**Form 1: Application, Community Needs and Impact Statement, Program Design, Work Plan, and Budget**

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| RFA # | RELEASE Date |
| 4533 | April 22, 2025 |
| APPLICATION DUE DATE | **POINT OF CONTACT** |
| May 21, 2025 | DHHS Grants |

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| **Application** |
| Applicant’s Legal Name |  |
| Applicant’s “Doing Business As” (DBA) Name |  |
| Applicant’s UEI Number (if applicable) |  |
| Applicant’s EIN Number |  |
| Organization Type | [ ]  Non-Profit Organization [ ]  Institution of Higher Learning[ ]  State, Local, or Tribal Government [ ]  Other |
| Complete Address (city, state, zip +4) |  |
| Congressional District(s) served |  |
| Contact Person Name and Title |  |
| Contact Person’s Email Address |  |
| Contact Person’s Phone Number |  |
| Total Amount of Funds Applicant is requesting |  |

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| **Community Needs and Impact Statement** |
| Describe the need for this funding and how funds will address the objectives of this RFA.  |
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| **Program Design** |
| Describe how program activities will be performed, the funds will be used, activities and funds will be tracked, outcomes will be measured, and programming/activities will be evaluated. |
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| **Work Plan** |
| **Goal #1** |  |
| **Objective** |  |
| **Activity** | **List What Your Measure of Success Will Be** | **Responsible Staff/Party** | **Start Date** | **End Date** |
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| **Goal# 2** |  |
| **Objective** |  |
| **Activity** | **List What Your Measure of Success Will Be** | **Responsible Staff/Party** | **Start Date** | **End Date** |
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| **Goal# 3** |  |
| **Objective** |  |
| **Activity** | **List What Your Measure of Success Will Be** | **Responsible Staff/Party** | **Start Date** | **End Date** |
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| **Applicant Budget** |
| **Legal Services** | **NHAP Request** | **Other Funds** | **Total** |
| Street Outreach Legal Services | Enter amount | Enter amount | Enter amount |
| Emergency Shelter Legal Services | Enter amount | Enter amount | Enter amount |
| Homelessness Prevention Legal Services | Enter amount | Enter amount | Enter amount |
| Rapid Rehousing Legal Services | Enter amount | Enter amount | Enter amount |
| **TOTAL Legal Services Costs** | Enter amount | Enter amount | Enter amount |

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| **A**Amount of NHAP Funds Requested: | **B**Agency’s Total Budget for NHAP Related Services FY 2025-26 | **C**A ÷ B = C (%)  |
| Enter amount | Enter amount | % |

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| *To the best of my knowledge, all data in this Application, Work Plan, and Budget is true and correct, the document has been duly authorized by the governing body of the Applicant, and the Applicant will comply with the attached assurances in the proposal if selected for funding. By signing and submitting this application, the applicant is giving permission for a preliminary background check to be completed, if necessary.* |
| Signature |  | Date |  |