Logo

Description automatically generated

**HOME-ARP Letter of Interest and Request for Qualifications**

|  |  |
| --- | --- |
| Agency/Organization Name |  |
| Primary Contact (Name, Email, Phone) |  |
| Alternate Contact (Name, Email, Phone) |  |

|  |
| --- |
| Please provide your Agency/Organization’s mission. (Limit 500 characters) |
|  |

|  |  |
| --- | --- |
| What county(s) is your Agency/Organization currently providing services? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please select the county(s) your Agency/Organization is interested in providing Supportive Services. | | | |
| Clay |  | Graham |  |
| Haywood |  | Jackson |  |
| Macon |  | Swain |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please select all the HOME-ARP Qualifying Populations your Agency/Organization may serve under Supportive Services activities. (See Appendix A for full definitions) | | | |
| Homeless |  | At Risk of Homelessness |  |
| Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking |  | Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please select all the Supportive Services your Agency/Organization may provide with HOME-ARP funding.  (See Appendix B for details on eligible costs/activities) | | | |
| Financial Assistance (rental application fees, security/utility deposits, utility payments, moving costs, first/last month's rent, rental arrears) |  | Financial Assistance for Rent (up to 3 months or up to 24 months) |  |
| Landlord/Tenant Liaison |  | Credit Repair |  |
| Mediation |  | Case Management |  |
| Transportation |  | Outpatient Substance Use Treatment Services |  |
| Outreach Services |  | Outpatient Health Services |  |
| Outpatient Mental Health Services |  | Life Skills Training |  |
| Legal Services |  | Housing Search and Counseling Services |  |
| Food |  | Employment Assistance and Job Training |  |
| Education Services |  | Child Care |  |

|  |  |
| --- | --- |
| Proposed total yearly funding amount | $ |

|  |
| --- |
| Will your Agency/Organization leverage HOME-ARP funds to provided or compliment additional services and/or housing resources. Include type of services/resources that will be provided and source of funding. (Limit 2000 characters) |
|  |

|  |
| --- |
| If your Agency/Organization will not provide all services directly and will enter into written agreement(s) with other agencies to provide services, please describe how the services and/or financial assistance will be provided to qualifying populations. (Limit 2000 character) |
|  |

|  |  |
| --- | --- |
| Number of households to be served (yearly). |  |

|  |
| --- |
| Please describe your anticipated program design, including proposed Supportive Services. (Limit 2000 characters) |
|  |

**Please select all that apply to the Organization/Agency:**

Agency/Organization is a 501c3 or unit of government.

Agency/Organization will accept referral /participate in the designated referral method(s).

Agency/ Organization can meet all reporting requirements under HOME-ARP.

Agency/ Organization will hold minimum insurance requirements.

Agency/ Organization has no overdue tax debts.

Agency/ Organization has Financial Policy and Procurement Standards.

Agency/ Organization has a current Conflict of Interest Policy that meets HUD requirements.

Agency/ Organization has a current Language Access Policy/Limited English Proficiency Policy.

Agency/ Organization has an Anti-Discrimination Policy.

Agency/ Organization has a Drug-Free Workplace Policy.

Agency/ Organization has an Environmental Tobacco Smoke-Free Policy.

Agency/ Organization has an Equal Access Policy.

Agency/ Organization has a Fair Housing Policy.

Agency/ Organization can meet the Lead-Safe Housing Rule requirements.

Agency/ Organization has a Faith-Based Activities Policy.

Agency/ Organization has a Termination of Assistance Policy for Program Participants.

Agency/ Organization has a Confidential and Record Retention Policy.

***All information provided is true and current and the Letter of Interest and Request for Qualification submittal has been reviewed and approved by the appropriate organizational authorities.***

\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signing Official (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signing Official (Signature) Date

An Agency or Organization may complete and submit an electronic copy of the Letter of Interest and Request for Qualifications submittal via email to [caroline@regiona.org](mailto:caroline@regiona.org) on or before Monday, February 6, 2023 by 5:00 pm., with no additional information or attachments. This Letter of Interest and Request for Qualifications submittal is for informational purposes only and not part of a funding or application process. Submittals may also be delivered in person or mailed to:

Caroline LaFrienier

Senior Project Manager

Southwestern Commission

125 Bonnie Lane

Sylva, NC 28779

828-586-1962 (x218)