

**HOME-ARP Program Grant Application**

**Applications ​Due 4:00 p.m. EST Monday, ​September 29, 2025**

*Deadlines:*

* **August 27, 2025** Publish NOFO and open applications
* **September 4, 2025, 5:00 PM** HOME-ARP optional informational workshop. 100 Freight Street, Pawtucket, RI.
* **September 17, 2025** Deadline to send “intent to apply” email
	+ Applicants must submit a *brief* project description including organization name, eligible project type, project location, and number of proposed units or clients served, as applicable.
* **September 29, 2025** Application closes at 4:00 pm EST. No more applications will be accepted after this time.

*Submission Instructions:*

* All required application materials will be published on the City’s website at the link below:
	+ <https://pawtucketri.gov/planning-and-redevelopment/home-investment-partnerships-program/>
* Applications must be complete and delivered to the City Hall 137 Roosevelt Ave. Planning Department (one hard copy) and emailed (or USB) to mgoudreau@pawtucketri.gov by **September 29, 2025 at 4:00 pm EST**.

***Application instructions: Fully complete Sections I, II, VII and VIII, and Sections III, IV, V and VI as applicable. If a section is not applicable, please enter N/A***

1. **Organization Information**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unique Entity Identifier (UEI) (replacement for DUNS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*(Visit www.sam.gov to register, at no cost, to obtain UEI if you do not already have one.)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 street, city, state, zip code

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director / President / CEO / Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **General Project Information**

Please confirm that your proposed project will serve only the clients in the four HOME-ARP qualifying populations by selecting them below. To be eligible for HOME-ARP funding, your proposed project must provide access to all four qualifying populations and are not permitted to only serve a portion of the qualifying populations. *(Please refer to HOME-ARP NOFO for more information on qualifying populations and definitions.)*

\_\_ Homeless individuals and/or families
\_\_ Individuals and/or families at risk of homelessness
\_\_ Individuals fleeing domestic or sexual violence
\_\_ Individuals requiring services/housing assistance to prevent homelessness and individuals at greatest risk of housing instability

What eligible activity or activities will your project consist of? Please select one. *(Please refer to HOME-ARP NOFO for more information on eligible activities.)*

\_\_ Development of Affordable Rental Housing \*
\_\_ Supportive Services

\_\_ NCS Shelter Acquisition/Development
\_\_ Nonprofit Operating and Capacity Building Assistance\*\*

*\* The HOME-ARP Rental Housing application must also be completed and submitted for this category of funding.*
*\*\* Operations and Capacity building assistance will be awarded to a nonprofit organization only if the organization is focusing their services on a qualifying population.*

|  |  |
| --- | --- |
| **Activity Type** | **Amount of Request** |
| Rental Housing Development | $ |
| NCS Shelter Acquisition/Development | $ |
| Supportive Services | $ |
| Non-Profit Operations | $ |
| Non-Profit Capacity  | $ |
| **TOTAL** | **$** |

\*Maximum request for Capacity Building is limited to the greater of 50% of the organization’s general operating budget or $50,000

Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a detailed description of your proposed project. This section should describe the use of funds and why they are needed. Describe how the HOME-ARP funds will ultimately benefit the qualifying populations.

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Provide a brief summary of your organization’s programs, goals, clientele, and service statistics, highlighting the past year (max. 500 words).

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If your organization is requesting capacity building assistance funds, please describe in detail what assistance you are requesting (*e.g.,* additional staff, consultant time, training resources).

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1. **Development of Affordable Rental Housing**

Please complete accompanying rental housing application in addition to Sections I, II, VII and VIII of this application. Please note the application spreadsheet consists of four tabs.

1. **Supportive Services**

There are three categories specifically included as supportive services under HOME-ARP:

(1) McKinney-Vento Supportive Services: McKinney-Vento Supportive Services under HOME-ARP are adapted from the services listed in section 401(29) of the McKinney-Vento Homeless Assistance Act (“McKinney-Vento Supportive Services”) (42 U.S.C. 11360(29))

(2) Homelessness Prevention Services: HOME-ARP Homelessness Prevention Services are adapted from certain eligible homelessness prevention services under the Emergency Services Grant (ESG) regulations at 24 CFR Part 576

(3) Housing Counseling Services: Housing counseling services under HOME-ARP are those consistent with the definition of housing counseling and housing counseling services defined at 24 CFR 5.100 and 5.111, respectively, except that homeowner assistance and related services are not eligible HOME-ARP activities

More information on eligible supportive services can be found in the HUD [HOME-ARP Program Fact Sheet: Supportive Services](https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP-Supportive-Services-Fact-Sheet.pdf).

Please describe what category of supportive services your project will provide (*e.g.,* McKinney-Vento, housing counseling) and what specific services will be provided under that category (*e.g.,* childcare, job training, legal services). An abbreviated list of services can be found on page 3 of the NOFO. A full list of eligible services can be found on pages 45-53 of HOME-ARP CPD Notice 2021-10: [www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf](http://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf).

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Provide a description of your organization’s experience with projects similar to the proposed project.

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HOME-ARP grant recipients are responsible for establishing requirements that allow clients/qualifying populations to receive only the HOME-ARP services needed so there is no duplication of services or assistance in the use of HOME-ARP funds for supportive services. Please describe your methodology for avoiding the duplication of benefits for those receiving supportive services.

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Describe how you determine length of assistance to be provided to clients/qualifying populations, the level of need for each client/household, and estimate the average length of assistance for the project.

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Describe your agency's long-term housing strategy and how your agency plans to transition households to permanent housing.

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How many Pawtucket residents are estimated to be served by your proposed project?

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| --- | --- |
| **Qualifying Population** | **Estimate number of residents served** |
| Total number of individuals for all QPs |  |
| **Each Qualifying Population** | **Estimate number of residents per each QP** |
| Homeless Individuals |  |
| Individuals at risk of homelessness |  |
| Individuals fleeing domestic violence, sexual violence, human trafficking |  |
| Individuals requiring services/housing assistance to prevent homelessness and individuals at greatest risk of housing instability |  |

Do you currently collect statistics regarding the race, ethnicity, income level, household size, and sex/gender of your clients? If so, what database or tracking system do you use to do so? If you do not, do you anticipate any issues in collecting such statistics for the qualifying populations for your proposed project?

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How will your agency determine and document that clients are part of a qualifying population, as defined by HUD?

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1. **Nonprofit Operating Expense Assistance**

Operating expenses are defined as reasonable and necessary costs of operating the nonprofit organization. These costs include employee salaries, wages and other employee compensation and benefits; employee education, training, and travel; rent; utilities; communication costs; taxes; insurance; equipment, materials, and supplies.

Pawtucket requires that Nonprofit Operating Expense applicants must be serving qualifying populations.

The actual costs of implementing a specific activity or project, including staff costs to deliver supportive services or administer HOME-ARP TBRA, are considered HOMEARP project delivery costs or project soft costs and are not eligible costs under Nonprofit Operating and Capacity Building Assistance.

Describe specifically how your organization will be servicing clients of a qualifying population. Describe specific services provided. How is this different from “Supportive Services” as defined in [**24 CFR 578.53(e)**](https://www.ecfr.gov/cgi-bin/text-idx?SID=9a8fd6a4725093b46175a972cc064307&mc=true&node=se24.3.578_153&rgn=div8)?

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Provide an explanation of how your organization selects or admits clients generally and how your organization will select or admit qualifying populations for the project for which you are requesting funding. Include methods of prioritization, preferences, etc., and on what bases they exist.

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HOME-ARP grant recipients are responsible for establishing requirements that allow clients/qualifying populations to receive only the HOME-ARP services needed so there is no duplication of services or assistance in the use of HOME-ARP funds for supportive services. Please describe your methodology for avoiding the duplication of benefits for those receiving supportive services.

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Describe how your agency can assist clients in accessing long-term housing.

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| --- | --- |
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| Homeless Individuals |  |
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| Individuals requiring services/housing assistance to prevent homelessness and individuals at greatest risk of housing instability |  |

Do you currently collect statistics regarding the race, ethnicity, income level, household size, and sex/gender of your clients? If so, what database or tracking system do you use to do so? If you do not, do you anticipate any issues in collecting such statistics for the qualifying populations for your proposed project?

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How will your agency determine and document that clients are part of a qualifying population, as defined by HUD?

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1. **Nonprofit Operating Capacity Building Assistance**

HOME-ARP funds for Capacity Building may be a subset of a nonprofit’s general operating expenses but are intended to improve the capacity of the organization to carry out eligible core HOME-ARP activities successfully. Capacity Building assistance cannot be used to pay for either project/activity delivery or administrative costs. In most cases, if a given cost would be eligible either (i) as an administrative cost pursuant to Sec. VI.A. of the Notice and 24 CFR 92.207)2 or (ii) as a project/activity delivery cost pursuant to Sections VI.B.5.d, VI.D.4.b, or VIE.3.e and consistent with 24 CFR 92.206(d), that cost cannot be supported with HOME-ARP Capacity Building assistance.

**An organization receiving funding for Capacity Building is limited to the greater of 50% of the organization’s general operating budget or $50,000**.

What other activity will your request for capacity building assistance be supporting?

\_\_ Development of affordable rental housing \*
\_\_ Shelter Acquisition/Development
\_\_ Qualifying population services

\_\_ Supportive Services

Please describe in detail what capacity building assistance your project requires, as outlined in the HOME-ARP NOFO (*e.g.,* recruiting and onboarding HOME-ARP program staff, training HOME-ARP staff on the program regulations, renting office space to accommodate increased staffing resulting from participation in the HOME-ARP program).

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1. **Project Timeline**

Note: HOME-ARP is a time-limited initiative. All HOME-ARP funds must be expended by September 30, 2030.

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| --- | --- | --- |
|  | Description of Goal | Estimated Completion Date |
| Project Goal #1 |  |  |
| Project Goal #2 |  |  |
| Project Goal #3 |  |  |
| Project Goal #4 |  |  |
| Project Goal #5 |  |  |

1. **Required Attachments**

Along with this completed application, you must submit the following documentation to be considered for funding:

\_\_ IRS 501(c)(3) determination letter *(for non-profit applicants)*
\_\_ Certificate of Incorporation *(for for-profit applicants)*
\_\_ Board of directors roster *(for non-profit applicants)*
\_\_ Current fiscal year operating budget document showing projected budget and actual expenditures to date, as well as prior year's budget and actual expenses
\_\_ Project-specific budget document showing all funding sources (not just Pawtucket HOME-ARP funds) and anticipated expenses
\_\_ Most recent IRS Form 990 or audited financial statements
\_\_ HOME-ARP rental housing application *(affordable housing development projects only)*

**Certification**

Please note that submission of this grant funding application constitutes certification that: (1) the information in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts; (2) no contracts will be awarded, funds committed (including purchase or lease agreements), or construction begun on the proposed project prior to issuance of a release of funds by the City of Pawtucket; and (3) any grant funds awarded will be administered in compliance with all U.S. Department of Housing and Urban Programs Department regulations, the non-discrimination and anti-displacement policies of the City of Pawtucket, and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and its amendments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name and Title of Authorized Agency Official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Authorized Agency Official Date