**LINCOLN Nebraska Homeless Assistance Program (NHAP)**

**APPLICATION**

The City of Lincoln is committed to aligning homeless funding resources with community needs based on the data available from our homeless service system.  Although Lincoln continues to distribute funding via Federal pandemic programs, it is crucially important to be efficient with resources. A significant reset to pre-pandemic funding levels is anticipated when pandemic programs are completed.  The intent of Lincoln’s NHAP funding competition is to provide a resource that allows agencies to program and staff projects that meet HUD’s ESG regulations and homeless service system needs, as indicated by data from HMIS.

***Applications will be evaluated on how well projects meet identified needs, how efficiently HUD defined homeless populations are served, and the quality of “renewal” applications.***

**FUNDS AVAILABLE**

Program Year: September 1, 2023 – July 30, 2024 (\*\*\*10-month program year)

Funds Available: $574,000 (an increase of nearly $50,000 over last year)

Grant Due Date: Friday June 30, 2023

**THRESHOLD REVIEW**

1. Application package is submitted on time.
2. Application package is complete (all required materials are included - - See NHAP Overview).
3. Project is eligible under the ESG Program regulations (24 CFR 576)
4. Project is consistent with the goals of the Lincoln NHAP Program as outlined in the [CoC/ESG written standards.](https://www.lincoln.ne.gov/files/sharedassets/public/urban-development/housing/homeless/lincoln-coc-written-standards-2018.pdf)

**PROGRAM DATA**

The City of Lincoln will work with CCFL to obtain HMIS data directly from Clarity.

**SUBMISSION OF QUESTIONS-Ask a Question (AAQ)**Questions regarding this application should be emailed to Bradd Schmeichel at:

**LincolnNHAP@gmail.com**

**The deadline to submit questions is 4:30 PM CST on Friday June 23, 2023.**

Answers to submitted questions will be posted online at:

[Lincoln.ne.gov](https://www.lincoln.ne.gov/City/Departments/Urban-Development/Housing) , Keyword: Homeless

**GRANT DEADLINE**

**DUE DATE:** **Friday, June 30th, noon CST**

**Application & supplemental docs submitted by email to:** [**bschmeichel@lincoln.ne.gov**](mailto:bschmeichel@lincoln.ne.gov)

**FUNDING PRIORITIES**

**Priority will be given to continued support of eligible programming developed during the 2022-23 NHAP Program year, and/or projects addressing the priorities below.**

1. **Reduce the number of days in shelter**

The benchmark for the number of days in shelter prior to exit to a permanent housing destination is 30 days

* + 1. Increase the availability of Rapid Rehousing programing to rapidly move individuals and families from shelter to permanent housing
    2. Increase availability of problem-solving prevention and diversion efforts in order to prevent and limit the number of days in shelter

1. **Increase availability of Low Barrier shelter capacity.**

Needs assessment indicates the need for 30 to 40 units of low-barrier, emergency shelter.

Lincoln should have emergency shelter and other temporary accommodations available that:

* + 1. Meet the needs of all members of a household and self-defined family and kinship groups, including infants and young children.
    2. Do not turn people away or make access contingent on sobriety, minimum income requirements, or lack of a criminal history.
    3. Do not require family members and partners to separate from one another in order to access shelter.
    4. Ensure that policies and procedures promote dignity and respect for every person seeking or needing shelter.
    5. Provide a safe, decent, welcoming, and appropriate temporary living environment, where daily needs can be met while pathways back to safe living arrangements or directly into housing programs are being pursued.

Low-barrier shelter resources:

<https://endhomelessness.org/resource/emergency-shelter/>

<https://www.usich.gov/resources/uploads/asset_library/emergency-shelter-key-considerations.pdf>

1. **Shelter bed utilization rates for singles are at a minimum 80% for individuals and 75% for families.**
   * 1. Ensure that funded shelter bed resources are appropriately utilized.
2. **Street outreach is resourced to implement best practice evidenced based programming with appropriate caseloads to meet need of unsheltered most effectively and reduce emergency service system use**

Provide funding for research informed/evidenced based homeless street outreach programming

* + 1. Ensure that funded street outreach programming is research informed
    2. Street outreach case load at 40 or less
       - 1. Evidenced based models/resources:

<https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf>

<https://nhchc.org/wp-content/uploads/2019/08/outreach-enrollment-quick-guide.pdf>

<https://www.nhceh.org/research-advocacy/evidence-based-practices>

1. **Create across-service system partnerships to coordinate and more effectively serve unsheltered persons, utilizing evidenced based models / research-informed practices**

Coordinated service system responses from all segments of the emergency service system, e.g., All Doors Lead Home Coordinated Entry, homeless outreach, shelters, law enforcement, health, behavioral health, corrections, fire, and rescue, etc...

* + 1. Prioritize cross system partnerships community-based programs to meet goal.

1. **Decrease the number of persons experiencing homelessness for the first time.**

Providing eviction and homeless prevention resources and infrastructure to prevent households from entering homelessness.

* + 1. Increase resources and maintain infrastructure eviction prevention and homeless prevention programming to prevent and divert as many persons from homelessness as possible.
* ***Because of the continuing funding from ERA 2, Rent & Utility assistance and eviction prevention will be funded with treasury dollars through 2025, or until funding is depleted. Direct payments for rent and utility assistance will not be funded with NHAP funds. Case Management related to rent and utility assistance IS an eligible cost.***
* ***All Clarity licenses will be paid for with NHAP Funds, please do not request licensing fees in your budgets.***

Please double check to make sure documents are accurate, complete, and included with your application.

|  |  |  |
| --- | --- | --- |
| **SUBMISSION REQUIREMENTS** | **REQUIRED DOCUMENTATION** |  |
| 1. APPLICATION. Each applicant must submit an electronic copy of the application and additional documents as a PDF  2. APPLICATION COMPONENTS   * Section 1 - Application Information Page * Section 2 – Total/aggregate Funding Request Budget Sheet * Section 3 - Project Request (Project Description/Narrative) * Projected Program Outcomes/HH’s Served * Detailed Budget Sheet/Narrative for each service component you are applying for:   (Street Outreach, Emergency shelter, Transitional, Prevention, Rapid Rehousing) | An electronic copy of the application and all attachments submitted by:  **NOON CST on Friday June 30,2023** |  |
| 3. Org Chart & list of Board Members |  |  |
| 4. The applicant must have audited financial statements prepared by a qualified account or accounting service, completed within the last 12 months, or include a letter of justification if beyond that timeframe. | **Only** send the following portions of your most recent audit**:**   * A copy of the Independent Auditor’s Report * Statement of Financial Position pages. * Schedule Expenditures of Federal Awards or Supplementary Schedule of Activities and Changes in Net Assets by Program. |  |
| 5. Proof of 501 (c) (3) status (not applicable for governmental applicants and previously NHAP funded agencies). |  |  |
| 6. Indirect Cost Rate (if applicable) | If seeking to claim indirect cost rate on budget, applicant must provide current approved indirect cost rate agreement or if utilizing the “de minimus” rate, provide calculations to support the request. |  |
| 7.Direct Cost allocation (if applicable) | Applications with direct cost allocation requests must include enough documentation to demonstrate that costs were properly allocated. |  |

**SECTION I: APPLICANT INFORMATION**

Applicant’s Legal Name: Enter Name

Applicant’s Mailing Address: Enter Name

Applicant’s Website: Enter Website Address

Applicant’s Federal TIN/SSN: Enter FTIN/SSN

Applicant’s DUNS Number: Enter DUNS Number

Applicant’s Fiscal Year Start Date: Select Start Date

End Date: Select End Date

Executive Director/President’s Name: Enter Name

Board Chair/President’s Name: Enter Name

Program Contact’s Name: Enter Name

Program Contact’s Title: Enter Title

Program Contact’s Email: Enter Email

Program Contact’s Phone: Enter Phone

Congressional District: Select District #

**Program Type** *– check* ***all*** *that apply:*

Street Outreach

Emergency Shelter

Transitional Housing

***(TH Only eligible if “grandfathered” program)***

Homeless Prevention

Rapid Rehousing

HMIS/Data Collection

**SECTION II: TOTAL FUNDING REQUEST**

**Funding Request** *(Total NHAP Funding Request, should equal the combined total of the NHAP funding request for each service)*

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

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

* **2023-2024 NHAP Program type:***– check* ***all*** *that apply:*

Street Outreach

Emergency Shelter

Transitional Shelter (# of ESG eligible units funded by NHAP) Enter Number

Homelessness Prevention

Rapid Rehousing

* **Ratio of NHAP requested funding to Agency’s overall Fiscal Budget for FY 2023-2024**

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

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**SECTION III: PROJECT REQUEST NARRATIVE**

**PROJECT DESCRIPTION & PROGRAM DELIVERY**

**A.** The service description is intended to be open-ended. At a minimum, provide clear and detailed narrative describing how the project will address one (or more) of the identified funding priorities, and/or how the project carries out HUD ESG eligible activities:

* Street Outreach
* Emergency shelter
* Homeless prevention
* Rapid re-housing
* Administration activities

Potential items to describe could include:

* specific services to be provided with these funds
* what needs or gaps does project address
* target population
* how will clients access services
* how project uses coordinated entry
* if not using Coordinated Entry, explain how project will refer to MVRT/By-Name list for PHS or RRH
* collaboration with other agencies
* proposed number of HUD defined homeless or at-risk of homeless individuals and HH to be served
* proposed project outcomes/targets
* how project activities will result in successful outcomes or meet priorities
* staffing requirements
* relevant agency experience with this programming/population
* strategies or process for ensuring compliance with Federal and State

Regulations, and NHAP program requirements

* **Rapid Rehousing**: how project will move individuals/HH’s from shelter to RRH, or otherwise reduce shelter stays
* describe experience providing housing search and placement, including strategies to overcome barriers to housing placement
* describe strategies for working with landlords or property managers
* **Street Outreach:**  in what ways will outreach resources/staffing increase
* provide info to support project design (evidence-based practices or other objective data that indicate service delivery will achieve priorities)
* Describe cross system partnership to serve unsheltered individuals

**B.** **PROGRAM OUTCOMES**

**Households Individuals**

Total Projected Households/individuals to be served: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**C. 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 completed for each Program Type proposed. For each proposed activity, provide clear, complete, and accurate information, which justifies proposed budget.

**BUDGET REQUEST for STREET OUTREACH PROJECTS**

**Funding Request**

2022-2023 NHAP funding for Street Outreach: Enter amount

Requested 2023-2024 NHAP funding for Street Outreach: Enter amount

**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 |
| **SO SERVICES SUBTOTAL** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Street Outreach TOTAL** | Enter amount | Enter amount | Enter amount |

**Street Outreach Budget 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 and a description of other funds utilized to support the agency’s street outreach efforts. Please describe if 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

**BUDGET REQUEST for EMERGECY SHELTER PROJECTS**

2022-2023 NHAP funding for Shelter: Enter amount

Requested 2023-2024 NHAP funding for Shelter: Enter amount

**Emergency Shelter Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Shelter 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 |
|  |  |  |  |
| **Shelter TOTAL eEMEREMERGGENCY** | Enter amount | Enter amount | Enter amount |

**Emergency Shelter budget 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 and a description of other funds utilized to support the agency’s emergency shelter activities. Please describe if 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

**BUDGET REQUEST for HOMELESSNESS PREVENTION PROJECTS**

2022-2023 NHAP Budget Homelessness Prevention: Enter amount

Requested 2023-2024 NHAP funding for Homeless Prevention: Enter amount

**Homelessness Prevention Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Homelessness Prevention 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 |
| 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 |
|  |  |  |  |
| **Homelessness Prevention 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 and a brief description of other funds utilized to support the agency’s homeless prevention efforts. Please describe if 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

*Homeless Prevention Budget Request continued . . .*

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

**BUDGET REQUEST for RAPID REHOUSING PROJECTS**

2022-2023 NHAP funding for Rapid Rehousing: Enter amount

Requested 2023-2024 NHAP funding for Rapid Rehousing: Enter amount

**Rapid Rehousing Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rapid Rehousing 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 |
| RR 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 |
|  |  |  |  |
| **Rapid Rehousing TOTAL** | Enter amount | Enter amount | Enter amount |

**Rapid Re-Housing:** 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 and a brief description of other funds utilized to support the agency’s rapid re-housing services. Please describe if 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