

General Information	
Date:	Unique Entity ID:
Entity Name:	Federal Tax ID:
Main Contact Name:	Main Contact Title:
Position of person authorizing submittal:	Signature of person authorizing submittal:
Project/Program Title:	
Project Summary: (Please provide a brief overview of the key elements of your project proposal)	

Affordable and Alternative Housing Programming Grant Program Application

Organization Contact Information

Affordable and Alternate Housing Programming Grant Program - Contact Information	
Authorized Representative Name	
Title	
Mailing Address	
City	
State	

Zip Code	
Program Address	
Phone Number	
Email Address	

Program/ Project Narrative Please address the threshold criteria described in the NOFA

Program/ Project Description: Description should provide a clear overview of the program or project activities and goals in addition to relevant background information.

Population served: Describe the population this project will serve, the approximate number of households and individuals who will be served, the specific barriers this population faces to housing stability, and how this project will address them.

Organization Experience and Capacity: Describe your organization's experience leading projects at this scale and serving this population and your interest and capacity to have this project rigorously evaluated as part of a research project.

Agency Partnerships: Indicate here if this program/ project will be implemented in partnership with other organizations. If so, please provide additional details.

Examples of partnerships that you may want to consider include (but are not limited to):

- SOAR case managers at RI Coalition to End Homelessness
- Benefits counselors at Amos House
- Eviction defense services through RI Legal Services or Center for Justice
- License restoration services at Open Doors RI

Fees: Please describe any fees that will be charged for participation in the proposed project. Please include details on how the project will ensure that fees are not a barrier to participation for low-income clients, and how any fees collected will be reinvested into the program.

Timeline and Budget

Timeline: Outline the timeline for implementing this project.

Please feel free to attach an excel sheet with a timeline instead.

Please note projects will be funded for one year, and must be able to be completed by June 30, 2024.

Program/Project Budget & Narrative

Description of Expense	Funding Requested	Leveraged Funding	Narrative/ Detail
<u>Program/Project Costs</u>			
<i>Program/Project Cost Subtotal:</i>			
<u>Administration Costs</u>			
<i>Administration Subtotal:</i>			

TOTAL PROJECT COST:			
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