

\*Each question has a 4000 character limit.

## HOME-ARP Proposal

**City of El Paso – Department of Community and Human Development** This application is for agencies seeking HOME-ARP funding in response to the Notice of Funding Availability (NOFA) issued by the City of El Paso's Department of Community and Human Development (DCHD).

**Application Deadline:** Friday, June 20, 2025, by 5:00 PM MST

**Please note: This application will not save as you progress and must be completed in one sitting.** Be sure to have all required information and attachments ready before you begin.

For technical assistance, please contact: [DCHDServices@elpasotexas.gov](mailto:DCHDServices@elpasotexas.gov) Required application materials must be submitted via email along with this completed application form. For a complete list of required documents and submission instructions, please reference checklist at the end of this application.

\* Required

### Agency Information

1. Agency name \*

2. Name of person completing application \*

3. Job title of person completing application \*

4. Phone number of person completing the application \*

5. Email address of person completing the application \*

6. Please check the box below to attest that you are authorized to submit this application on your agency's behalf. \*

☐ I am authorized to submit the application

7. Name(s) and job title(s) of any authorized signatory(ies) of the agency (if different than person submitting application) \*

8. Is your agency a faith-based organization? \*

☐ Yes

☐ No

9. Agency Executive Director/CEO Name \*

10. Agency Executive Director/CEO Phone Number \*

11. Agency Executive Director/CEO Email \*

12. Which of the following best describes your agency? \*

☐ Non-profit

☐ For-profit

☐ Government entity

☐ Other

13. Complete address of agency's principal administrative office (please include city, state and zip code). \*

14. Unique Entity ID (from [SAM.gov](https://sam.gov)) \*

15. Employer Identification Number \*

## Program Requirements

16. Have you reviewed the DCHD Policies & Procedures? <https://www.elpasotexas.gov/assets/Documents/CoEP/Community-Development/Forms-and-Notices/NOFA-Intro/Policies--Procedures-for-HUD-Entitlement-Grants-FY-25-new.pdf> \*
- ☐ Yes
- ☐ No
17. Have you read the HOME-ARP Requirements Notice? <https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf> \*
- ☐ Yes
- ☐ No
18. Have you read the HOME-ARP TBRA Fact Sheet? <https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP-TBRA-Fact-Sheet.pdf> \*
- ☐ Yes
- ☐ No
19. Have you read the HOME-ARP Support Services Fact Sheet? <https://www.hud.gov/sites/dfiles/CPD/documents/HOME-ARP-Supportive-Services-Fact-Sheet.pdf> \*
- ☐ Yes
- ☐ No
20. Has your agency previously collaborated with El Paso Helps? If so, please describe the nature of that collaboration. Regardless of prior involvement, explain how your agency would participate in El Paso Helps if awarded HOME-ARP funding. Include how your agency engages in case conferencing and ensures individuals are connected to appropriate services, including those not provided directly by your agency. **5 points.** \*

## Proposed Program Information

21. What is the name of your proposed program? \*

22. What service are you applying to provide? Select all that apply \*

- ☐ Supportive services (case management, navigation and street outreach)
- ☐ TBRA

23. What type of supportive services will you be providing? \*

- ☐ Resource Navigation
- ☐ Case Management
- ☐ Short-Term Rental Assistance
- ☐ Rental Arrears
- ☐ 24/7 Street Outreach
- ☐ None
- ☐ Other (as allowed by CPD-21-10)
- ☐ Other

24. What *qualifying populations* will your proposed program serve? Select all that apply. See link for reference information: <https://files.hudexchange.info/resources/documents/HOME-ARP-Qualifying-Populations-At-A-Glance.pdf> **4 points.** \*

- ☐ People experiencing homelessness
- ☐ People at risk of experiencing homelessness
- ☐ People fleeing, or attempting to flee, domestic violence, sexual assault, stalking or human trafficking
- ☐ Other populations as defined in CPD-21-10 Section IV.4.

25. Please provide a detailed explanation of how your proposed service/project supports the *qualifying populations* that will be served. **15 points.** \*

26. Please provide any additional information on the target population of your proposed program, if applicable, that you would like DCHD to consider when reviewing your application. **5 points.** \*

27. How does your proposed program support the City's Strategic Plan? Please list the goal number(s) and briefly explain how your program aligns with each. **5 points.**

<https://www.elpasotexas.gov/assets/Documents/CoEP/Government/Strategic-Planning/StrategicBooklet2024-c.pdf> \*

28. What proven methods, programs, or approaches will your proposed program use? Please describe any evidence-based practices, curricula, or frameworks, and explain how they will be used to serve the qualifying populations in your program. **10 points.** \*

29. How, if at all, does your program incorporate input from people with *lived experience*? **4 points.** \*

30. How many people and/or households will your program serve? \*

31. Please describe any additional outputs your program will produce. What specific services or support will be provided, and in what quantities? (For example: hours of case management, number of referrals, or months of rent assistance.) **10 points.** \*

32. Please describe the measurable outcomes you expect from your proposed program. What changes do you hope to see in your clients and, if applicable, in the city of El Paso? How will you measure these changes? **10 points.** \*

33. If funded, will your program involve any partnerships? Please list partner agencies and the services they will provide. \*

## Budget/Financial Feasibility

34. Please indicate the amount of funding you are requesting from DCHD for this program for the period of September 1, 2025, through August 31, 2026. *Amount requested from DCHD for Year 1 must match the amount listed on line 7 of the Income Summary tab in the budget template.* \*

35. Please specify the total cost of the proposed program. If the full amount is not being requested from DCHD, indicate the portion that will be funded through other sources. **5 points.** \*

36. How confident are you that your agency has the administrative and financial capacity to fully operate its proposed program for at least three months prior to receiving its first reimbursement from the City and will be ready to provide services on September 1, 2025?  
**5 points.** \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not confident at all

37. Please detail any plans to sustain your program, such as leveraging funding, adding collaborators, changing service/output levels, etc. **10 points.** \*

38. Is this a new or existing project? **3 points.** \*

- ☐ New
- ☐ Existing



39. How does your agency plan to manage administrative costs in accordance with HUD limitations? For example, time spent assisting TBRA applicants who are ultimately deemed ineligible cannot be charged to the program and must instead be categorized as an administrative expense. Please describe any contingency plans your agency has in place to cover such costs. **5 points** \*

40. If your program is funded in Year 1 and considered for Year 2, how confident are you that it could maintain the same service or output level if Year 2 funding is significantly reduced? **4 points**. \*

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not confident at all

## Final Requirements

41. By typing my name, job title, agency and today's date below, I attest that I understand and agree to the grant conditions and terms described in the DCHD policies and procedures as well as any other terms and conditions related to HOME-ARP funding. Should the City award HOME-ARP funding to the agency named below, I understand that said funding may be revoked by the City should the agency fail to adhere to any agreed-upon schedule and the agency will *not* be entitled to any costs or damages from the City. \*

42. By checking each box below, I acknowledge that each listed applicable document (depending on non-profit or for-profit status) must be received by the City of El Paso ([DCHDServices@elpasotexas.gov](mailto:DCHDServices@elpasotexas.gov)) in order for my application to be considered complete. When emailing documents, please specify "**HOME-ARP NOFA: [Agency Name]**" in the subject.

Template documents can be found in DCHD website: <https://www.elpasotexas.gov/community-and-human-development/nofa-forms-and-notice/> \*

- ☐ Program Budget - Utilize template found in link above.
- ☐ Authorized signatory Form - Approved documentation certifying whom from the applicant's organization is the authorized signatory who can sign contracts and legal documents on behalf of the agency.
- ☐ Certified Audit - Current single financial audit/statement.
- ☐ Job Descriptions - If funding is being requested from DCHD for a specific position funded by HOME-ARP, please attach applicable job description.
- ☐ List of Current Board of Directors - This list must include the End of Service Term Date for each board members. This list must also be Certified by Board President or Secretary.
- ☐ Partner Supplement Form - If your program includes a partnership under this grant and the partner is projected to receive \$5,000 or more in HOME-ARP funding, please complete and attach the required form.
- ☐ Zoning Verification Letter from City of El Paso Planning and Inspections Department - A zoning verification letter must be obtained from the City of El Paso Planning and Inspections Department - <https://www.elpasotexas.gov/planning-and-inspections/> (915) 212-0105. Only letters obtained within five (5) years from the start of the upcoming program year will be accepted.
- ☐ Articles of Incorporation - Non-profit organizations only - Must include any amendments.
- ☐ Certificate of Status from Texas Secretary of State - Non-profit organizations only.
- ☐ Organizational By-laws - Non-profit organizations only.
- ☐ Agency Policies & Procedures - If selected for funding, your agency must submit these documents before the start of the program year. They must include the program's internal intake procedures, admissions requirements, and the intake forms used, for compliance purposes.
- ☐ Accessibility/Letter of Assurance - If selected for funding, agencies awarded funding opportunities must adhere to the City of El Paso's Title VI and ADA Accessibility policies and procedures, including independently developing their own assurances and facilitating an ADA Self-Evaluation.

43. **Authorization to Submit Application:** By typing my name and agency name below, I certify that I am an authorized signatory for the agency and have the authority to submit this application on its behalf. This must match the Authorized Signatory Form submitted via email. \*

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