**EXHIBIT A**

**SAMPLE ONLINE APPLICATION**

**Healthy Homes Grant Program Grant Application**

**Round 1 Funding**

**RFGA OregonBuys # S-44300-00009255 OHA # 5795**

The application can be made available in an alternative format upon request such as in other languages or large print. Please contact [healthyhomes@odhsoha.oregon.gov](mailto:healthyhomes@odhsoha.oregon.gov) and every effort will be made to fulfill requests that are made prior to the grant deadline.

**It is advised that applicants download the application first and use it as a working document to answer questions with the option of copying and pasting information into the online application. Smartsheet, the platform being used, does not allow for saving and returning later. Only the online application will be accepted. If you are unfamiliar with submitting applications online, please give yourself sufficient time to meet the application deadline.**

Note: Due to word limits, please consider being specific and concise when answering questions. **\*** Represents a required question.

**Applicant Eligibility and Information**

1. **Select the type of eligible entity that best matches your organization. \***

Please note that you must select one of these choices below to be eligible for this funding opportunity and that your organization must serve low-income households. If you represent a **Nonprofit**, a Letter of Determination will need to be submitted with your application as an attachment.

* Community Action Agency
* Coordinated Care Organization
* Electric utility
* Indian health centers
* Local government
* Local housing authority
* Manufactured dwelling park nonprofit cooperative
* Natural gas utility
* Nonprofit organization

For Federally Recognized Indian Tribes in Oregon, funds are being awarded to Tribes through Tribal set aside funding. Please contact the Healthy Homes Grant Program for any questions related to Tribal funding.

1. **Legal name of organization applying. \***
2. **Employer Identification or Federal Tax Identification Number. \***
3. **Does your organization have an Oregon Buys ID number? \* Yes or No.**

If yes, what is the OregonBuys ID number?

If no, an Oregon Buys Vendor Identification Number will be needed before being awarded funds from the program. You can learn more about how to register with Oregon Buys in this Oregon Buys document: located on the website under “Other Helpful Information.”

1. **Is your organization currently registered with the Oregon Secretary of State business registry?**  **Yes or No.**

If no, the applicant must meet requirement prior to Agreement execution.

1. **If you are a charitable IRS 501(c) (3) organization, are you registered with the Oregon Department of Justice? Yes or No.**

If no, you will need to register on the Oregon Department of Justice “Charitable Activities” webpage under the tab “Charities” and subtab “Starting or Closing a Charity” prior to Agreement execution.

1. **Does your organization meet the insurance requirements listed in Section 1.6.3 of the RFGA? \* Yes or No.**

If no, you will need to meet the insurance requirements prior to Agreement execution.

1. **Information for main contact for application:**

* Name \*
* Address \*
* Email address \*
* Telephone number \*
* Website address

1. **Information for Contract Administrator for application (if different from main contact):**

* Name
* Email address
* Telephone number

1. **Select the county and counties served by the applicant. \***

* Statewide
* Baker
* Benton
* Clackamas
* Clatsop
* Columbia
* Coos
* Crook
* Curry
* Deschutes
* Douglas
* Gilliam
* Grant
* Harney
* Hood River
* Jackson
* Jefferson
* Josephine
* Klamath
* Lake
* Lane
* Lincoln
* Linn
* Malheur
* Marion
* Morrow
* Multnomah
* Polk
* Sherman
* Tillamook
* Umatilla
* Union
* Wallowa
* Wasco
* Washington
* Wheeler
* Yamhill

1. **If applicable, select the name of the Federally Recognized Tribe or Tribes of Oregon served by the applicant.**

* Burns Paiute Tribe
* Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
* Confederated Tribes of the Grand Ronde Community of Oregon
* Confederated Tribes of Siletz Indians
* Confederated Tribes of the Umatilla Indian Reservation
* Confederated Tribes of Warm Springs
* Coquille Indian Tribe
* Cow Creek Band of Umpqua Tribe of Indians
* Klamath Tribes
* All Nine Federally Recognized Tribes of Oregon

1. **Does your organization serve historically unrepresented & underserved communities? \***

If yes, please share how your organization serves historically unrepresented and underserved communities. Examples could include 1) bi-cultural staff with language proficiency to communicate with population, 2) staff with lived experience, 3) outreach materials in a language other than English, 4) working relationships with culturally specific communities.

**Organizational Capacity and Structure**

1. **Describe the experience of the project team (applicant and any other partners or contractors who have been identified) in completing projects like what is proposed in the application. If there is experience the project team is missing, please describe the plan to acquire it. \***

**Project Information**

1. **Please describe each of the following: \***

* Need for the proposed project or projects
* How you identified the need (including data used and conversations with resident or service providers)
* How your project or projects will address the need that you have identified.

1. **If applicable, please describe the specific population served by the proposed project or projects (for example people living in rural areas or people with disabilities) and the geographic area covered (for example city, county or statewide).**
2. **Does your project or project serve renters? \* Yes or No.**

If yes, please describe how you plan to maintain affordability of the unit or units after healthy home interventions have been made.

1. **Please select the method or method or methods that will be used to assess and prioritize the repair and rehabilitation needs of the residence. \***

* Visual assessment
* Conversation with property owner
* Conversation with resident
* Health-related referral
* Whole home assessment
* Other (if so explain)

1. **Please share how your organization educates clients about potential home repairs or installation of energy efficiency measures, including the timeline for repairs, warranty information any operational and/or ongoing maintenance requirements. Please include how follow up support is provided for clients if issues arise. \***

**Proposed Budget, Existing Funding and Partnerships**

1. **Please select the funding track you are requesting and share the specific amount. \***

* Medium Track (25,000-200,000)
* Large Track (200,001-750,000)

Specific Amount:

1. **In this round of funding, OHA is prioritizing applicants that can address gaps in existing programs and leverage existing funding streams**.

Please explain the status of your proposed project or projects, what gaps currently exist, and how HHGP funding will leverage your existing funding to help complete your project or projects. \*

**Work Plan Information**

**Note:** Grantees will share updates to the information submitted in the work plan as part of reporting.

1. **Program or** **Project Goals - Please select at least one goal from the three listed and may select all that apply.** \*

For each goal selected, applicant must share at least **one anticipated outcome** and at least **one progress measure** (see explanation information with examples at end of application document).

* **Program or** **Project Goal 1: Maximize the energy efficiency of residences.**
* Anticipated Outcome:
* Progress Measure:
* **Program or** **Project Goal 2: Extend the useable life of residences.**
* Anticipated Outcome:
* Progress Measure:
* **Program or Project Goal 3: Improve the health and safety of occupants of residences.**
* Anticipated Outcome:
* Progress Measure:

1. **Healthy Homes Activities - Please select the activities that are planned in support of the selected goals and anticipated outcomes.** **More details are listed below. \***

* Accessibility modifications
* Asthma and allergen trigger removal
* Electrical upgrades
* Energy audits and home hazard assessments
* Energy efficiency upgrades
* HVAC upgrades
* Insulation and sealing
* Integrated pest management
* Lead abatement
* Mold and mildew abatement
* Radon abatement
* Reducing heat
* Safety enhancements
* Smoke filtration and purification
* Structural and safety improvements
* Structural repairs
* Ventilation improvement and air filtration reduction
* Window and door replacement
* Other 1

Other Activity (please explain)

* Other 2

Other Activity (please explain)

* Other 3

Other Activity (please explain)

**Additional Application Requirements**

**In addition to the questions answered above, complete applications must include the following: \***

* **Attachment #1 –** Proposed Budget Template; and
* **Attachment #2 -** Non-Profit Letter of Determination (if applicable) received from the Internal Revenue Service must be submitted with the Application (Nonprofits ONLY)

**Additional Information**

**Would you like to be notified of future HHGP funding opportunities? Yes or No.**

**By entering your NAME and TITLE below and submitting a Grant Application in response to this RFGA, Applicant certifies that the following statements are true:**

1. Applicant does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Applicant nor will Applicant discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055 or a Disabled Veteran or a subcontractor that employs a Disabled Veteran;
2. Information included in the Grant Application shall remain valid until a grant agreement is executed;
3. The statements contained in the Grant Application are true and complete to the best of the Applicant’s knowledge and Applicant accepts as a condition of the RFGA, the obligation to comply with the applicable state and federal requirements, laws, rules, policies, standards, and regulations. The Applicant recognizes that this is a public document and open to public inspection;
4. The Applicant acknowledges receipt of any additionally required Attachments to the RFGA; and
5. If the Applicant is a successful Applicant, it will be offered a Grant Agreement as a result of this RFGA.

**WORK PLAN ADDITIONAL INFORMATION**

**Program or Project Goal** – High-level statement that expresses long-term intent.

**Outcome** – What your program aims to accomplish and the impact your efforts will have on the health and wellbeing of inhabitants of improved residences using language that is specific, measurable, achievable, relevant, and time-bound when developing anticipated outcomes.

**Progress Measure**–How progress will be measured in achieving your stated goals and outcomes.

**Outcome Examples –**

* Improve indoor air quality in low-income households by conducting home assessments, implementing necessary repairs (such as fixing ventilation systems and/or addressing mold issues), and providing education on indoor air quality best practices, with the goal of achieving a 20% reduction in air pollutants within the next 12 months.
* Decrease asthma triggers in low-income households within a specific neighborhood by 15% over the next two years through targeted home rehabilitation projects that include repairing water leaks, eliminating mold, and ensuring proper ventilation systems.

Progress Measure – How progress will be measured in achieving your stated goals and outcomes.

Progress Measure Example – These progress measure examples provide specific criteria that can be monitored regularly to assess how projects are advancing toward achieving the intended outcomes.

* Number of home assessments conducted within the first three months.
* Number of repaired ventilation systems and addressed mold issues within the first six months.
* Participation rates in indoor air quality education sessions.
* Completion rates of proposed rehabilitation projects.

**Healthy Homes Activities –**

* **Accessibility Modifications:** Increase accessibility in homes by installing ramps, grab bars, wider doorways, and other necessary improvements for older adults or occupants with disabilities.
* **Asthma and Allergen Trigger Removal:** Identify and remove asthma and allergen triggers within homes to improve respiratory health.
* **Electrical Upgrades:** Upgrade electrical systems to improve safety and support energy-efficient heating and cooling devices.
* **Energy Audits and Home Hazard Assessments:** Conduct comprehensive energy audits to identify areas for improvement and prioritize energy-saving measures. Conduct home hazard assessments to identify and evaluate risks posed to residents from conditions found in the home.
* **Energy Efficiency Upgrades:** Incorporate energy-efficient features to reduce long-term operational costs and extend the useful life of the property.
* **HVAC Upgrades:** Replace or repair heating, ventilation, and air conditioning (HVAC) systems with energy-efficient models.
* **Insulation and Sealing:** Install or upgrade insulation and air sealing to reduce heat loss and improve temperature control.
* **Integrated Pest Management:** Control pests within residences while prioritizing the health and well-being of occupants.
* **Lead Abatement:** Address lead-based paint hazards in homes built prior to 1978, to prevent lead poisoning, especially among young children.
* **Mold and Mildew Abatement:** Eliminate moisture issues and remove mold and mildew to improve indoor air quality and reduce respiratory health problems.
* **Radon Abatement:** Lessen radon gas levels in homes to minimize health risks associated with radon exposure.
* **Reducing Heat:** Implement strategies such as the installation of cool roofs, green roofs, or vegetation to reduce heat and enhance energy efficiency.
* **Safety Enhancements:** Install smoke detectors, carbon monoxide detectors to enhance safety for occupants.
* **Smoke Filtration and Air Purification:** Install smoke filtration systems and air purification devices to enhance indoor air quality, particularly for homes located in areas prone to wildfires.
* **Structural and Safety Improvements:** Make structural and safety enhancements to improve accessibility, visitability, fire resistance, and seismic resiliency in homes.
* **Structural Repairs:** Address structural issues such as foundation problems and roofing to ensure the long-term stability of homes.
* **Ventilation Improvement and Air Infiltration Reduction:** Implement measures to enhance ventilation, reduce air infiltration, and maintain comfortable temperature levels within homes, promoting overall comfort and health.
* **Window and Door Replacement:** Upgrade windows and doors with energy-efficient alternatives to reduce drafts and improve insulation.

**ADDITIONAL SUPPORT**

Please email questions to [healthyhomes@odhsoha.oregon.gov](mailto:healthyhomes@odhsoha.oregon.gov)

Responses to Frequently Asked Questions (FAQ’s) and other program information will be posted on the [Healthy Homes Grant Program Request for Grant Application (RFGA) webpage](https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/HEALTHYNEIGHBORHOODS/HEALTHYHOMESGRANTPROGRAM/Pages/Healthy-Homes-Grant-Program-RFGA.aspx) at <https://bit.ly/HHGPRFGA> .