



Shelter 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.

1. Organization Information

Name of Service Provider/Agency:

Address:

Date:

Website:

Contact Name:

Title:

Contact phone:

Email:

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

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

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

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

Describe your agency's mission:

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

2. Project Information

Name of Proposed Project:

Project Address (if known):

Project phone:

Project email:

Project website:

Project contact name:

Phone:

Email:

Type of Project (check all that apply):

Emergency (up to 45 days)

Transitional (up to two years)

Permanent Supportive Housing (2 years or more)

Other (explain):

Proposed project will:

Add beds

Number of beds to be added:

Preserve beds

Number preserved:

Add additional space (non-bedroom)

Upgrade the facilities of the shelter

How many people are currently served:

How many families are currently served:

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

3. Agency Details

Chief paid executive:

Title:

Phone:

Email:

Chief Board officer:

Title:

Phone:

Email:

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

Yes (Please attach verification)

No

Federal ID No.:

How long has the agency been in operation?

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

Yes (Please attach)

No

Board of Directors Information

Number of persons serving on the Board of Directors (Please attach a current Board of Director roster):

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

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

Organizational Capacity

Number of Full-time paid staff:

Number of Part-time paid staff:

Number of volunteers:

Total estimated volunteer hours received during the past year:

Please attach:

Current Year's Budget

Year-to-date Financial Statements

Most recent audited Financial Statement

4. Project Construction *(Complete to the best of your ability)*

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

Homeless as a result of job loss

Abused children

Women in crisis pregnancy

Victims of domestic violence/spousal desertion

Homeless youth

People living with HIV/AIDS

Veterans

Foster youth

People battling substance abuse

Pregnant minors and their children

Emancipated youth

People who are mentally ill

Fragile infants

Elderly

People exiting from correctional facility

Chronically homeless

Square footage of proposed project:

Majority of work being done will be:

- Renovation New construction
 Combination of both

Briefly describe the nature of the proposed project (Attach additional pages if needed):

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)

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 (please attach)

No

5. Project Budget *(Complete to the best of your ability)*

Estimated Construction Cost (if known):

Estimated Soft Costs (Including permit fees and other project costs not directly tied to construction):

Percentage of revenue currently in the bank for this project:

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

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

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

How do you anticipate the future operations to be funded?

6. Insurance Information

Please check if you have the following insurance in place:

Directors and Officers

Errors and Omission

General Liability

Workers Compensation

Auto Insurance

7. Additional Information

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

8. Service Provider Covenants

- a. Service Provider acknowledges its obligation to give due credit to HomeAid Northern Virginia in any and all press releases, public announcements, award programs or other publicity about the project. Service Provider agrees to obtain HomeAid Northern Virginia 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 Northern Virginia has agreed to make to the project. Such notice shall be shown to and approved by HomeAid Northern Virginia's executive director prior to such mailing.
- c. Service Provider acknowledges its obligation to install and maintain a plaque or similar marker recognizing HomeAid Northern Virginia'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 Northern Virginia'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 Northern Virginia and HomeAid America on client success rates, client service numbers, and program evaluation information.

9. 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: