

Homeless Prevention and Rapid Re-Housing Program (HPRP)


REQUEST FOR FUNDS

| | |
|--|------------------------------------|
| Subgrantee: <u>IHFA</u> | Contract Number: <u>HPRP 09-20</u> |
| Contact Person: <u>Crystal Bastin</u> | Telephone: <u>(208) 331-4719</u> |
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| REQUEST NUMBER: <u>2</u> | DATE SUBMITTED: <u>11/15/09</u> |

Appropriate documentation from HMIS must accompany this request. Further documentation should be available upon request, and will be reviewed for compliance during scheduled monitoring visits.

| HPRP Cost Category | Rapid Re-Housing Totals by HPRP Category (Housing status: Literally Homeless) | | | Homeless Prevention Totals by HPRP Category (Housing status: Housed and at imminent risk of losing housing) | | |
|--|--|---------------------|----------------|--|---------------------|------------------|
| Financial Assistance | | | | | | |
| Rent Assistance | | | 500. | | | 450. |
| Security Deposit | | | — | | | — |
| Utility Deposit | | | 100. | | | — |
| Utility Payment | | | — | | | 78. |
| Moving Cost assistance | | | — | | | — |
| Motel/Hotel Voucher | | | — | | | — |
| | # of hours | # of clients served | | # of hours | # of clients served | |
| Inspections | 1 | 1 | 32. | — | — | — |
| Staff cost to issue financial assistance | .25 | 1 | 7. | .25 | 1 | 7. |
| Financial Assistance Totals | | | \$ 639. | | | \$ 535. |
| Housing Relocation and Stabilization Services | | | | | | |
| Case Management | 2 | 1 | 40. | 2 | 1 | 40. |
| Outreach/Engagement | — | — | — | — | — | — |
| Housing Search and Placement | — | — | — | — | — | — |
| Housing Relocation Totals | | | \$ 40. | | | \$ 40. |
| Data Collection and Evaluation | | | | | | |
| HMIS | | | | | | \$ 20. |
| | Rapid Re-Housing subtotal | | \$ 679. | Homeless Prevention & Data Collection subtotal | | \$ 595. |
| Administration | | | | | | |
| Draw Preparation | | | | | | 50. |
| Program Audits | | | | | | — |
| | Administration Totals | | | | | \$ 50. |
| | Total Draw | | | | | \$ 1,324. |

CERTIFICATION: By signing below, I certify that the above data is correct based on our (subgrantee's) official accounting system and records, and the expenditures shown have been made for the purposes stated, and are in accordance with the contract terms and conditions, and conditions of the program. I understand that by signing this form, I agree to allow review of these costs by IHFA, HUD, or an agent of IHFA or HUD. I further certify that the funds requested are for reimbursement of actual expenses paid by this organization for HPRP, and have not been previously requested or reimbursed by another source.



 Authorized Sponsor Signature
 Crystal Bastin, grand coordinator
 Printed Sponsor Name and Title

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IHFA Reviewed

IHFA Approved