**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.

Total **2022-2023** NHAP Funding Award: Enter amount

* **2022-2023** 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

Total **2023-2024** NHAP Funding Request: Enter amount

* **2023-2024** 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

* Ratio of NHAP requested funding to Agency’s overall Fiscal Budget for NHAP Related Services

**FY 2023-2024**:

|  |  |  |
| --- | --- | --- |
| A. Amount of NHAP Funds Requested: | B. Agency’s Total Budget for NHAP Related Services **FY** **2023-2024** | C. A ÷ B = C (%) |
| Enter amount | Enter amount | % |

****

***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. For 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 in turn 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 Emergency Solutions Grant subrecipients to enter required HUD data elements into the Homeless Management Information System (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 types throughout their enrollment, as well as the percentange of clients who have increased their level of education at the time of exit.

For Bitfocus – Clarity HMIS users, utilize the “*OUTS-102-Performance Monitoring*” report to complete the tables below.

**\*\*IMPORTANT**: The OUTS-102 report is available to active Clarity users. If an 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.**\*\***

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| **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, 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 | % |

**STREET OUTREACH BUDGET AND SERVICE DESCRIPTION**

**Funding Request**

2021-2022 NHAP funding for street outreach: Enter amount

2021-2022 NHAP funding for street outreach remaining as of July 1, 2022: Enter amount

2022-2023 NHAP funding for street outreach: Enter amount

Requested 2023-2024 NHAP funding for street outreach: Enter amount

Provide an explanation for any increase or decrease in requested street outreach funding:

Enter explanation

Street Outreach Detailed Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Outreach (SO) Services** | **NHAP Request** | **Other Funds** | **Grand Total** |
| Engagement Activities | Enter amount | Enter amount | Enter amount |
| Case Management | Enter amount | Enter amount | Enter amount |
| Emergency Health Services (licensed provider) | Enter amount | Enter amount | Enter amount |
| Emergency Mental Health Services (licensed provider) | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| SO Services Direct Cost Allocation (if applicable) | Enter amount | Enter amount | Enter amount |
| **SERVICES SUBTOTAL** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | **Enter amount** | Enter amount |
|  |  |  |  |
| **SO TOTAL** | Enter amount | Enter amount | Enter amount |

**Street Outreach 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 7/1/21 to 6/30/22** | | | | |
| 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 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 Application, how many unduplicated individuals were proposed to be served from 7/1/21 to 6/30/22: #
* Unduplicated count of individuals proposing to serve from 7/1/23 to 6/30/24: #
* Unduplicated count of households served from 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 Application, how many unduplicated households were proposed to be served from 7/1/22 to 6/30/22: #
* Unduplicated count of households proposing to serve from 7/1/23 to 6/30/24: #

Enter Explanation

**RETURNS TO HOMELESSNESS DATA – STREET OUTREACH**

For Bitfocus – Clarity

HMIS users, utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**\*\*IMPORTANT**: The OUTS-205 report must be generated by the HMIS System Administrator. To allow adequate time for this report to be generated, applicants 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.**\*\***

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| **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, 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 |  |

**HMIS/DV DATA ENTRY PERFORMANCE – STREET OUTREACH**

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.

**MISSING HUD REQUIRED DATA**

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 DV, SA, or Stalking (per VAWA regulations) or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life of 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**

**Funding Request**

2021-2022 NHAP funding for emergency shelter: Enter amount

2021-2022 NHAP funding for emergency shelter remaining as of July 1, 2022: Enter amount

2022-2023 NHAP funding for emergency shelter: Enter amount

Requested 2023-2024 NHAP funding for emergency shelter: Enter amount

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

Enter Explanation

Emergency Shelter Detailed Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Shelter (ES) Essential Services** | **NHAP Request** | **Other Funds** | **Grand Total** |
| Case Management | Enter amount | Enter amount | Enter amount |
| Child Care (licensed) | Enter amount | Enter amount | Enter amount |
| Education Services | Enter amount | Enter amount | Enter amount |
| Employment Assistance and Job Training | Enter amount | Enter amount | Enter amount |
| Outpatient Health Services | Enter amount | Enter amount | Enter amount |
| Outpatient Substance Abuse Treatment (licensed) | Enter amount | Enter amount | Enter amount |
| Outpatient Mental Health Services (licensed) | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| Life Skills Training | Enter amount | Enter amount | Enter amount |
| ES Services Direct Cost Allocation (If applicable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Emergency Shelter Operations** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Emergency Shelter Operations | Enter amount | Enter amount | Enter amount |
| Hotel/Motel Vouchers (if shelter is unavailable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL OPERATIONS** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **ES TOTAL eEMEREMERGGENCY** | Enter amount | Enter amount | Enter amount |

**Emergency Shelter narrative**: Provide a narrative description of 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 funding source of 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 7/1/21 to 6/30/22** | | | | |
| 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 a 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 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 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 7/1/23 to 6/30/24: #
* Unduplicated count of households served from 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 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 7/1/23 to 6/30/24: #
* Average length of stay of Households from 7/1/21 to 6/30/22: Enter amount
* Projected average length of stay of Households from 7/1/23 to 6/30/24: Enter amount
* Utilization rate for shelter beds from the 2022 Point-in-Time count: Enter amount
* Projected utilization rate for shelter beds from the 2023 Point-in Time count: Enter amount

Agencies must provide information for changes in 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

**RETURNS TO HOMELESSNESS DATA – EMERGENCY SHELTER**

Bitfocus – Clarity Users Only:

HMIS users should utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**\*\*IMPORTANT**: The OUTS-205 report must be generated by the HMIS System Administrator. To allow adequate time for this report to be generated, applicants 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.**\*\***

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| **Emergency Shelter** | **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, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Emergency Shelter** | **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 |  |

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, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| 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 service that did not respond to survey |  |

**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 service that did not respond to survey |  |

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

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| 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 service that did not respond to survey |  |

**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 service that did not respond to survey |  |

**HMIS/DV DATA ENTRY PERFORMANCE – EMERGENCY SHELTER**

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.

**MISSING HUD REQUIRED DATA**

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 DV, SA, or Stalking (per VAWA regulations) or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life of 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**

**Funding Request**

2021-2022 NHAP funding for homelessness prevention: Enter amount

2021-2022 NHAP funding for homeless prevention remaining as of July 1, 2022: Enter amount

2022-2023 NHAP funding for homelessness prevention: Enter amount

Requested 2023-2024 NHAP funding for homelessness prevention: Enter amount

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

Enter Explanation

Homelessness Prevention Detailed Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Homelessness Prevention (HP) Services** | **NHAP Request** | **Other Funds** | **Grand Total** |
| Housing Search and Placement | Enter amount | Enter amount | Enter amount |
| Housing Stability Case Management | Enter amount | Enter amount | Enter amount |
| Transportation | **Enter amount** | Enter amount | Enter amount |
| Mediation | Enter amount | Enter amount | Enter amount |
| Credit Repair | Enter amount | Enter amount | Enter amount |
| HP Services Direct Cost Allocation (if applicable) | Enter amount | **Enter amount** | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Homelessness Prevention Financial Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Application Fees | Enter amount | Enter amount | Enter amount |
| Security Deposits (up to 2 months’ rent) | Enter amount | Enter amount | Enter amount |
| Last Month’s Rent (up to 1 month) | Enter amount | Enter amount | Enter amount |
| Utility Deposits (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Utility Payment (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Moving Costs | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL FINANCIAL ASSISTANCE** | Enter amount | Enter amount | **Enter amount** |
|  |  |  |  |
| **Homelessness Prevention Rent Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Assistance - Short-Term ( ≤ 3 months) | Enter amount | Enter amount | Enter amount |
| Rental Assistance - Medium-Term (> 3 mo. ≤ 24 mo.) | Enter amount | Enter amount | Enter amount |
| Rental Assistance - Rental Arrearage | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL RENT ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **HP TOTAL** | Enter amount | Enter amount | Enter amount |

**Homelessness Prevention narrative:** Provide a narrative description of 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 funding source of 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 7/1/21 to 6/30/22** | | | | |
| 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 a 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 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 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 7/1/23 to 6/30/24: #
* Unduplicated count of households served from 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 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 7/1/23 to 6/30/24: #

Enter Explanation

**RETURNS TO HOMELESSNESS DATA – HOMELESS PREVENTION**

Bitfocus – Clarity Users Only:

HMIS users should utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**\*\*IMPORTANT**: The OUTS-205 report must be generated by the HMIS System Administrator. To allow adequate time for this report to be generated, applicants 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.**\*\***

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| **Homeless Prevention** | **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, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| **Homeless Prevention** | **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 |  |

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, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| Total number of clients served under Homeless Prevention |  |
| Percentage of clients served that responded “Yes” |  |
| Percentage of clients served that responded “No” |  |
| Percentage of clients service that did not respond to survey |  |

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Homeless Prevention |  |
| Percentage of clients served that responded “Yes” |  |
| Percentage of clients served that responded “No” |  |
| Percentage of clients service that did not respond to survey |  |

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

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| Total number of clients served under Homeless Prevention |  |
| Percentage of clients served that responded “Yes” |  |
| Percentage of clients served that responded “No” |  |
| Percentage of clients service that did not respond to survey |  |

**July 1, 2021 – June 30, 2022**

|  |  |
| --- | --- |
| Total number of clients served under Homeless Prevention |  |
| Percentage of clients served that responded “Yes” |  |
| Percentage of clients served that responded “No” |  |
| Percentage of clients service that did not respond to survey |  |

**HMIS/DV DATA ENTRY PERFORMANCE – HOMELESSNESS PREVENTION**

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.

**MISSING HUD REQUIRED DATA**

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 DV, SA, or Stalking (per VAWA regulations) or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life of 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**

**Funding Request**

2021-2022 NHAP funding for rapid rehousing: Enter amount

2021-2022 NHAP funding for rapid rehousing remaining as of July 1, 2022: Enter amount

2022-2023 NHAP funding for rapid rehousing: Enter amount

Requested 2023-2024 NHAP funding for rapid rehousing: Enter amount

Provide a brief explanation for any increase or decrease in requested rapid rehousing funding:

Enter Explanation

Rapid Rehousing Detailed Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Rapid Rehousing (RRH) Services** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Housing Search and Placement | Enter amount | Enter amount | Enter amount |
| Housing Stability Case Management | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| Mediation | Enter amount | Enter amount | Enter amount |
| Credit Repair | Enter amount | Enter amount | Enter amount |
| RRH Services Direct Cost Allocation (if applicable) | Enter amount | **Enter amount** | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Rapid Rehousing Financial Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Application Fees | Enter amount | Enter amount | Enter amount |
| Security Deposits (up to 2 months’ rent) | Enter amount | Enter amount | Enter amount |
| Last Month’s Rent (up to 1 month) | Enter amount | Enter amount | Enter amount |
| Utility Deposits (gas, water, electric, sewage) eelectwater,ssssesesewage) only) | Enter amount | Enter amount | Enter amount |
| Utility Payment (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Moving Costs | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL FINANCIAL ASSISTANCE** | Enter amount | Enter amount | **Enter amount** |
|  |  |  |  |
| **Rapid Rehousing Rent Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Assistance - Short-Term ( ≤ 3 months) | Enter amount | Enter amount | Enter amount |
| Rental Assistance - Medium-Term (> 3 mo. ≤ 24 mo.) | Enter amount | Enter amount | Enter amount |
| Rental Assistance - Rental Arrearage | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL RENT ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **RRH TOTAL** | Enter amount | Enter amount | Enter amount |

**Rapid Rehousing:** Provide a narrative description of 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 funding source of 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 7/1/21 to 6/30/22** | | | | |
| 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 an HMIS or a 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 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 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 7/1/23 to 6/30/24: #
* Unduplicated count of households served from 7/1/21 to 6/30/22: #
* From the NHAP 2021-2022 Application, how many unduplicated households were proposed to be served from 7/1/21 to 6/30/22: #
* Unduplicated count of households proposing to serve from 7/1/23 to 6/30/24: #

Enter Explanation

**RETURNS TO HOMELESSNESS DATA – RAPID REHOUSING**

Bitfocus – Clarity Users Only:

HMIS users should utilize the “*OUTS-205 Program Recidivism* ” report to complete the tables below.

**\*\*IMPORTANT**: The OUTS-205 report must be generated by the HMIS System Administrator. To allow adequate time for this report to be generated, applicants 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.**\*\***

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| **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, 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 |  |

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, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| 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 service that did not respond to survey |  |

**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 service that did not respond to survey |  |

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

**July 1, 2020 – June 30, 2021**

|  |  |
| --- | --- |
| 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 service that did not respond to survey |  |

**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 service that did not respond to survey |  |

**HMIS/DV DATA ENTRY PERFORMANCE – RAPID REHOUSING**

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.

**MISSING HUD REQUIRED DATA**

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 DV, SA, or Stalking (per VAWA regulations) or for immigrants who are not US citizens or nationals. Services cannot be withheld when necessary to protect life of 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**

**Funding Request**

2021-2022 NHAP funding for HMIS/DV Database: Enter amount

2021-2022 NHAP funding for HMIS/DV Database remaining as of July 1, 2022: Enter amount

2022-2023 NHAP funding for HMIS/DV Database: Enter amount

Requested 2023-2023 NHAP funding for HMIS/DV Database: Enter amount

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

|  |  |  |  |
| --- | --- | --- | --- |
| **HMIS/DV Database System** | **NHAP Request** | **Other Funds** | **Grand Total** |
| HMIS Data Entry/Analysis Personnel | Enter amount | Enter amount | Enter amount |
| Hardware / Software | Enter amount | Enter amount | Enter amount |
| Licensing Fees | Enter amount | Enter amount | Enter amount |
| Equipment Costs | Enter amount | Enter amount | Enter amount |
| Office Space | Enter amount | Enter amount | Enter amount |
| Utilities | Enter amount | Enter amount | Enter amount |
| Conference Fees | Enter amount | Enter amount | Enter amount |
| Travel | Enter amount | Enter amount | Enter amount |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **HMIS TOTAL** | Enter amount | Enter amount | Enter amount |

**HMIS/DV:** 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 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