. Case Management |  |  |  |
| 4. Child Care |  |  |  |
| 5. Education Services |  |  |  |
| 6. Employment Assistance |  |  |  |
| 7. Food |  |  |  |
| 8. Housing/Counseling Services[[1]](#footnote-1) |  |  |  |
| 9. Legal Services |  |  |  |
| 10. Life Skills |  |  |  |
| 11. Mental Health Services[[2]](#footnote-2) |  |  |  |
| 12. Outpatient Services |  |  |  |
| 13. Outreach Services |  |  |  |
| 14. Substance Abuse Treatment Services[[3]](#footnote-3) |  |  |  |
| 15. Transportation |  |  |  |
| 16. Utility Deposits |  |  |  |
| **17. Total funds requested** |  |  |  |

1. **Summary Budget**

In the table below provide summary information about the total funding request and the cash/in-kind match for the total term of the project for each completed budget. Enter the appropriate amount of administrative costs for the project – no more than 10% of the funds request (line #6).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities** | **Funds**  **Requested** | **Cash or In-kind Match** | **Total** | |
| 1. Rental Assistance |  |  |  | |
| 2. Supportive Services |  |  |  | |
| 3. HMIS[[4]](#footnote-4) |  |  |  | |
| *4. Total Request (subtotal lines 1-3)* |  |  |  | |
| 5. Administrative Costs  (Up to 5% of line 4) |  |  |  | |
| **Total Request**  **(Total lines 4 & 5)** |  |  | |

1. Note that Housing Counseling refers to activities related to purchasing a home, not successfully leasing a unit. [↑](#footnote-ref-1)
2. Inpatient mental health services are not an eligible cost. [↑](#footnote-ref-2)
3. Inpatient substance abuse treatment services are not an eligible cost. [↑](#footnote-ref-3)
4. LCADV urges applicants to fund approximately 10 hours/week of data entry time under HMIS for every 15 participant households. [↑](#footnote-ref-4)