



**APPLICATION INSTRUCTIONS – COMPETITIVE ROUND  
HOME-ARP SUPPORTIVE SERVICES GRANTS PROGRAM**

1. Complete all pages of the application.
  - ✓ All Non-profit Applicants must submit all items identified on Part X – Non-profit Checklist.
  - ✓ All Local Government Applicants must submit a copy of their financial audit through the Participant Information Management System (PIMS) as noted on Part X – Local Government Checklist.
  - ✓ All Applicants must submit a copy of their HOME-ARP Supportive Services Written Standards. Please refer to Program Description for Written Standards Requirements.
2. Answer all questions. If not applicable to your program, please mark N.A. If more space is needed please provide full answer in an attachment.
3. Submit **ONE ORIGINAL** application and supporting information.
4. The application must be signed by the Mayor, Executive Director, or Board Chairperson of the Applicant, as appropriate.
5. The application window will open at **9:00 a.m. CST, on Wednesday, February 1, 2023** and must be received by THDA by **4:00 p.m. CDT, on Wednesday, March 1, 2023**. THDA will not consider applications received late. Submit application through **Electronic Data Transfer (EDT)** - Email ESG@thda.org to obtain access to EDT.
6. Please submit a complete application. THDA will provide a limited opportunity of 5 business days for applicants to correct the following threshold factors:
  - Failure to upload all required documents to PIMS.
  - Failure to submit a Certificate of Existence that was issued within the required time established by the application instructions.
  - Failure of the Mayor, Executive Director, or the Board Chairman to sign the application.

**All applicants who are required to submit corrections for an issue identified above will receive an automatic 10-point deduction to the final application score.** THDA will assess the point deduction regardless of the number of the above threshold items requested to be corrected. THDA will not provide an opportunity to correct other application items, nor will THDA extend the correction period for the threshold item beyond that identified above.



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
HOME-ARP SUPPORTIVE SERVICES GRANTS APPLICATION – COMPETITIVE ROUND**

**PART I: GENERAL APPLICANT INFORMATION**

|           |   |   |  |                     |         |
|-----------|---|---|--|---------------------|---------|
| <b>1.</b> | <b>APPLICANT INFORMATION</b>  |   |  |                     |         |
|           | Organization Legal Name:  |   |  |                     |         |
|           | Mailing Address:  |   |  |                     |         |
|           | City:   |   | Zip:   |                     |         |
|           | County:   |   |  |                     |         |
|           | Applicant’s Email Address:  |   |  | Phone:              |         |
|           | Federal Tax ID#:  |   |  | SAM.gov UEI Number: |         |
|           | Federal Legislative District – House:   |   |  |                     |         |
|           | State Legislative District – House:   |   |  | Senate:             |         |
|           | Grantee Fiscal Year:  | <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other (specify): |  |                     |         |
| <b>2.</b> | <b>APPLICANT SIGNATORY</b>  |   |  |                     |         |
|           | Name:   |   |  |                     |         |
|           | Title:  |   |  |                     |         |
|           | Mailing Address:  |   |  |                     |         |
|           | City:   |   | State:   |                     | Zip:    |
|           | Email Address:  |   |  | Phone:              |         |
| <b>3.</b> | <b>CONTACT PERSON FOR THE APPLICATION</b>   |   |  |                     |         |
|           | Name:   |   |  |                     |         |
|           | Title:  |   |  |                     |         |
|           | Phone:  |   |  |                     |         |
|           | Email:  |   |  |                     |         |
| <b>4.</b> | <b>TARGET GROUP (Check all that apply)</b>  |   |  |                     |         |
|           | <input type="checkbox"/> Chronically Homeless   |   | <input type="checkbox"/> Domestic Violence             |                     |         |
|           | <input type="checkbox"/> Homeless Youth (18-24)   |   | <input type="checkbox"/> Elderly (62+)                 |                     |         |
|           | <input type="checkbox"/> Persons with HIV/AIDS  |   | <input type="checkbox"/> Individuals with Disabilities |                     |         |
|           | <input type="checkbox"/> Homeless Veterans  |   | <input type="checkbox"/> Homeless Adults               |                     |         |
|           | <input type="checkbox"/> Homeless Families with Children                                  |   | <input type="checkbox"/> Other:                        |                     |         |
| <b>5.</b> | <b>COUNTY OR COUNTIES TO BE SERVED:</b>   |   |  |                     |         |
| <b>6.</b> | <b>FAITH-BASED ORGANIZATION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |                     |         |
| <b>7.</b> | <b>PRIOR STATE ESG FUNDING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |                     |         |
|           | <b>If yes, identify most recent:</b>  |   | Year:  |                     | Amount: |

**8. TOTAL HOME-ARP SUPPORTIVE SERVICES FUNDS REQUESTED**

The **minimum award is \$200,000** and the **maximum award is \$500,000, excluding Administration.**

|  |  |
|--|--|
| McKinney Vento Supportive Services           |  |
| Homelessness Prevention Supportive Services  |  |
| Housing Counseling                           |  |
| <b>TOTAL PROGRAM COST:</b>                   |  |
| Admin Requested (up to 10% of program costs) |  |

**9. ALL APPLICANTS MUST INCLUDE:**

- Most recent audit or audited financial statement
- HOME-ARP Written Standards (See Program Description of Written Standard Requirements)

**10. NON-PROFIT APPLICATIONS MUST ALSO INCLUDE:**

- Part X – Non-profit Checklist with all supporting documentation

**11. LOCAL GOVERNMENT APPLICATIONS MUST ALSO INCLUDE:**

- Part X – Local government Checklist with all supporting documentation

**12. CERTIFICATION BY SIGNATORY:**

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on this application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

By signing this application for funds, I am also certifying that all documents required to be electronically uploaded to the THDA Participant Management Information System (PIMS) have been uploaded and that those documents reflect the most recent and complete documents available. All applications will be evaluated based on the supporting documents in the PIMS document repository as of the application deadline.

Mayor, Executive Director, or Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: APPLICANT NARRATIVE**

1. Describe the geographic make-up of the service area of the applicant.

- Geographic area served (list all counties):
- Location of main and satellite offices:
- Check all Continua of Care to be served by Applicant:
  - TN-500- Chattanooga/Southeast
  - TN-501- Memphis/Shelby
  - TN-502- Knoxville/Knox
  - TN-503- Central Tennessee CoC
  - TN-504- Nashville/Davidson
  - TN-506- Homeless Advocacy for Rural Tennessee
  - TN-507- Jackson/West Tennessee CoC
  - TN-509- Appalachian Regional CoC
  - TN-510- Murfreesboro/Rutherford County CoC
  - TN-512- Tennessee Valley

2. Describe in detail the applicant’s mission, types of programs and services currently offered, and how HOME-ARP Supportive Services programs will fit within that mission.

3. Describe the applicant's and Executive Director or other senior staff's experience assisting individuals and families experiencing homelessness or "at risk" of homelessness.

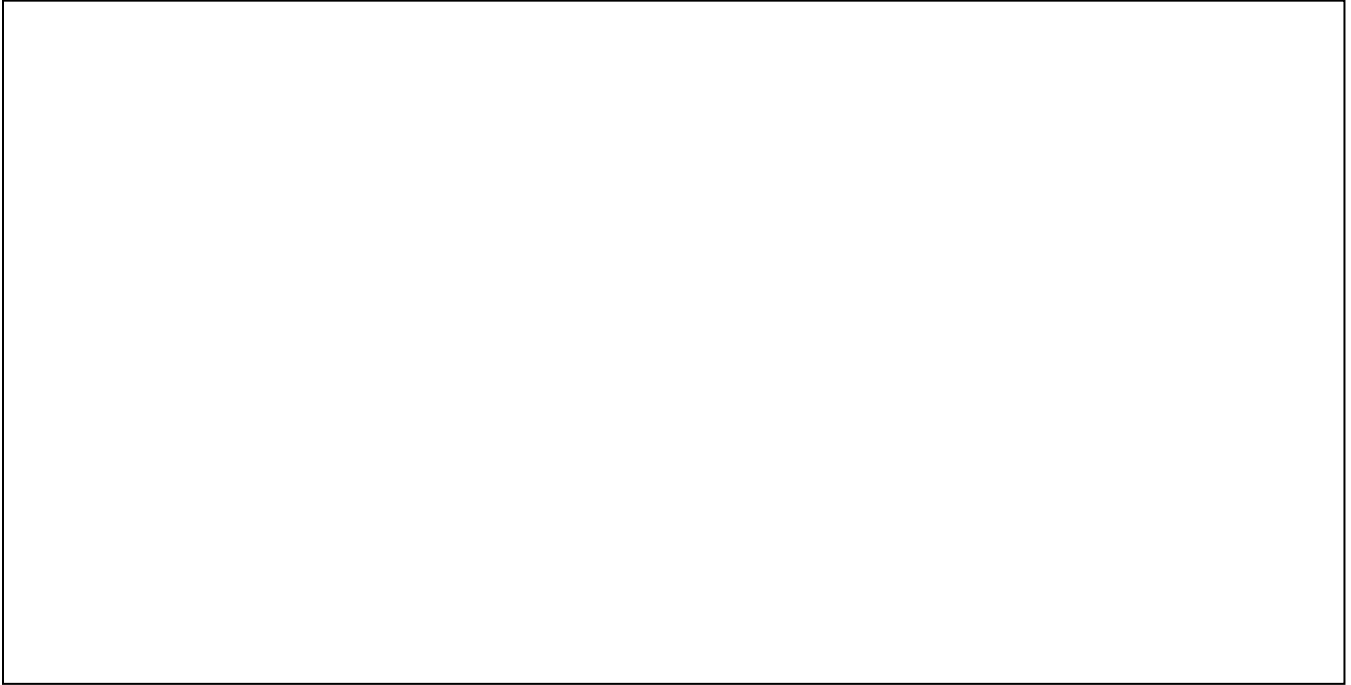
4. Will the applicant give preference to any specific qualifying populations (elderly, disabled, veterans, chronically homeless, DV victims)? Please explain.

5. Describe the applicant's intake process to ensure individuals and families meet Qualified Population requirements.

6. Are intakes standardized?  YES  NO

7. Do you currently have participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policy making entity?

8. Describe any changes to your current homelessness programs that have been made as a result of participant feedback.

A large, empty rectangular box with a thin black border, intended for the user to describe any changes to their current homelessness programs based on participant feedback.

**PART III: AGENCY CAPACITY**

Describe the provider’s capacity to undertake and implement the proposed project or program. The discussion should include, but not be limited to, items such as staffing, organizational structure, coordination with other services, recent recognition or awards, and experience with other programs that serve the homeless or vulnerable populations.

1. Describe how your agency makes known that use of facilities, assistance, and services are available to all on a non-discriminatory basis, including steps to make individuals aware of the availability of the facilities, services, and assistance, including those with disabilities. (Please make sure to answer each part of the question)


2. Describe how your agency assists participants with limited English proficiency. How does the agency make known its services to these communities within the service area?



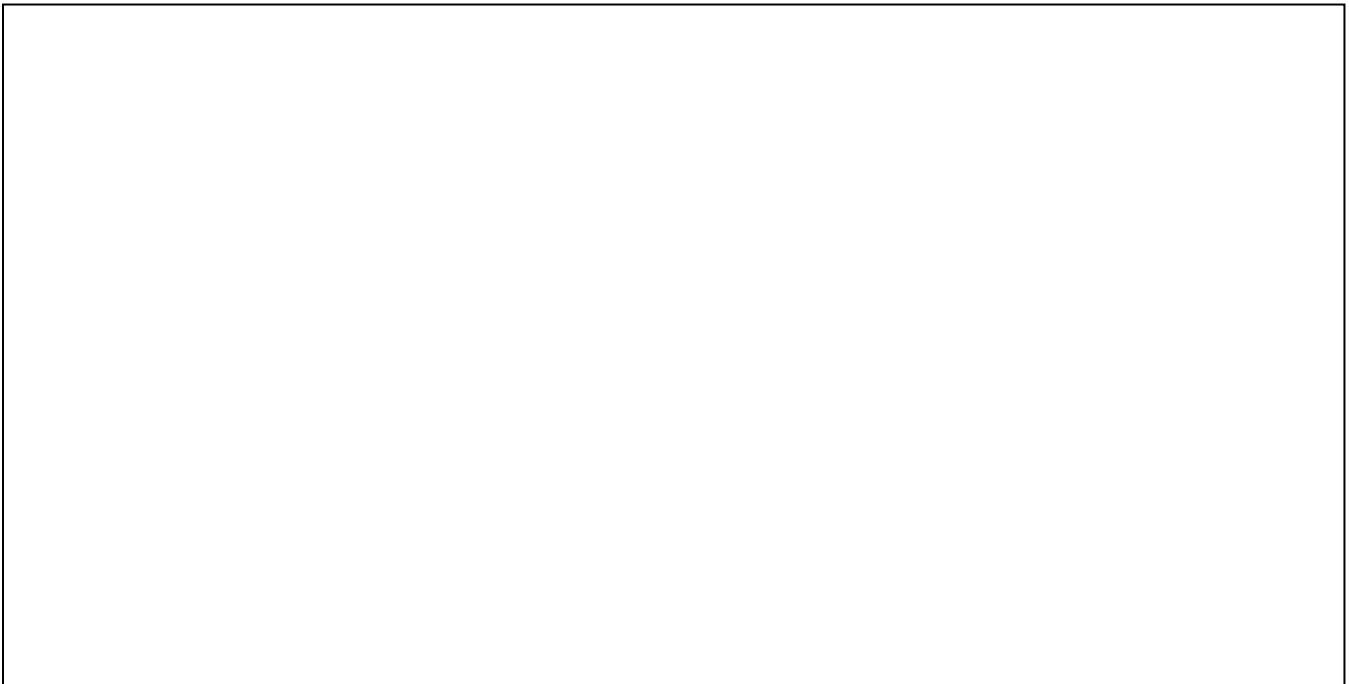
3. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees, and their involvement in the agency's activities.

4. Does the Applicant utilize the local CoC's HMIS?  YES  NO
5. If a victim service provider, does the Applicant utilize a comparable database?  YES  NO
6. If HMIS or comparable database is not utilized, how will the agency track reporting requirements for households served?

7. Describe the Applicant's process for ensuring project-level and agency-wide data quality.



8. Describe the Applicant's method of receiving referrals. (CE, Hotline, Walk-in, Outreach, etc.)



**PART IV: FISCAL CAPACITY**

Describe the provider’s capacity to undertake proposed project funding. The discussion should include, but not be limited to, items such as program staffing, capacity to provide services, financial accountability, other homelessness grant awards, and experience with other programs that serve the homeless or vulnerable populations.

1. How will you ensure all HOME-ARP-SS expenses are used for eligible activities and reported accurately to THDA?

2. Does the most recent financial audit show the applicant is in a cash positive financial situation? If no, explain.

3. What total percentage of operating revenue will the HOME-ARP Supportive Services grant program represent if funded?

4. Is the agency in a financial position to be able to wait for a reimbursement that might take as long as 60 days to receive? If no, please explain.

5. In the past, when awarded grant funding for homelessness programs has the applicant expended the total funding awarded. If not, what percentage was expended?

**PART V: CoC Coordination**

1. Describe the CoC top priorities for addressing homelessness.

2. How does the applicant contribute to activities within their CoC? (committees, subcommittees, CE/By Name List meetings)

3. Is the applicant requesting funding in HOME-ARP-SS components (McKinney Vento, Homelessness Prevention, and Housing Counseling) that have been identified by the CoC as a priority?

4. Did the applicant consult with the CoC while preparing the HOME-ARP-SS Application and its proposed activities?

5. Is the applicant a CoC Lead Agency?  YES  NO

**A. McKinney Vento Supportive Services:**

1. Describe the proposed McKinney Vento assistance to be provided using HOME-ARP-SS funds.

2. How will the Applicant ensure that minimal habitability standards are met when using HOME-ARP-SS funding for rental assistance?

3. How will the Applicant ensure that housing occupied by families with children under age six comply with requirements of the Lead-Based Paint Poisoning Prevention Act in accordance with 24 CFR part 35?

4. Other than meeting the requirement of HOME-ARP-SS Qualified Populations, what, if any, other eligibility requirements are included for potential clients to utilize McKinney Vento supportive services?

5. How does the applicant determine the duration and amount of financial assistance to be provided?



6. Choose applicable services to be undertaken with HOME-ARP-SS McKinney-Vento Supportive Services funding, then briefly describe the Service:

- Childcare
- Education Services
- Employment Assistance and Job Training
- Food
- Housing Search and Counseling Services
- Legal Services
- Life Skills Training
- Mental Health Services
- Outpatient health Services
- Substance Abuse Treatment Services
- Transportation
- Case Management
- Mediation
- Credit Repair
- Landlord /Tenant Liaison
- Services for Special Populations
- Financial Assistance Costs
- Short-term & Medium-term Rental Assistance

7. Please list each staff member and their number of years' experience providing homelessness services that will be working directly with participants under the HOME-ARP-SS grant?

8. State the number of years the applicant has provided McKinney Vento Supportive Services?

9. How many households did the Applicant serve in the previous grant year? (please include households served through all homelessness grants)

10. Of those households served last year, what percentage were still in stable housing 6 months after services were provided?

11. What is the average number of days between Project Start and Housing Move-In Date?

**B. Homelessness Prevention Services:**

1. Describe the proposed Homelessness Prevention assistance to be provided using HOME-ARP-SS funds.

2. How will the Applicant ensure that minimal habitability standards are met when using HOME-ARP-SS funding for rental assistance?

3. "How will the Applicant ensure that housing occupied by families with children under age six comply with requirements of the Lead-Based Paint Poisoning Prevention Act in accordance with 24 CFR part 35?"

4. Other than meeting the requirement of HOME-ARP-SS Qualified Populations, what, if any, other eligibility requirements are included for potential clients to utilize Homelessness Prevention Supportive Services?

5. How does the applicant determine the duration and amount of financial assistance to be provided?

6. Choose applicable services to be undertaken with HOME-ARP-SS Homelessness Prevention funding, then briefly describe the Service:

- Childcare
- Education Services
- Employment Assistance and Job Training
- Food
- Housing Search and Counseling Services
- Legal Services
- Life Skills Training
- Mental Health Services
- Outpatient health Services
- Substance Abuse Treatment Services
- Transportation
- Case Management
- Mediation
- Credit Repair
- Landlord /Tenant Liaison
- Services for Special Populations
- Financial Assistance Costs
- Short-term & Medium-term Rental Assistance

7. Please list each staff member and their number of years' experience providing homelessness services that will be working directly with participants under the HOME-ARP-SS grant?

8. State the number of years the applicant has provided homelessness services?

9. How many households did the Applicant serve in the previous grant year? (please include households served through all homelessness grants)

10. Of those households served last year, what percentage were still in stable housing 6 months after services were provided?

11. What is the average number of days between project start date and successful exit date?

**C. Housing Counseling Services:**

1. Describe the proposed Housing Counseling Services to be provided using HOME-ARP-SS funds.

2. Is your agency certified by HUD to provide housing counseling services? If not, what HUD certified agency will you be contracting with?

3. Do you currently have staff which has passed the required HUD Certification examination for housing counseling?

4. How will the Applicant ensure that housing counseling is offered only to individuals which meet the HOME-ARP-SS Qualifying Populations?

5. Other than meeting the requirement of HOME-ARP-SS Qualified Populations, what, if any, other eligibility requirements are included for potential clients to utilize Housing Counseling services?

6. What efforts will be made to have follow-up communications with participants when possible, to ensure that the individual or family is progressing toward the housing goal established in the plan, to modify or terminate housing counseling, and to learn and report outcomes?



7. What safeguards are in place to keep records confidential?

8. Please list each staff member that will provide Housing Counseling Services and their number of years' experience providing homelessness services for the HOME-ARP-SS grant?

9. State the number of years the applicant has provided Housing Counseling Services?

10. How many individuals did the Applicant or Contracting Agency provide housing counseling services to in the previous grant year?

11. Of those individuals served last year, what percentage were still in stable housing 6 months after services were provided?

12. What is the average number of days between project start date and successful exit date?

**PART V: HOME-ARP-SS FISCAL INFORMATION**

Agency Name: \_\_\_\_\_

**PROJECT DELIVERY BUDGET  
May 1, 2023 – November 30, 2024**

*These project delivery costs must be attributable to the identifiable objective of the service delivered, otherwise they are administrative costs of the subrecipient.*

| ACTIVITY   | HOME-ARP FUNDS |
|--|----------------|
| <b>McKinney Vento Supportive Services</b>          |                |
| Salaries   |                |
| Travel/ Transportation                             |                |
| Emergency Financial Assistance                     |                |
| Supplies/Materials                                 |                |
| Other:   |                |
| Other:   |                |
| Other:   |                |
| <b>TOTAL:</b>                                      |                |
| <b>Homelessness Prevention Supportive Services</b> |                |
| Salaries   |                |
| Travel / Transportation                            |                |
| Emergency Financial Assistance                     |                |
| Supplies/Materials                                 |                |
| Other:   |                |
| Other:   |                |
| Other:   |                |
| <b>TOTAL:</b>                                      |                |
| <b>Housing Counseling</b>                          |                |
| Salaries   |                |
| Supplies/Materials                                 |                |
| Other:   |                |
| Other:   |                |
| Other:   |                |
| <b>TOTAL:</b>                                      |                |

**ADMINISTRATIVE BUDGET**

*\* If you are budgeting for indirect costs, you MUST submit a current approved cost allocation plan.  
Administration Budget should not exceed 10% of Program Budget*

| <b>ADMINISTRATION COSTS</b> | <b>HOME-ARP FUNDS</b> |
|-----------------------------|-----------------------|
| Salaries                    |                       |
| Travel/ Transportation      |                       |
| Supplies/Materials          |                       |
| Equipment                   |                       |
| Rent                        |                       |
| Maintenance                 |                       |
| Other:                      |                       |
| Other:                      |                       |
| Other:                      |                       |
| <b>TOTAL:</b>               |                       |

**PART VII: CERTIFICATION OF LOCAL GOVERNMENT APPROVAL FOR NON-PROFIT ORGANIZATIONS IMPLEMENTING SHELTER ACTIVITIES**

**To be signed by local government official for Applicants applying for shelter only**

I, \_\_\_\_\_, duly authorized to act on behalf of \_\_\_\_\_ hereby approve the following shelter project(s) proposed by \_\_\_\_\_ that is (are) located in \_\_\_\_\_.

- List address of each shelter location to be funded by HOME-ARP Supportive Services Funds in the community:

BY:

\_\_\_\_\_  
(Print Name and Title of Signatory)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PART VIII: CONSISTENCY WITH THE CONSOLIDATED PLAN**

(Type or clearly print the following information)

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location(s) of the Activities to be undertaken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the Federal Program to which the applicant is applying:

HOME-ARP Supportive Services Grants Program of the Tennessee Housing Development Agency

I certify that the proposed activities/projects in the application to the Tennessee Housing Development Agency for HOME-ARP Supportive Services Grants funds are consistent with the jurisdiction’s current, approved Consolidated Plan.

Name of Certifying Jurisdiction: \_\_\_\_\_

Name of Certifying Official of the Jurisdiction: \_\_\_\_\_

Title of Certifying Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART IX: CERTIFICATION OF SHELTER STANDARDS**

To be signed by local government official or board chairperson, as applicable.

On behalf of \_\_\_\_\_, I certify that the following emergency shelter locations for which HOME-ARP Supportive Services Grants funds will be expended meet the federal requirements listed in CFR 24 Part 576.403, including lead-based paint remediation and disclosure and minimum habitability standards for emergency shelters:

- List Street Address of all Applicant Shelters for which HOME-ARP Supportive Services Funds will be expended.

BY:

\_\_\_\_\_  
(Print Name and Title of Signatory)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PART X: CHECKLISTS - HOME-ARP-SS PROGRAM**

Be sure to complete the correct checklist for the type of applicant.

| <b>LOCAL GOVERNMENT CHECKLIST (to be completed by local government applicants only)</b> |   |  |
|---|---|--|
| 1.  | Legal Name of Applicant:  |  |
| 2.  | IRS Tax Exempt Number:  |  |
| 3.  | Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS):   |  |
|   | <input type="checkbox"/> A. The most recent financial audit or audited financial statements of the organization. If the issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of the application, a statement signed by Mayor or City Manager must be provided indicating reasons for the delay in obtaining an updated audit. |  |

| <b>NON-PROFIT CHECKLIST (to be completed by non-profit applicants only)</b> |   |  |
|---|---|--|
| 1.  | Legal Name of Applicant:  |  |
| 2.  | IRS Tax Exempt Number:  |  |
| 3.  | Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS):   |  |
|   | <input type="checkbox"/> A. Documentation of an IRS designation under Section 501(c)(3) or 501(c)(4) of the federal tax code. A 501(c)(3) non-profit organization may not submit an application until they have received their designation from the IRS. A 501(c)(4) non-profit applicant must provide documentation satisfactory to THDA, in its sole discretion, that the non-profit has filed the necessary material with the IRS and received a response from the IRS demonstrating 501(c)(4) status. |  |
|   | <input type="checkbox"/> B. Copy of Organizational Charter  |  |
|   | <input type="checkbox"/> C. Copy of Organizational By-laws  |  |
|   | <input type="checkbox"/> D. List of Board members, including: name, occupation, role on the Board, a description of the member’s primary contribution to the Board, length of service to the Board, date the term of service expires, home address, phone number, and email address. (Form is provided on PIMS website to capture information).   |  |
|   | <input type="checkbox"/> E. Business plan or strategic management plan that demonstrates the agency’s short term and long term goals, objectives, and plans to achieve them.  |  |
|   | <input type="checkbox"/> F. The most recent financial audit or audited financial statements of the organization. If the issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of the application, a statement signed by the Executive Director of Board Chairman must be provided indicating reasons for the delay in obtaining an updated audit.  |  |



- G. Applicant/Board Member and Corporate Disclosure Forms *completed, signed by the organization's Executive Director and each Board Member and notarized.*
- H. Applicant/Board Member and Corporate Disclosure Form *completed, signed by the Chairman of the Board or Executive Director on behalf of the organization and notarized.*

4. Documentation to be submitted with this form as attachments to part of Part X of the Application:

- A. If the nonprofit is organized and existing under the laws of Tennessee, a current Certificate of Existence from the Tennessee Secretary of State's office. The certificate must be purchased from the Secretary of State's office and must be dated no more than **30 days** prior to the application due date.

OR

If the nonprofit is organized and existing in a state outside of Tennessee, (1) a current Certificate of Existence from the office of the Secretary of State in which the organization is organized and existing and dated no more than **30 days** prior to the application due date AND (2) a Certificate of Authorization to do business in Tennessee from the Tennessee Secretary of State and dated no more than **30 days** prior to the application date.

- B. Attach the resolution by the Board of Directors authorizing the submission of this application.
- C. Attach the minutes of the most recent Board meeting at which this application were discussed.
- D. Documentation of operating funds from other sources, including how much annually and from what sources.
- E. Explanation of any other programs operated by the organization, including the program(s) and its funding source(s). Do not include a description of the future activities proposed in this application for which funds are sought.

## Part XI: Other Required Attachments

Legal Name of Applicant: \_\_\_\_\_

### For All Applications:

1. HOME-ARP SUPPORTIVE SERVICES Written Standards

- Attach a copy of the organization's HOME-ARP-SS Written Standards in Part XI of this application.

### For Applications Proposing McKinney-Vento Supportive Services and/or Homelessness Prevention Activities, attach the following documents behind Part XI of this application:

1.  Habitability Checklist Form to be used by Applicant
2.  Lead-Based Paint Standard Form to be used by Applicant
3.  Lead-Based Paint Assessment Certification(s) for staff who will conduct LBP assessment