



**City of McAllen  
Homeless Prevention and Rapid Re-Housing Program  
Project Application**

The City of McAllen is soliciting proposals for the Homeless Prevention and Rapid Re-Housing Program (HPRP). Applications are being accepted until Monday, August 10, 2009 at 4:00 P.M.

HPRP funds may be used for:

- rental and utility assistance
- security deposits
- moving costs
- hotel vouchers
- case management
- housing placement costs
- HMIS operating costs
- staff salaries
- administrative expenses
- credit repair

HPRP is divided into: (1) Homeless Prevention: individuals and families who are currently in rental units and (2) Rapid Re-Housing: individuals and families who meet HUD's definition of homeless, including persons living in shelters or in places not meant for human habitation.

HPRP clients must be at or below 50% of HUD's area median income limit and be threatened with homelessness. All HPRP clients must meet with case management staff upon initial determination of assistance and be re-certified for income qualifications every three months.

If awarded, all subgrantees will need to obtain a DUNS number and register with CCRS.

**GENERAL INFORMATION**

Applicant: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Name and Title of Person Preparing Application, if different)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**CERTIFICATION**

***I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true and correct.***

Name of Person Authorized to Submit Application: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **FINANCIAL SUMMARY**

<b>HPRP Budget Summary</b>			
	<b>Homeless Prevention</b>	<b>Rapid Re-Housing</b>	<b>Total</b>
Financial Assistance <sup>1</sup>			
Housing Relocation and Stabilization Services <sup>2</sup>			
<b>Subtotal</b> (add previous two rows)			

Data Collection and Evaluation <sup>3</sup>	
Administration (up to 5% of allocation)	
<b>TOTAL</b>	

<sup>1</sup>Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance (3 months), medium-term rental assistance (up to 18 months), security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

<sup>2</sup>Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

<sup>3</sup>Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

## **AGENCY FINANCIAL MANAGEMENT**

### **Financial Management**

Does your agency have a 501(c)(3) tax status? Yes  No

Current Year's Budget \$ \_\_\_\_\_

List Top 5 Major Funding Sources and Amounts (exclude fundraising)

Source	Amount
1.	
2.	
3.	
4.	
5.	

- **If not already submitted to CD staff, attach financial management letter/audit.** Agencies expending \$500,000 or more in federal funds must supply an audit prepared by an independent certified public accountant.
- If management letter or audit includes adverse findings, please remit course of action to remedy.

**PROPOSED PROJECT**

Will your agency receive McAllen CDBG funds for the FY 2009-2010? Yes  No

Will your agency request HPRP funds from Urban County Program? Yes  No

Describe any of your agency's programs that may further assist HPRP clients and identify the location(s) where services will be provided:

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**Location:**

Estimate the number of qualified households to be assisted as a result of this project \_\_\_\_\_

Will the project leverage other financial resources? Yes  No

(Leverage means that CDBG funding will be used to encourage other funding and thereby increasing project's overall funding. Do not include in-kind contributions)

**IF YES**, list other funding sources and amounts:

Source	Amount
1.	
2.	
3.	

If requesting salaries, are these positions currently filled? Yes  No

List any City of McAllen or State of Texas funds awarded **AND** lost within the last 12 months

Source	Amount
1.	
2.	
3.	

Provide name(s) and title(s) of qualified personnel who will submit monthly program and/or financial reports

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