 **RFA #7187**

 **Grant Application**

Applicant’s Organization Name:

Applicant Address:

Contact Name:

Contact Email:

Contact Phone:

Tax ID:

Secretary of State Business Registry:

(If any sections are not applicable: Explain or put N/A)

Organization’s Primary Service Area(s) / Counties Served:

Organization annual operating budget for last two completed fiscal years:

**Funding Request *- Enter desired amount of funds requested. Not to exceed $25,000 per Application.***

Applicant is requesting **$     \_\_\_\_\_** of GHAP Capacity Building Funds.

1. **Eligible Organization Information *Mark the applicable boxes.***
2. **Eligible Organization.**

 **Select Applicant’s Eligible Organization Entity Type *(refer to Section 2.2. of the RFA)*:**

[ ]  Non-Profit

[ ]  Native nation / Federally recognized tribe in Oregon

**b. Please provide Service Location Details.** Indicate which affordable rental housing properties you intend to provide services to. Provide the property names, locations, and your contact person for each location (property owner/manager). You may submit this information as an attachment.

1. **Please mark the following characteristics that reflect the work of your organization *(refer to Section 2.2. of the RFA)*:**

*Your organization must meet at least five of the eight characteristics to be eligible for this grant offering.*

**[ ]** Primarily serves low and very low-income individuals.

**[ ]** Organization is a Culturally Specific Organization (Refer to 2.2)

**[ ]** Organization is based in a rural community or primarily serves rural communities.

**[ ]** Organization has the ability to effectively serve Black, Indigenous, and Communities of Color.

**[ ]** Primarily serves a community historically targeted by discriminatory housing policies in Oregon.

**[ ]** Organization currently has affordable rental housing within their portfolio of properties -Or- Provides ongoing operating support or resident services to an affordable rental housing property.

**[ ]** Organization has fewer than 10 individual staff - Or - Has an annual budget of $1mil or less

**[ ]** Organization primarily serves a community that has been found to be severely rent burdened (paying more than 50% of income on rent) or is at higher risk of eviction due to the COVID pandemic.

1. **Please explain how your organization meets the characteristics you selected above.**

*Please provide examples or other similar supporting documentation*

[ ]  If you selectedRural Organization, provide the address of your main office(s) or multicounty services areas. Refer to Section 2.2.

Main office address or multicounty service areas:

 **[ ]**  (a) Majority of service community reside in rural areas of the state, and the majority of the

services provided by the organization are to rural locations.

*Please provide demographic information or similar supporting documentation*

**Mission, representation, impact, qualifications**

1. **Please describe the mission of your organization and the program(s) you plan to provide through this grant.**
2. **Why is your organization uniquely qualified to provide your proposed resident services activities?**
3. **How does data inform your organization’s work?**
4. **How is your work is guided by and accountable to the communities you serve?**

**Alignment with SWHP priorities**

1. **How does your organization’s work align with OHCS’ SWHP priorities?**
2. **What are the biggest barriers to affordable, safe, and stable housing for your service community and how is your organization working to change or eliminate these barriers?**

**Scope of work, feasibility, readiness to proceed**`

1. **Activities and Timeline-**

Provide a brief narrative and list of activities that will be supported through this grant and anticipated timeline.

1. **List clear and simple goals for how you will define and measure success-**

Please define what success would look like for your planned activities / program. How will you know/measure success?

1. **What data will you collect from your activities?**
2. **What existing relationships and programs will be helpful in meeting your activities timeline?**

***Include additional pages as needed.***

**Budget**

1. **Please fill out and attach the budget tool provided or create and attach one of your own with the same type of information and detail.**

***Include additional pages as needed.***

1. **Compensation Method *– Select the desired compensation method for an approved-agreement. The agreement must be executed before Agency can distribute any funds.*** Proof of purchase (paid invoice, payroll/staff hours, or receipts) is required prior to any reimbursement payment by Agency. The compensation method will be determined by Agency with Applicant’s feedback from this Application.

[ ]   **[a] Reimbursement of** **qualifying expenses.**

[ ]  **Quarterly or** [ ]  **Monthly**

**Or;**

[ ]  **[b]** **25% of total award upon execution of grant agreement with** [ ]  **Quarterly**

 **or** [ ]  **Monthly reimbursement thereafter.**

1. **Copies of signed Memorandums of Understanding (MOUs) for agreed upon project activities-**

Provide copies of any MOUs or other relevant documentation, agreement, or correspondence that confirms the agreement to provide project activities and services and related costs for activities to be provided at affordable rental housing locations.

***Include additional pages as needed.***

1. **Certification:**

**Applicant:** I hereby certify and affirm that I have reviewed the RFA material, any addenda, and understand only specific RFA activities (Section 2.4 of RFA) are authorized upon acceptance of an Agency-approved Application and executed Agreement.

**Authorized Representative** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Director or designee**

**Printed name and title of signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Agency Use**

Date Received: \_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_ Amount Approved: \_\_\_\_\_\_\_\_\_

Approved Date: \_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_ Reason for denial: \_\_\_\_\_\_\_\_\_

Denied: \_\_\_\_\_\_\_\_\_\_ Denied by: \_\_\_\_\_\_\_\_\_