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## Notice of Funding Availability for FY24 HOME-ARP Funds

The American Rescue Plan Act of 2021 created a special allocation of $5 billion to support state and local programs for populations experiencing homelessness or identified as at-risk of homelessness. This special allocation is administered by the U.S. Department of Housing and Urban Development (HUD) through the HOME Investment Partnerships Program, for the purpose of assisting four “qualifying populations.” Qualifying populations include those experiencing homelessness, those at risk of homelessness, those fleeing or attempting to flee domestic violence, and other populations requiring housing to prevent homelessness or are at the greatest risk of homelessness.

Use of these funds requires compliance with the HOME Investment Partnership Program Regulations in 24 CFR 92, and HOME-ARP Notice CPD-21-10.

This application is used to apply for funding from the County of Henrico. Henrico received allocations of HOME-ARP funds and has identified Supportive Services as an intended use of these funds. **Henrico County has allocated $1,000,000 for these purposes.**

Through this solicitation, Henrico County is seeking requests for funding from qualified and capable organizations to provide supportive services consistent with those described in the HOME-ARP Notice [CPD-21-10](https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf). (the Notice) and the Henrico County [HOME-ARP Allocation Plan](https://henrico.gov/revit/home-arp-program/). These services must be available to the following four Qualifying Populations (QP) as further described in the Notice: individuals and families who are homeless; Those at risk of homelessness; Those fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; And other populations where supportive services or assistance would prevent the family’s/individual’s experiencing homelessness or would serve those with the greatest risk of housing stability. The HOME-ARP Allocation Plan for Henrico County states that supportive services will be open to all QPs, but preference will be given to the qualifying populations experiencing homelessness.

Henrico County intends to prioritize funding for programs providing services within the following categories of McKinney-Vento Supportive Services as described in Section VI.D.4.c.i. of the [HOME-ARP Notice](https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf):

1. Housing Search and Counseling Services
2. Case Management
3. Financial Assistance Costs
4. Short-term and medium-term financial assistance for rent

Henrico County has specified in its HOME-ARP Allocation Plan that preference for supportive services is for qualifying populations experiencing homelessness with all other QPs eligible for supportive services as a lower priority. Therefore, Henrico will prioritize funding proposals that serve the preferred QP (persons experiencing homelessness) and agree to serve others. Programs must also agree to accept referrals from Coordinated Entry, following the same guidelines as the CoC as further described in the Henrico County HOME-ARP Allocation Plan. Any provision of supportive services must comply with all requirements of **Section VI.D.** of the HOME-ARP Notice and the PJ’s policies and procedures.

It is with the intention to have funds available to successful applicants by **April 25, 2025**. Henrico expects successful applicants to expend awarded funds expeditiously in order for the County of Henrico to meet their HUD expenditure deadlines on December 30, 2030.

The County of Henrico reserves the right to award only a portion of the available funds during this application period if circumstances warrant.

Application and Award Schedule **(Subject to Change)**

|  |  |
| --- | --- |
| February 19, 2025 | Application for use of funds made available |
| March 4, 2025 | Optional Pre-Application Q & A Session with Henrico staff |
| March 19, 2025 | Application deadline |
| April 8, 2025 | Anticipated action: Henrico County Board of Supervisors’ authorization to sign subrecipient agreements. |

Funding is available upon the County of Henrico completing a Subrecipient Agreement (contract) with the organization(s) to be funded.

**ALL APPLICATIONS ARE DUE NO LATER THAN March 19, 2025, at 11:59 PM.**

**ALL APPLICATIONS MUST BE EMAILED TO EACH OF THE FOLLOWING EMAIL ADDRESSES:**

[**wal169@henrico.gov**](mailto:wal169@henrico.gov)

**sac01@henrico.gov**

**HOME-ARP Allocation Plans for Henrico County can be found here:** [**https://henrico.gov/revit/home-arp-program/**](https://henrico.gov/revit/home-arp-program/)

## Application Instructions

1. Provide an electronic copy of the application and all attachments. The application must be provided in a Microsoft Word format or converted to a PDF. The signature page must be scanned and included as an attachment. Please ensure that all of the documents provided have file names descriptive of your agency and the file contents.
2. Each program requires a separate application. Do not include multiple programs in one application. Each must have a separate application/submission.
3. Submissions must contain all of the information requested. If there is a question about if a section may be left blank, contact any of the county staff listed below for guidance.
4. Please do not remove page breaks from the Word document.
5. Please provide an electronic copy of the completed application and all attachments to both County contacts listed below via email.

## Evaluation Criteria

* Experience with, and the capacity to implement, the program
* The extent to which funds will provide an increase in current service or prevent a reduction in service.
* The extent to which funds will enable persons to be removed from homelessness.
* Cost-effectiveness
* The extent to which the program prioritizes serving persons experiencing homelessness and is available to other QPs as described in the Henrico HOME-ARP Allocation Plan.

## County Contact Information

For assistance or questions, please contact one of the following:

David Sacks, Community Development Manager at 804-501-7611 or [sac01@henrico.gov](mailto:sac01@henrico.gov)

Trinity Waldron, HOME Program Manager at 804-501-7614 or [wal169@henrico.gov](mailto:wal169@henrico.gov)

**County of Henrico**

## Application for the use of HOME-ARP funds for Supportive Services

1. **Organization or Entity Legal Name:** Click here to enter text.
2. **Program Name:** Click here to enter text.
3. Amount of funds requested: $ Click here to enter text.
   1. Is this a request for multi-year funding? Yes No

### *Applicant Information*

1. **Organization Website:** Click here to enter text.
2. **Applicant Mailing Address:** Click here to enter text.
3. **Street Address if different:** Click here to enter text.
4. **Chief Officer Name and title:** Click here to enter text.
5. **Program Contact:** Click here to enter text. **Title:** Click here to enter text.
   1. **Telephone:** Click here to enter text. **E-mail:** Click here to enter text.
6. Contact Person for questions about this application:
   1. **Telephone:** Click here to enter text. **E-mail:** Click here to enter text.

Is this person an employee of the applicant organization: Yes No

* 1. If no, please explain: Click here to enter text.

1. Federal Tax Identification Number (EIN): Click here to enter text.
2. **UEI Number:** Click here to enter text.
3. **Legal Status:** Click here to enter text.

***(Private for-profit corporation, private non-profit corporation, government agency, etc.).***

1. **Will any of the program responsibilities or requirements be subcontracted? Yes No**
   1. **If yes, please list the organization the work will be subcontracted to:**

Click here to enter text.

* 1. **Please explain the role of the subcontracted organization:**

Click here to enter text.

### *Program Information*

1. **Program Name:**

Click here to enter text.

1. **Please provide a one-sentence description of the program:** Click here to enter text.
2. **Other Program Partners. Please list and explain their role:**

Click here to enter text.

1. Is any other funding for this program being requested from Henrico County?

Yes No

* 1. If yes, please explain:

Click here to enter text.

1. Please describe the geographic area where QPs will be served throughout the program (specify localities):

Click here to enter text.

1. Please explain where services will be provided to the QPs (i.e., agency address, off-site, etc.):

Click here to enter text.

1. Select and briefly describe the type of supportive service(s) your organization intends to use HOME-ARP funds for (Only ONE box may be checked per application):

|  |
| --- |
| ***Housing Search and Counseling Services*** *(As described in Section VI.D.c.i.E in the HOME-ARP Notice)* |
| ***Case Management*** *(As described in Section VI.D.c.i.M in the HOME-ARP Notice)* |
| ***Financial Assistance and Costs*** *(As described in Section VI.D.c.i.R in the HOME-ARP Notice)* |
| ***Short-term and Medium-term Financial Assistance for Rent*** *(As described in Section VI.D.c.i.S in the HOME-ARP Notice)* |
| ***Other Supportive Services (****consistent with Section VI.D.c.i. in the HOME-ARP Notice)* ***Please indicate the eligible service, per the HOME-ARP Notice*** |

1. Please provide a detailed program description for the Supportive Services your organization intends to provide:

Click here to enter text.

* 1. What is the expected duration of this program (or program enhancement) utilizing HOME-ARP funds? Click here to enter text.
  2. How does your organization intend to receive, qualify, and prioritize clients for duration of this program? Click here to enter text.
  3. Please describe how your organization intends to run the program that involves the use of funds for supportive services:

Click here to enter text.

* 1. **Approximately how many persons, or households, do you expect to serve with this program?**

Total Persons: Click here to enter text.

Total Households: Click here to enter text.

* 1. Of those to be served, how many of those will be Henrico County residents, or identify as being from Henrico?

Henrico Persons: Click here to enter text.

Henrico Households: Click here to enter text.

1. Explain how the requested funding adds a service/program or how it prevents an existing service/program from ending or reducing service. Be sure to include an explanation of the persons projected to be served by the program how many are expected to be served because of this funding:

Click here to enter text.

1. When would you expect to begin using Henrico County HOME-ARP funds for this program? Note: Henrico County expects funds to be available by April 30, 2025.

Click here to enter text.

1. If less than the requested funding can be provided, how would that change the outcomes described above and how the funds would be used? Be sure to indicate if it would impact the duration of the program

Click here to enter text.

### *Program Sources and Uses of Funds*

Please provide sources and uses of funds for this program in Table 1. in the following section.

**Total Program Budget: $**Click here to enter text.

**The program budget should cover the period of time for which funding is requested.**

**If this program budget covers a period over 12 Months, please describe:** Click here to enter text.

**Indicate all funding sources that will be used for the program, specifying any other local government funds and State and federal funds including HUD funds. Where other sources of funds are identified, please provide adequate notes indicating the status and source of those funds (committed, to be applied for, etc.). For expenses, provide information, please add additional line items as needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Budget** | | |  |
| **Sources (for all years of program)** | **Amount** | **Source of Funding** | **Status of funding source (applied for, to be applied for, committed, etc.)** |
| **Henrico Request - HOME-ARP** | $0.00\* |  |  |
| **Other HUD Funds** | $0.00 |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
| **Other Federal Funds** | $0.00 |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
| **State/Local Funds** | $0.00 |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
| **Other (please be as specific as possible)** | $0.00 |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
| **Total Program Sources** | $0.00 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Uses/Expenses** | **Amount** | **Henrico HOME-ARP** | **Additional Information** |
| ***Personnel Costs*** (Itemized position title and percentage to be funded by grant) | $0.00 | $0.00 |  |
| ***Supplies and Materials*** (Itemized by type) | $0.00 | $0.00 |  |
| ***Direct Support Costs*** (itemized by type) | $0.00 | $0.00 |  |
| ***Other Program Support Costs*** | $0.00 | $0.00 |  |
| ***Other Administrative Costs*** (itemized by type) | $0.00 | $0.00 |  |
| **Total Program Expenditures** | $0.00 | $0.00\* |  |

\*These numbers should match

### *Program Eligibility and Supportive Services*

1. Who will be served by this program? Please be as specific as possible, including the characteristics of households (or persons) served.

Click here to enter text.

1. Explain how this program serves and/or is made available to the four HOME ARP qualifying populations as required by the HOME-ARP Notice and how priority for services will be provided to persons experiencing homelessness.

Click here to enter text.

1. Explain the agency's capacity to comply with eligibility requirements and documentation.

Click here to enter text.

1. Describe your organization’s experience providing supportive services for homeless or low-to-moderate-income individuals.

Click here to enter text.

### *Other Requirements*

1. **For programs where housing is being provided, who will be responsible for verifying habitability and conducting inspections pursuant to 24 CFR 982.401?**

Click here to enter text.

1. Describe the intake process to ensure individuals and families meet qualified population requirements.

Click here to enter text.

1. Identify who will be responsible for the planning, implementation, follow-up, and ensuring the program is completed as planned.

Name and Title: Click here to enter text.

1. Identify the name and title of the person(s) responsible for ensuring all federal regulations and guidelines pertaining to the use of HOME-ARP funds are met and describe that person’s experience and/or expertise in federal program compliance.

Name and Title: Click here to enter text.

1. As a subrecipient of HOME-ARP funds, your organization will be required to follow the procurement requirements of Henrico County and may be responsible for compliance with VAWA, and Environmental Review, which may include subcontracting with third parties to ensure and document compliance. Please check the box below notating that your organization understands that they are or may be subject to these requirements.

Name and Title: I Click here to enter text., on behalf of Click here to enter text. understand the above requirements.

1. **Provide the name and title of the person responsible for providing monthly and quarterly status reports to the County of Henrico for this program.**

**Name and Title:** Click here to enter text.

### *Agency Information*

1. Has your agency received an independent audit conducted by a Certified Public Accountant?

Yes No

1. When was your agency’s last audit completed?

Click here to enter text.

1. What was the time period (fiscal year) reviewed?

Click here to enter text.

1. Were there any findings or concerns identified? If so, please list and provide a response to those issues.

Click here to enter text.

1. Complete the following six questions in the section below:
2. What is your agency’s mission statement?

Click here to enter text.

1. What is the history and purpose of your agency?

Click here to enter text.

1. How long has the agency been in existence? List any other names your organization has operated under or otherwise been known as?

Click here to enter text.

1. How long has the agency had its 501(c)(3) status?

Click here to enter text.

1. **Provide a brief description of any recent (past three years) financial default or lawsuits.**

Click here to enter text.

*NOTE: A copy of the agency’s most recent audited financial statements prepared by a qualified accountant or accounting firm must be attached to the application.*

### *Application Authorization*

The undersigned certifies that:

He/she is legally authorized to request and accept funding from the County of Henrico; and to the best of his/her knowledge, all representations that are part of this application are true and correct.

That all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and

Should the requested funding be provided, that in execution of this program, the applicant will comply with all assurances required by federal laws which govern the HOME-ARP, others stipulated by the U.S. Department of Housing and Urban Development (HUD), and all assurances set forth in the Subrecipient Agreement signed with the County of Henrico.

Name of Certifying Representative: Click here to enter text.

Title of Representative: Click here to enter text.

Signature:

Date Signed:

### Checklist of Required Documents **check boxes for items included.**

Please include the following documents:

Detailed Program Description (types of programs and services currently offered, and how HOME-ARP Supportive Services programs will fit within the organization's mission.; safety and security measures, etc. Provide any additional information, not provided in question 18.

Procedures Manual for this program

Current fiscal year budget

Staff resumes for all staff involved in the program management (including the entire development team)

Any additional information describing the organization or program that may be helpful in reviewing the application.

Most recent financial audit if not already provided to Henrico Department of Community Revitalization.

List of Board members (with contact information) and executive officers.

Organizational chart that includes current names and titles of staff involved in the program.

Articles of Incorporation

Agency bylaws

Documentation of 501(c)(3) or other non-profit status

Documentation of registration with the Virginia State Corporation Commission

For requests for programs that will provide housing (e.g. any type of rapid re-housing program), provide the following documents:

Habitability Checklist Form

Lead-Based Paint Standard Form

Lead-Based Paint Assessment Certification(s) for staff who will conduct LBP assessment

**Please check the boxes for all included items. If an item is not included, please explain:**

Click here to enter text.