



SALT LAKE CITY CORPORATION HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

The HPRP program is focused on housing for the homeless and households at risk of becoming homeless. Salt Lake City will allocate funding to subgrantees who will provide temporary financial assistance and housing relocation and stabilization services to individuals and families who are homeless or would be homeless without this assistance.

SALT LAKE CITY WILL GIVE PRIORITY TO:

- **APPLICANTS THAT ARE CURRENTLY OPERATING SUCCESSFUL HOMELESS PREVENTION AND RE-HOUSING PROGRAMS**
- **APPLICANTS THAT CAN DEMONSTRATE THE CAPACITY TO HANDLE INCREASED FUNDING AND MEET THE REPORTING REQUIREMENTS AND DEADLINES ESTABLISHED BY HUD**
- **APPLICANTS THAT ARE ALREADY USING THE HMIS SYSTEM OF HOMELESS DATA COLLECTION.**

In order to comply with the expenditure deadlines established by the U.S. Department of Housing and Urban for HPRP funds, we would encourage agencies that do not meet the above criteria to seek a partnership with other agencies that are currently operating these kinds of programs to determine if a joint effort might be possible in order to assist the greatest number of individuals and families.

Written agreements with subgrantees will be drafted for a one year term with the option of extending the term of the agreement if the subgrantee is spending the funds in a timely manner. If funds are not spent as needed to meet HUD requirements, funds may be recaptured and reallocated to other subgrantees.

APPLICATION DEADLINE: TUESDAY, JULY 7, 2009 AT 4:00 PM
LATE APPLICATIONS WILL **NOT** BE ACCEPTED

Please provide One Original and Four Copies of your application to:

Sandi Marler 801-535-7269
Housing & Neighborhood Development
451 South State Street, Room 406
Salt Lake City

Mailing address:
Housing and Neighborhood Development
PO Box 145488
Salt Lake City, Utah 84114-5488

If you are awarded HPRP funds from Salt Lake City, you will be required to register your organization with Central Contractor Registration (CCR). CCR registration is located at <http://www.ccr.gov> for renewing, updating or creating a new registration.

**SALT LAKE CITY
HOMELESS PREVENTION AND
RAPID-RE-HOUSING PROGRAM (HPRP)
GRANT APPLICATION FOR
2009-2010**

| | |
|---|--|
| A. Application Information | 1. Amount of Salt Lake City HPRP funds requested: \$ |
| 2. Name of organization applying for funds: | |
| 3. Agency director & title: | |
| 4. Describe your organization's mission and purpose: | |
| 5. Indicate which HPRP program you are applying for: Homeless Prevention <input type="checkbox"/> or Rapid Re-Housing <input type="checkbox"/> | |
| 6. Program location: | |
| 7. Describe how you will use the HPRP funds from Salt Lake City, if awarded. | |
| 8. Do you currently operate a homeless prevention program? Program start date: Please describe your current program: | |
| 9. Do you currently have the capacity to operate a homeless prevention program? If awarded HPRP funds from Salt Lake City, describe the actions you will take to increase your capacity to efficiently expend the funds within the required timeframe: | |
| 10. Do you currently operate a rapid re-housing program? Program start date: Please describe your current program: | |
| 11. Do you currently have the capacity to operate a rapid re-housing program? If awarded HPRP funds from Salt Lake City, describe the actions you will take to increase your capacity to efficiently expend the funds within the required timeframe: | |
| 12. Are you currently using the HMIS system? Yes <input type="checkbox"/> No <input type="checkbox"/> Domestic Violence program exemption <input type="checkbox"/> | |

B. Proposed Budget

| FINANCIAL ASSISTANCE List estimated costs of financial assistance. | Salt Lake City HPRP Funding | | HOUSING RELOCATION AND STABILIZATION List expenses for relocation and stabilization. | Salt Lake City HPRP Funding |
|--|------------------------------------|--|--|------------------------------------|
| | | | | |
| Total Financial Assistance Expenses | \$ | | Total Housing Relocation and Stabilization Expenses | \$ |

| DATA COLLECTION List expenses for data collection. | Salt Lake City HPRP Funding | | ADMINISTRATIVE List expenses for administrative expenses. | Salt Lake City HPRP Funding |
|--|------------------------------------|--|---|------------------------------------|
| | | | | |
| Total Data Collection Expenses | \$ | | Total Administrative Expenses | \$ |

| | |
|------------------------------|-----------|
| TOTAL of ALL EXPENSES | \$ |
|------------------------------|-----------|

C. Proposed Program/Project Information

1. Identify and describe your relationships with other homeless providers in the Salt Lake County Continuum of Care.

2. Are you collaborating with any other agencies for this project/program? Yes No

If yes, please identify the lead agency:

Please identify all other agencies in the collaboration:

Please explain how the partnership will operate:

3. How many unduplicated persons does your organization currently serve per year?

How many **additional** persons do you anticipate serving with **Salt Lake City** HPRP funds?

4. Estimate the **total** number of unduplicated persons expected to be served by your organization with HPRP funds during 2009-10:

5. Estimate the number of unduplicated persons expected to be served by your organization with **HPRP funds from Salt Lake City** during 2009-10:

D. APPLICANT INFORMATION

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|--------------------------------------|
| 1. Office address, City, State, Zip: |
| 2. Director phone number: |
| 3. Director email: |
| 4. Contact person name: |
| 5. Contact person title: |
| 6. Contact person phone: |
| 7. Contact person email: |
| 8. Name of person handling billings: |
| 9. Billing person phone: |
| 10. Billing person email: |

E. Applicant Certification

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|-------------------------------------|
| 1. Print name of authorized person: |
| 2. Signature of authorized person: |
| 3. Title: |
| 4. Date: |

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