Project Application

Please submit the following information for consideration of HomeAid project assistance. All information will remain confidential and only available to HomeAid Board members and staff. Please contact HomeAid should you have any questions. We look forward to working with you.

Organization Information

Name of Service Provider Agency:

Address:

Date:

Website:

Contact Name:

Title:

Contact Phone:

Email:

Tax Identification #:

Name of proposed project:

Project address (if known):

Project phone:

Project email:

Project website:

Project contact name:

Phone:

Email:

Client Information (if applicable)

Case Manager Name:

Case Manager Phone Number:

Email:

Section I: Organization Information

1. Please describe your organization's mission and objectives along with current programs and services. (Attach additional pages, if necessary. Also, include any informational flyers or brochures)

2. Primary populations currently served: (select the top three populations)

- ☐ People that are homeless as a result of job loss
- ☐ Young mothers or pregnant teens
- ☐ Homeless youth
- ☐ Veterans
- ☐ People battling substance abuse
- ☐ Emancipated youth
- ☐ People who are mentally ill
- ☐ Elderly
- ☐ Other (please list):
- ☐ People that are homeless as a result of catastrophic illness
- ☐ Abused children
- ☐ Victims of domestic violence and/or spousal desertion
- ☐ People living with chronic diseases
- ☐ Fostered youth
- ☐ Pregnant minors and their children
- ☐ People exiting from correctional facilities
- ☐ Chronically homeless

3. Type of clientele served (check all that apply):

- ☐ Single Adults (male/female)
- ☐ Families (including children)
- ☐ Other (please specify):

4. Age of clientele served (check all that apply):

- ☐ 0-12
- ☐ 13-18
- ☐ 19-25
- ☐ 26-40
- ☐ 41-60
- ☐ 60+

5. Support services your agency provides (check all that apply):

- ☐ Outreach
- ☐ Life Skills (outside of case management)
- ☐ Mental health services
- ☐ Other health care services
- ☐ Housing placement
- ☐ Child care
- ☐ Legal
- ☐ Case Management
- ☐ Alcohol or drug abuse services
- ☐ HIV/AIDS-related services
- ☐ Education
- ☐ Employment assistance
- ☐ Transportation assistance
- ☐ Other (please list):

6. Reasons your clients become homeless (check all that apply):

- ☐ Domestic Violence
- ☐ Physical Disability
- ☐ Chronic Health Problem
- ☐ Financial Problems
- ☐ Mental Disability
- ☐ Chronic Substance Abuse
- ☐ Job Loss
- ☐ Other (please specify):

7. What is the main reason people come to your organization for help?

8. Approximate number of individuals and families served **each year** through your organization:

# of individuals: # of families:

If the project will create or expand services, estimate number of additional people _____ and families _____ that will be served per year.

9. What county or jurisdiction are your clients from? (check all that apply):

- ☐ Arlington County
- ☐ Fairfax County (includes City of Alexandria, City of Fairfax and City of Falls Church)
- ☐ Fauquier County
- ☐ Maryland
- ☐ Loudoun County
- ☐ Prince William County (includes City of Manassas and Manassas Park)
- ☐ Other Virginia areas
- ☐ Washington, D.C.

10. From which jurisdiction do you see the most clients?

11. What percentage of your adult clients are employed?

12. What is a client's average length of time in your housing program?

13. Estimated percentage of clients who gained self-sufficiency after completing your program last year:

Section II: Project Information

1. Type of property:
   - ☐ Condo
   - ☐ Commercial
   - ☐ Affordable Housing
   - ☐ Transitional (up to two years)
   - ☐ Other (explain):

2. Proposed project will:
   - ☐ Add beds
     Number of beds to be added:
   - ☐ Add additional space (non-bedroom)
   - ☐ Preserve beds
     Number of beds preserved:
   - ☐ Upgrade the facilities of the shelter

3. How long has your organization owned this property?

4. How many properties does your organization own?

5. What is a client's average length of time in this space?

6. Scope of Work (please attached additional pages, if needed, to describe desired work to be done to the property):

7. Timing of the repair (any timing info that will help us in coordinating with our Builder Captain(s) and Trade Partners) and hours available for work to take place:

8. When was the last assessment conducted on this property?

   Date: Value:

9. Is the property currently vacant?
   - ☐ Yes
   - ☐ No

10. Do you know who will be moving into this property after completion of the project?

11. Are there funds available to use towards this project?
    - ☐ Yes
    - ☐ No

Section III: Agency Information

Chief paid executive: Title:

Phone: Email:

Chief Board officer: Title:

Phone: Email:

1. Are you a 501(c)(3) organization?

☐ Yes (Please attach verification) ☐ No

Federal ID No.: How long has the agency been in operation?

2. Does your organization have an existing strategic plan or business plan?

☐ Yes (Please attach) ☐ No

Board of Directors Information

3. Number of persons serving on the Board of Directors (Please attach current Board of Director roster:

4. Number of directors making financial contributions to the organization in past fiscal year:

5. Total amount of directors' financial contributions to organization in past fiscal year:

Organizational Capacity

6. Number of Full-time paid staff: 7. Number of Part-time paid staff:

8. Number of volunteers: 9. Total est. volunteer hours received during the past year:

10. Please attach:

☐ Current year's budget
☐ Most recent audited Financial Statement
☐ Year-to-date financial statements

Section IV: Project Construction *(Complete to the best of your ability)*

1. Type of clients served by the proposed project if different from current populations served (select all that apply):

- ☐ Homeless as a result of catastrophic illness
- ☐ Abused children
- ☐ Victims of domestic violence/spousal desertion
- ☐ People living with HIV/AIDS
- ☐ Foster youth
- ☐ Pregnant minors and their children
- ☐ People who are mentally ill
- ☐ Elderly
- ☐ Women in crisis pregnancy
- ☐ Homeless youth
- ☐ Veterans
- ☐ People battling substance abuse
- ☐ Emancipated youth
- ☐ Fragile infants
- ☐ People exiting from correctional facility
- ☐ Chronically homeless

2. Square footage of proposed project:

3. Majority of work being done will be:
- ☐ Renovation
- ☐ New Construction
- ☐ Combination of both

4. Please answer the following questions to the best of your ability (Not required at time of application.

For review purposes only):

Do you own or control the site?

☐ Yes ☐ No

If you control, but do not own the site, please explain:

Are all needed entitlements (other than building permit) in place for the intended use?

☐ Yes ☐ No

Has the project undergone Planning Department Review?

☐ Yes ☐ No

Does the project require a Variance or Special Use Permit?

☐ Yes ☐ No

Does the project require review by any other organizations (i.e., architectural review committee, neighborhood review board, etc.)?

☐ Yes ☐ No

Do you have renderings/photos?

☐ Yes (please attach) ☐ No

Do you have site plans showing the building on the site?

☐ Yes (please attach) ☐ No

Do you have an engineered site plan?

☐ Yes (please attach) ☐ No

Do you have architectural plans completed?

☐ Yes (please attach) AND include contact information for architect: ☐ No

If yes, have the plans been approved by all required local government agencies?

☐ Yes ☐ No

Do you need help with architectural or engineering plans?

☐ Yes ☐ **No**

Have you already applied for building permits?

☐ Yes ☐ No

Section V: Project Budget *(Complete to the best of your ability)*

1. Estimated Construction Cost (if known):
2. Estimated Soft Costs (Including permit fees and other project costs not directly tied to construction):
3. Percentage of revenue currently in the bank for this project:

4. If not 100%, please provide a breakdown of financing or fundraising activities planned for the project and their timing:

5. Please list the anticipated sources of revenue for the construction of the project:

6. Estimated annual budget for the program operations at the new project site:

7. How do you anticipate the future operations be funded?

Section VI: Insurance Information

Please check if you have the following insurance in place:

- ☐ Directors and Officers
- ☐ General Liability
- ☐ Auto Insurance
- ☐ Errors and Omission
- ☐ Workers Compensation

Section VII: Additional Information

Please attach additional information you feel would be helpful for our evaluation e.g. annual report, organization newsletter, brochures, etc.

Section VIII: Service Provider Covenants

a. Service Provider acknowledges its obligation to give due credit to HomeAid National Capital Region in any and all press releases, public announcements, award programs or other publicity about the project. Service Provider agrees to obtain HomeAid National Capital Region approval for any and all press releases, public announcements, awards programs or other publicity about the project. Any such publicity that is not disapproved within seven (7) days shall be considered approved.

b. Service Provider acknowledges its obligation to send notice to its donor base promptly after this application is approved advising them of the contribution HomeAid National Capital Region has agreed to make to the project. Such notice shall be shown to and approved by HomeAid National Capital Region's executive director prior to such mailing.

c. Service Provider acknowledges its obligation to install and maintain a plaque or similar marker recognizing HomeAid National Capital Region's contribution to the project and featuring the HomeAid logo. Such commemorative marker shall be displayed in a prominent location at the completed project site.

d. Service Provider acknowledges and agrees that it bears the ultimate financial responsibility for the completion of the project and that HomeAid National Capital Region's contribution to the project is limited to in-kind donations of materials and labor. Accordingly, Service Provider has diligently and thoroughly investigated and disclosed above, all available and potential funding for the project.

e. Service Provider acknowledges and agrees to provide, when requested and where reasonable, information to HomeAid National Capital Region and HomeAid America on client success rates, client service numbers, and program evaluation information.

Section IX: Certification

a. Service Provider certifies that it does not engage in unlawful discrimination of any kind with respect to the persons benefited by Service Provider's activities.
b. The undersigned hereby certifies that all information given by the Service Provider in this application is true and correct as of the date hereof.
c. The undersigned hereby certifies that the Service Provider has read this Project Assistance Application and the Service Provider agrees that, should the project be approved, the Service Provider will abide by the covenants contained herein.
d. The undersigned is duly authorized to execute this document on behalf of the Service Provider as of the date written below.

This application must be signed by a board officer and the staff officer to whom future questions and correspondence may be addressed. Signatories attest to the accuracy of the information.

Submitted this _____ day of _____, _____.

Board Officer of Service Provider

Signature:

Name:

Title:

Staff Officer of Service Provider

Signature:

Name:

Title: