

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

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

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| Please provide your Agency/Organization’s mission. (Limit 500 characters) |
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| What county(s) is your Agency/Organization currently providing services? |       |

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

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| 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 | [ ]   |

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| 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 | [ ]  |

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| Proposed total yearly funding amount | $      |

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

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

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Authorized Signing Official (Print Name)

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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 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)