**Name of Organization:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUEST FOR APPLICATIONS**

***SERVICES FOR HOUSING PROGRAMS***

**2013**

**APPLICATION FORM**

**PARTS 1 AND 2**

|  |  |
| --- | --- |
| **Part 1: Organizational Profile and Capacity** Use Part 1 of the application to provide basic information about your organization and to demonstrate its project management and administrative capacity.  | **Total Points Available in Part 1:** **100** |
|  |
| 1. Provide basic information about your organization. |
| **Name of Organization** |  |
| **Year Established** |  |
| **Overall Organizational****Service Area** |  |
| **Primary Contact Person/Title** |  |
| **Site Address** |  |
| **Mailing Address****(if different)** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Mission** |  |

**Application Certification:**

Signature of Authorized Representative (staff) Date

Signature of Governing Board President or Chair Date

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| 2. Provide information about the key staff at your organization who will have responsibility for this grant (add additional rows if necessary). | **Points Available: 15** |
| **Score:** |
| Key Staff | Name | Title | Job Responsibilities | Years with organization |
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|  |  |  |  |
| Number of Full-time Staff | 2009 | 2010 | 2011 | 2012 |
|  |  |  |  |
| Number of Part-time Staff |  |  |  |  |
| Number of Staff Departures (excluding interns) |  |  |  |  |

|  |  |
| --- | --- |
| 3. Provide information about your organization’s Board of Directors**. (**Add additional rows and expand cells as necessary.) | **Points Available: 5** |
| **Score:** |
| Name | Role | Home Address | Stakeholder representation[[1]](#footnote-1) | Profession | Affiliations | Length of Tenure |
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|  |  | Average Tenure: |  |
| 4. Provide information to demonstrate that your Board possesses: (1) skills and/or experience related to affordable housing, community development, and neighborhood revitalization, and (2) legal, business, and management skills required to manage Housing Services in partnership with the District government. As appropriate, describe key Board initiatives within the past three years that demonstrate these capabilities. | **Word Limit: 300** | **Points Available: 10** |
| **Score:** |
| <insert response here> |

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| 5. Please provide the following financial information about your organization. | **Points Available: 10** |
| **Score:** |
|  | **2009** | **2010** | **2011** | **2012** |
| Annual Operating Budget |  |  |  |  |
| Operations Surplus (deficit) |  |  |  |  |
| Total Assets |  |  |  |  |
| Net Assets |  |  |  |  |

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| --- | --- | --- |
| 6. Describe your organization’s systems for managing finances and performance data.  | **Word Limit: 300** | **Points Available: 15** |
| **Score:** |
| <insert response here> |

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| 7. Please provide information about your organization’s major sources of funding (over $10,000). | **Points Available: 10** |
| **Score:** |
| **2010** | **2011** | **2012** |
| Funder | Amount | Funder | Amount | Funder | Amount |
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| 8. Provide contact information for three references from funding sources or other entities who are well acquainted with your organization’s ability to achieve positive outcomes within a budget and who are willing to provide detailed information about your organization’s capacity and performance[[2]](#footnote-2). |
|  | Organization | Contact Person | Telephone |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |

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| --- | --- |
| 9. Provide information about your organization’s recent activities, demonstrating success in implementing performance-based outcomes.[[3]](#footnote-3) Highlight recent accomplishments related to the proposed services. (Add additional rows and expand cells as necessary.) | **Points Available: 10** |
| **Score:** |
| Activity Name | Partner Organizations | Budget | Target Population | Start/End Dates | Outcomes/Deliverable Products |
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| 10. Describe the methods used by your organization to ensure that adequate quality control is maintained in the services provided. (Expand cell as necessary.) | **Word Limit: 200** | **Points Available: 10** |
| **Score:** |
| <insert response here> |
| 11. Describe your organization’s systems for program management and tracking of accomplishments. ( Expand cell to an additional page as necessary.) | **Word Limit: 200** | **Points Available: 5** |
| **Score:** |
| <insert response here> |

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| 12.a. Describe recent challenges faced by your organization and the process used to address those challenges. 12.b. What are the most significant challenges facing your organization today, and how do you plan to respond?  | **Word Limit: 300** | **Points Available: 10** |
| **Score:** |
| <insert response here> |

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| **Part 2: Proposed Activities and Outcomes for Housing Services**Use Part 2 of the application to demonstrate both your knowledge of the need for these services and your organization’s ability to address those needs. | **Total Points Available in Part 2:**  **100** |
| **1.** Describe your organization’s marketing and outreach plan for these services, taking into account the concentrated and well-defined geography of the target area for which intensive outreach is expected. The plan should include a description of all marketing tools which will be used and how those tools will increase target population awareness of the services. (Expand cell to additional page as necessary.) | **Word Count: 300** | **Points Available: 30** |
| **Score:** |
| <insert response here> |
| **2. (a)**Describe in detail the housing services your organization intends to provide under this grant. (This should cover all services indicated on the Menu of Services.) Provide some detail on the process by which these services will be provided. Provide some detail about your organization’s skill and/or experience in providing these services. Explain how the services proposed are not duplicative of initiatives funded through other District agencies.  | **Word Limit:** 500 words **for each Service** | **Points Available: 40** |
| **Score:** |
| <insert response here> |

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| **(b)** Please provide a brief work plan for the proposed services in the space below (add additional steps as necessary). |  |  |
| **Major Tasks** | **Start Date** | **Complete Date** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

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| 3. Use the spaces below to list expected outcomes from the services proposed in #3 above and provide an estimate of the total budget necessary to achieve those outcomes. It is suggested that outcomes for each proposed service be provided. In addition, this should be the aggregate budget for all proposed services. (Expand cells and add rows as necessary.) | **Points Available: 15** |
| **Score:** |
| Outcomes |
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| Budget |
| Cost Categories | Required DHCD Funding | Other Funding | Total Costs |
| Personnel |  |  |  |
| Consultants |  |  |  |
| Space & Utilities |  |  |  |
| Consumable Supplies |  |  |  |
| Lease/Purchase of Equipment |  |  |  |
| Other Costs |  |  |  |
| Total Costs |  |  |  |

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| --- | --- | --- |
| 4. Describe your organization’s experience in delivering similar outcomes, including the budgets required to deliver those outcomes.  | **Word Limit:** **300 words** | **Points Available: 10** |
| **Score:** |
| <insert response here> |

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| --- | --- | --- |
| 5. Describe how your organization will leverage resources to support and enhance the outcomes envisioned by providing these services.  | **Word Limit:** **300 words** | **Points Available: 5** |
| **Score:** |
| <insert response here> |

1. The Department strongly generally prefers that a majority of the organization’s Board be stakeholders in the community of low- and moderate-income District households in one of three ways (use the following letter code to indicate for each Board member whether one or more apply):

A – indicates that the member is him/her-self a member of a low-/moderate-income District resident household;

	* B – indicates that the member owns or is a senior officer of private establishment and/or other institution located in and serving the District of Columbia’s low-/moderate-income households; and/or
	* C – indicates that the member is a representative of a District neighborhood organization with a proven track record of serving low- and moderate-income residents. [↑](#footnote-ref-1)
2. DHCD reserves the right to act as its own reference (in addition to those listed) for any applicant. [↑](#footnote-ref-2)
3. Activities listed should have start dates no earlier than 2009 [↑](#footnote-ref-3)