**FORM 4 – APPLICANT’S BUDGET AND PROPOSED PERFORMANCE OUTCOMES**

**Funding Request:**

The total NHAP Funding Request should equal the combined total of the NHAP funding request for each service.

1. **Total** **2023-2024 NHAP Funding Award** (must match grant award allocation): **Enter amount**

 **☐** New Applicant, not applicable

NHAP Program type funded:*– check all that applied:*

**☐** Street Outreach

**☐** Emergency Shelter

**☐**Transitional Shelter: Enter the number of ESG eligible units funded by NHAP: **Enter amount**

**☐** Homelessness Prevention

**☐** Rapid Rehousing

**☐** HMIS

1. **Total 2024-2025 NHAP Funding Request**: **Enter amount**

NHAP Funding Request is for the following Program Type – check all that apply:

**☐** Street Outreach

**☐** Emergency Shelter

**☐** Transitional Shelter: Enter the number of ESG eligible units funded by NHAP: **Enter amount**

**☐** Homelessness Prevention

**☐** Rapid Rehousing

**☐** HMIS

1. **FY 2024-2025 Ratio of NHAP requested funding to Agency’s overall Fiscal Budget for NHAP Related Services**:

|  |  |  |
| --- | --- | --- |
| A. Amount of NHAP Funds Requested: | B. Agency’s Total Budget for NHAP Related Services **FY** **2024-2025** | C. A ÷ B = C (%)  |
| **Enter** **amount** | **Enter** **amount** | **%** |

***IMPORTANT NOTE ON PERSONNEL AND BUDGET TABLES***

All tables are formatted to autocalculate the Grant Total columns and the subtotal and grand total rows. To ensure the document formatting maintains its integrity, follow these instructions:

To complete the Proposed Budget, right-click inside the table, click ”Worksheet Object”, and select “Open”. The table will open in a new window as an Excel spreadsheet. Enter all respective proposed budgetary amounts. The spreadsheet will auto-calculate.



When complete, click on the “Save” icon located in the top left of the spreadsheet or click on “File”, then “Save”. Click the “X” on the top right of the spreadsheet to close the table object.



1. **FY 2024-25 NHAP Proposed Budget**:

 **Agency Name**: **Enter Legal Agency Name**

****

***REQUEST FOR FUNDING***

Under the detailed budget narratives on the followingpages provide clear, complete, and accurate information to support requested funding and demonstrate performance. All requested information needs to be completed for each component proposed.

If the Applicant requires ESG funding to support another federal program’s matching requirement, articulate this in the narrative. Be sure to include: 1) the name of the federal program requiring a match; 2) why the federal program requires a match; and, 3) why the Applicant would utilize ESG funding rather than another federal funding source for matching purposes. Inform whether ESG funding is being requested for the respective activity and the purpose of the funding (e.g. matching funds).

Any section that should not be considered for funding (e.g., Street Outreach project) must be indicated by a “Not Applicable” statement or a strike through the page(s).

***DEMONSTRATED PERFORMANCE***

As part of the HEARTH Implementation Act, performance measures are to be used to demonstrate outcomes. These outcomes measure program progress in meeting the defined goals and objectives. The primary goal of NHAP is ensuring that homelessness is brief, rare, and only a one-time occurrence.

HUD requires all ESG subrecipients to enter required HUD data elements into the HMIS or a comparable database system.All applicants who have previously received NHAP funding need to complete the HMIS Data Performance information or complete comparable data (i.e., Annual Performance Report (APR), Consolidated Annual Performance and Evaluation Report (CAPER), or Osnium).

**INCREASED JOBS, INCOME, AND SELF-SUFFICIENCY DATA**

In this section, provide the percentage of clients who have sustained or increased the amount of income throughout their enrollment, as well as the percentage of clients who have increased their level of education at the time of exit.

 **July 1, 2021 – June 30, 2022**

|  |
| --- |
| **Increase jobs, income, and self-sufficiency** |
| % of adults with increased or sustained employment income | **%** |
| % of adults with increased or sustained other cash income | **%** |
| % of adults with increased or sustained mainstream on-cash benefits | **%** |
| % of persons with improved education | **%** |

**July 1, 2022 – June 30, 2023**

|  |
| --- |
| **Increase jobs, income, and self-sufficiency** |
| % of adults with increased or sustained employment income | **%** |
| % of adults with increased or sustained other cash income | **%** |
| % of adults with increased or sustained mainstream on-cash benefits | **%** |
| % of persons with improved education | **%** |

**NOTE:** Bitfocus – Clarity HMIS Users: Utilize the “*OUTS-102-Performance Monitoring*” report to complete the tables below. The OUTS-102 report is available to active Clarity users. If the Applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request For Application is due to the NHAP office.

**STREET OUTREACH**

**BUDGET AND SERVICE DESCRIPTION**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

1. 2022-2023 NHAP funding for street outreach: Enter amount
2. 2022-2023 NHAP funding for street outreach remaining as of July 1, 2023: Enter amount
3. If any 2022-2023 NHAP funding for street outreach remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? Enter explanation
4. 2023-2024 NHAP funding for street outreach: Enter amount

***Note:*** *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

**☐** New Applicant

**2024-2025 Funding Request:**

Total NHAP funding request for street outreach: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide an explanation for any increase or decrease in requested street outreach funding: **Enter explanation**



**STREET OUTREACH**

**BUDGET NARRATIVE**

Provide a narrative description of the activities being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of funding source of other funds utilized to support the agency’s street outreach efforts. Describe whether the funding is confirmed or pending.

If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

**Enter explanation**

**STREET OUTREACH**

**PERFORMANCE**

|  |
| --- |
| **Populations Served 7/1/22 to 6/30/23** |
| Unduplicated Total Number of Program Participants Served with Street Outreach | **A. All Leavers****##** | **B. Outcome Measures** | **C. Percent Achieved** |
| B÷A=C |
|  **Exits to Permanent Housing Destination** |
| Unduplicated Number Placed in Permanent Housing Destinations at Program Exit  | **##** | **%** |
| **\*Supporting Documentation: APR/CAPER Q 23 and/or b** |

**Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR/CAPER/Osnium) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.**

* Unduplicated count of individuals served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23 **##** :
* Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: **##**
* Unduplicated count of households served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: **##**

 **Enter explanation**

**STREET OUTREACH**

**RETURNS TO HOMELESSNESS DATA**

**Bitfocus – Clarity HMIS Users Only**: Utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Street Outreach** | **Number of Clients** |
| Number of clients who exited within date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| **Street Outreach** | **Number of Clients** |
| Number of clients who exited within date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**NOTE**: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

**STREET OUTREACH**

**HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

To calculate the missing/null data percent, add together the percentage of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life and safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Street Outreach | **%** |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

 **Enter explanation**

**EMERGENCY SHELTER**

**BUDGET AND SERVICE DESCRIPTION**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

* 1. 2022-2023 NHAP funding for emergency shelter: Enter amount
	2. 2022-2023 NHAP funding for emergency shelter remaining as of July 1, 2023: Enter amount
	3. If any 2022-2023 NHAP funding for emergency shelter remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term?Enter explanation
	4. 2023-2024 NHAP funding for emergency shelter: Enter amount

***Note:*** *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

**☐** New Applicant

**2024-2025 Funding Request:**

Total NHAP funding request for emergency shelter: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in requested shelter funding:

 **Enter explanation**



**EMERGENCY SHELTER**

**BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of the funding source for other funds utilized to support the agency’s emergency shelter activities. Describe whether the funding is confirmed or pending.

If “Other Funds” is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

 **Enter explanation**

**EMERGENCY SHELTER**

**PERFORMANCE**

|  |
| --- |
| **Populations Served 7/1/22 to 6/30/23** |
| Unduplicated Total Number of Program Participants Served with Emergency Shelter | **A.****All Leavers****##** | **B. Outcome Measures** | **C. Percent Achieved** |
| B÷A=C |
| **Exits to Permanent Housing Destination** |
| Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | **##** | **%** |
| **\*\*Supporting Documentation: APR/CAPER Q 23 and/or b** |

**Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.**

* Unduplicated count of individuals served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: **##**
* Unduplicated count of households served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: **##**
* Average length of stay of Households from 7/1/22 to 6/30/23: **Enter amount**
* Projected average length of stay of Households from 7/1/24 to 6/30/25: **Enter amount**
* Utilization rate for shelter beds from the 2023 Point-in-Time count: **Enter amount**
* Projected utilization rate for shelter beds from the 2024 Point-in Time count: **Enter amount**

Agencies must provide information for changes in the numbers served between the last and the proposed program year. Provide any program specific information which may result in divergences in standard performance outcomes, such as type of service, length of stay, targeted populations, etc., if applicable.

 **Enter explanation**

**EMERGENCY SHELTER**

**RETURNS TO HOMELESSNESS DATA**

**Bitfocus – Clarity HMIS Users Only**: Utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Emergency Shelter** | **Number of Clients** |
| Number of clients who exited within the date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| **Emergency Shelter** | **Number of Clients** |
| Number of clients who exited within the date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**NOTE**: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

**Osnium System Users Only**: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Emergency Shelter | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Emergency Shelter | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Emergency Shelter | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Emergency Shelter | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**EMERGENCY SHELTER**

**HMIS/DV DATA ENTRY PERFORMANCE – MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Shelter/Transitional Housing | **%** |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

 **Enter explanation**

**HOMELESSNESS PREVENTION**

**BUDGET AND SERVICE PERFORMANCE**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

* + - 1. 2022-2023 NHAP funding for homeless prevention: Enter amount
			2. 2022-2023 NHAP funding for homeless prevention remaining as of July 1, 2023: Enter amount
			3. If any 2022-2023 NHAP funding for homelessness prevention remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? Enter explanation
			4. 2023-2024 NHAP funding for homeless prevention: Enter amount

***Note****: The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

**☐** New Applicant

**2024-2025 Funding Request:**

Total NHAP funding request for homelessness prevention: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in requested homelessness prevention funding:

 **Enter explanation**



**HOMELESS PREVENTION**

**BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and the name of the funding source for other funds utilized to support the agency’s homelessness prevention efforts. Describe whether the funding is confirmed or pending.

If “Other Funds” is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

 **Enter explanation**

**HOMELESSNESS PREVENTION**

**PERFORMANCE**

|  |
| --- |
| **Populations Served 7/1/22 to 6/30/23** |
| Unduplicated Total Number of all of Homeless Individuals Served with Homelessness Prevention | **A.** **All Leavers****##** | **B. Outcome Measures** | **C. Percent Achieved** |
| B÷A=C |
|  |  |   |
|  **Exits to Permanent Housing Destination** |
| Unduplicated Number Placed in Permanent Housing Destinations at Program Exit | **##**  | **%**  |
| **\*\*Supporting Documentation: APR/CAPER Q 23 and/or b**  |

**Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.**

* Unduplicated count of individuals served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: **##**
* Unduplicated count of households served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: **##**

 **Enter explanation**

**HOMELESS PREVENTION**

**RETURNS TO HOMELESSNESS DATA**

**Bitfocus – Clarity HMIS Users Only**: Utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Homeless Prevention** | **Number of Clients** |
| Number of clients who exited within the date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| **Homeless Prevention** | **Number of Clients** |
| Number of clients who exited within the date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**NOTE**: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request For Application is due to the NHAP office.

**Osnium System Users Only**: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Homelessness Prevention | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Homelessness Prevention | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Homelessness Prevention | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Homelessness Prevention | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients sered that did not respond to the survey | **##** |

**HOMELESSNESS PREVENTION**

**HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into a HMIS or comparable system. All applicants need to complete this section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Homelessness Prevention | **%** |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

**Enter explanation**

**RAPID REHOUSING**

**BUDGET AND SERVICE PERFORMANCE**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

1. 2022-2023 NHAP funding for rapid rehousing: **Enter amount**
2. 2022-2023 NHAP funding for rapid rehousing remaining as of July 1, 2023: **Enter amount**
3. If any 2022-2023 NHAP funding for rapid re-housing remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term?Enter explanation
4. 2023-2024 NHAP funding for rapid rehousing: Enter amount

***Note:*** *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

**☐** New Applicant

**2024-2025 Funding Request:**

Total NHAP funding request for rapid rehousing: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Provide a brief explanation for any increase or decrease in the requested rapid rehousing funding:

 **Enter explanation**

****

**RAPID RE-HOUSING**

 **BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g., breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts, description, and name of the funding source for other funds utilized to support the agency’s rapid rehousing services. Describe whether the funding is confirmed or pending.

If “Other Funds” is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

 **Enter explanation**

**RAPID REHOUSING PERFORMANCE**

|  |
| --- |
| **Populations Served 7/1/22 to 6/30/23** |
| Unduplicated Total Number of Program Participants Served with Rapid Rehousing  | **A.****All Leavers****##** | **B. Outcome Measures** | **C. Percent Achieved** |
| B÷A=C |
|  **Exits to Permanent Housing Destination** |
| Unduplicated Number Placed in Permanent Housing Destinations at Program Exit  | **##**  | **%**  |
| **\*Supporting Documentation: APR/CAPER Q 23 and/or b**  |

**Supporting documentation has to be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded and points may be deducted.**

* Unduplicated count of individuals served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated individuals were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of individuals proposing to serve from 7/1/24 to 6/30/25: **##**
* Unduplicated count of households served from 7/1/22 to 6/30/23: **##**
* From the NHAP 2022-2023 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/23: **##**
* Unduplicated count of households proposing to serve from 7/1/24 to 6/30/25: **##**

 **Enter explanation**

**RAPID REHOUSING**

**RETURNS TO HOMELESSNESS DATA**

**Bitfocus – Clarity HMIS Users Only**: Utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Rapid Rehousing** | **Number of Clients** |
| Number of clients who exited within date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| **Rapid Rehousing** | **Number of Clients** |
| Number of clients who exited within date range | **##** |
| Number of clients who exited to permanent destinations | **##** |
| Number of clients returning to homelessness | **##** |
| Average number of days from program exit to re-entry | **##** |

**NOTE**: If the applicant needs assistance with this report, they must contact their HMIS System Administrator as soon as possible, and no later than two (2) weeks before this Request for Application is due to the NHAP office.

**Osnium System Users Only**: Domestic Violence Providers must complete the following table per the results of the national domestic violence client survey. If the applicant did not utilize the national client survey, indicate that data was not collected.

Responses to Survey Question 1: After working with an advocate I now know more ways to plan for my safety.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Rapid Rehousing | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Rapid Rehousing | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

Responses to Survey Question 2: After working with an advocate I now know more about community resources.

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Rapid Rehousing | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**July 1, 2022 – June 30, 2023**

|  |  |
| --- | --- |
| Total number of clients served under Rapid Rehousing | **##** |
| Percentage of clients served that responded “Yes” | **##** |
| Percentage of clients served that responded “No” | **##** |
| Percentage of clients served that did not respond to the survey | **##** |

**RAPID REHOUSING**

**HMIS/DV DATA ENTRY PERFORMANCE - MISSING HUD REQUIRED DATA**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or a comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.

Add together the percentages of error rates for the HUD required data quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of data elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of domestic violence, sexual assault or stalking (per VAWA regulations), or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life or safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Rapid Rehousing | **%** |

For agencies with data error rates for SSN due to VAWA or immigration status, provide the percentage of error rates and explanation as needed.

**Enter explanation**

**HMIS/DV DATABASE**

**BUDGET AND SERVICE DESCRIPTION**

**Past Funding Request(s):**

**☐** Current NHAP Subrecipeint:

1. 2022-2023 NHAP funding for HMIS/DV Database: **Enter amount**
2. 2022-2023 NHAP funding for HMIS/DV Database remaining as of July 1, 2023: **Enter amount**
3. If any 2022-2023 NHAP funding for HMIS/DV database remained, provide an explanation as to why and assurances that all funding will be utilized in the 2023-24 grant term? Enter explanation
4. 2023-2024 NHAP funding for HMIS/DV Database: Enter amount

***Note:*** *The funded amounts provided above must match the grant award allocation and quarterly invoicing.*

**☐** New Applicant

**2024-2025 Funding Request:**

Total NHAP funding request for HMIS/DV database: **Enter amount**

If the agency would benefit from receiving federal NHAP funding instead of state NHAP funding, enter the amount requested: **Enter amount**

If requesting federal funding, provide the reason: **Enter the intended use of requested federal funding**

Current NHAP Subrecipient: Please provide a brief explanation for any increase or decrease in requested HMIS/DV Database System funding:

Enter explanation



**HMIS/DV DATABASE**

**BUDGET NARRATIVE**

Provide a narrative description of the activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.).

Provide the total amounts and a brief description of the other funds utilized to support the agency’s data collection efforts.

If “Other Funds” is left blank or has a zero, provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain sufficient budget breakdown detail to replicate the calculated budget totals.

**Enter explanation**