



City of Hammond
HOME ARP
Application for Funding

Program Overview

The City of Hammond will receive an allocation of \$1,765,004 of HOME – American Rescue Plan (“HOME-ARP”) appropriated under section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2). The purpose of the funds is to address the needs of households experiencing homelessness and other households that face housing instability. The funding is administered by the U.S. Department of Housing and Urban Development (HUD).

The City is seeking project proposals from community partners to carry out HOME-ARP funded projects, including the development of affordable housing, the administration of tenant-based rental assistance programs, the provision of supportive services, and the acquisition and/or development of non-congregate shelters. More information about the HOME ARP Program and the City’s HOME ARP Allocation Plan can be found at the following sites:

- [HUD HOME ARP website](#)
- [HUD ARP Program Guidance](#)
- [City of Hammond HOME ARP Allocation Plan](#)

To be considered for funding, please complete the application, including all required attachments, and submit to the City of Hammond Community Development Department by August 31, 2023 at the following address:

Hammond City Hall, Room 314
5925 Calumet Avenue
Hammond, IN 46320

All applications received by the deadline will be evaluated based on the applicant’s ability to administer a HOME-ARP funded project or program in a compliant manner that best serves the stated goals in the City’s HOME ARP Allocation Plan.

If you have any questions regarding the application or the City’s HOME ARP Program, please contact Ms. Owana Miller at 219-853-6371 or by email at millero@gohammond.com.

Applicant Information

Organization	
Mailing Address	
Contact Person	
Contact Phone	
Contact Email	
Program Title	
Requested Amount	

Certification

I, the undersigned official, certify that to the best of my knowledge, all information submitted as part of this application is true and correct and, if awarded, the applicant will comply with all requirements of the City's HOME ARP Program and related HUD regulations that govern the use of HOME ARP funds.

Signature of Authorized Official

Date

Name of Authorized Official (Please Print)

Title

Email

Phone Number

U.S Code Title 18 Section 1001 provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

Proposed Activity

1. Please indicate the type of project you are proposing. Check all that apply. For more information on each eligible use, please refer to the [HUD ARP Program Guidance](#).

HOME Eligible Use		Included in Proposal
1.	Development and Support of Affordable Housing Units	<input type="checkbox"/>
2.	Tenant-Based Rental Assistance	<input type="checkbox"/>
3.	Provision of Supportive Services	<input type="checkbox"/>
4.	Acquisition and/or Development of Non-Congregate Shelter Units	<input type="checkbox"/>

2. Is this a new activity or an activity that the organization is currently administering? Circle one.

NEW

EXISTING

3. How many households will your program serve? _____ **households**
4. What are the proposed outcomes of the proposed activity? How will you measure the success of each beneficiary?
5. Please provide a brief description of the proposed activity or activities. If additional space is needed, include the description as an attachment to the application.

Beneficiaries

6. Please indicate the qualifying populations that will be served. Check all that apply. For more information on each eligible use, please refer to the [HUD ARP Program Guidance](#).

HOME ARP Qualifying Population		Plan to Serve?
1.	Homeless, as defined in 24 CFR 91.5 Homeless (1), (2), or (3);	<input type="checkbox"/>
2.	At risk of Homelessness, as defined in 24 CFR 91.5;	<input type="checkbox"/>
3.	Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD;	<input type="checkbox"/>
4.	Previously Homeless Families Requiring Services or Housing Assistance to Prevent Homelessness;	<input type="checkbox"/>
5a.	Annual Income less than 30% median area income and pays more than 50% of income toward housing costs	<input type="checkbox"/>
5b.	Annual income less than 50% median area income and is at risk of homelessness per 24 CFR 91.5 paragraph (iii)	<input type="checkbox"/>

Criteria

7. Will your program provide a preference for one of the qualifying populations or otherwise limit the availability of service based on the characteristics of the applicant or other criteria? If yes, please explain.

Description of Approach

8. Please provide a brief timeline for the administration of the program, including a proposed start date and end date. For the acquisition or development of housing and non-congregate shelter, please include a schedule of pre-development activity and proposed acquisition and construction dates.

9. Please provide a brief description of how you will outreach to clients.

10. Please provide a brief description of how you will take referrals from outside agencies.

11. For projects that include housing placement for homeless households or households at-risk of homelessness, please provide a brief description of how clients be assisted in locating and securing a housing unit.

12. For projects that will provide rental assistance, please indicate the type of assistance planned and any limitations to the amount of assistance. Maximum amount of assistance can be expressed by total dollar amount or length of assistance.

Housing Financial Assistance	Included in Proposal?	Max Amount of Assistance
One time (application fees, security/utility deposits)	<input type="checkbox"/>	
First / Last Month's rent	<input type="checkbox"/>	
Rent Arrears	<input type="checkbox"/>	
Ongoing Rental Assistance (up to 24 months)	<input type="checkbox"/>	

11. All HOME-ARP projects are expected to serve clients that will require supportive services in order to achieve stable housing. Use the table below to indicate who will provide each type of supportive service. If your agency will provide the service, check Applicant. Otherwise specify one or more partner agencies.

Wrap-around Services	Applicant	Partner(s)
Case Management	<input type="checkbox"/>	
Life Skills Training	<input type="checkbox"/>	
Credit Counseling/Repair	<input type="checkbox"/>	
Employment Assistance/Job Training	<input type="checkbox"/>	
Education - GED/ESL	<input type="checkbox"/>	
Child Care	<input type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	
Outpatient Health	<input type="checkbox"/>	
Legal Services	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	
DV Services	<input type="checkbox"/>	
Other: (please specify):	<input type="checkbox"/>	

Proposed Budget

Please complete the table below. The ARP column should match the total amount requested. Please include other funding that will be used to support the program as well, as applicable. You may choose to include the budget in an alternate format as an attachment.

Budget Line Item	Funding	
	ARP	Other
Development Costs		
Acquisition		
New Construction		
Rehabilitation		
Reserves (Operating, Lease Up)		
Financial Assistance to Clients		
Rental Assistance		
Supportive Services (outside agencies)		
Operating Costs		
Personnel Costs (Salaries and Fringe)		
Rent, Utilities, Insurance		
Program Supplies		
Professional Services		
Training/Capacity Building		
Other: (please specify):		
TOTAL		