

**APPENDIX B**  
Department of Workforce Services  
HOME-ARP Shelter Acquisition  
23-DWS-S024  
**Grant Application Narrative**

**Organization Name:**

**Directions:** Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

**1. GENERAL PROJECT INFORMATION**

**1.a Please select one project type:**

☐ Acquisition      ☐ Rehabilitation      ☐ Demolition      ☐ Development

**1.b Please provide a detailed summary of this project, including: 1) specific developer and service provider partnerships, 2) how the project would meet the needs of the qualifying population(s), and 3) plan for the long-term sustainability of the project. Additionally, 4) include how the proposed project aligns with the goals and objectives of HOME-ARP, as outlined in 24 CFR Part 92 and HUD Notice CPD-21-10.**

**1.c Does your case management plan completely reflect the services that will be provided? Please provide a case management or service plan for the project using the template provided and attach via the cover sheet. The evaluation committee will score accordingly.**

YES

NO

**1.d Does your budget reflect the complete cost of the project? Please use the template provided in the RFGA notice and attach via the cover sheet. The evaluation committee will score accordingly. *HOME-ARP cannot pay for ongoing costs of operating non-congregate shelters.***

YES

NO

**1.e What contingencies are in place for rising construction costs?**

**1.f What portion of the proposed project will be funded by the money secured through this application? Please justify your response.**

**1.g How does this project propose paying for operation costs, including any debt servicing? Please describe in detail with information about specific grants or other funding source secured.**

**1.h What is the amount and source of any other funding secured for this project? (If applicable)**

**1.i What are the number of non-congregate emergency shelter beds and units in the facility associated with the project? Please justify your response.**

**1.j What HOME-ARP qualifying population(s) will this project serve? (select all that apply).**

- **Category 1: Individuals that are literally homeless, as defined by Federal Code 24 CFR 91.5**
- **Category 3: Individuals fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking**

**1.k Please describe any established partnerships that will provide supportive services for the qualifying population(s) listed.**

## **2. APPLICANT INFORMATION**

**2.a Describe previous background and experience working with the qualifying population(s) that will be served by the project.**

**2.b Describe the associated agency's experience with federal funding restrictions, such as Davis Bacon, Section 3, URA, etc.**

**2.c Describe previous experience with other emergency shelter developments and operations, including project size, date completed, and population(s) served.**

**2.d Describe your associated agency's experience developing and operating non-congregate and congregate emergency shelter(s).**

**2.e Do you propose to convert the non-congregate facility to permanent housing during the restricted period? If yes, please describe timeline and plan for conversion.**

**3. ENVIRONMENTAL CONSIDERATIONS**

**3.a Is the project construction currently underway?**

YES NO

**3.b Have environmental reviews been completed?**

YES NO

**3.c Are there wetland or flood plains associated with the project site?**

YES NO

**3.d Is the project site of historic significance or part of the national register of historic places?**

YES NO

**3.e Are there any known environmental hazards that will need to be addressed as part of the project's development?**

YES NO

## Optional Non-Profit Application Narrative

**Organization Name:**

**Directions:** Narrative **must** be in the default size, font, spacing and space provided. Additional narrative attachments are not allowed.

### 1. GENERAL PROJECT INFORMATION

**1.b Describe the need for additional funding for the applied project's operating costs and what activities you would fund with additional capacity funding.**

**1.c Describe the applied for project's feasibility if not awarded additional non-profit capacity funding for the project outlined in the main application sections.**