

**Project Application**

**Landlord Liaison Project**

**Request for Proposals**

**24-012-HOMELESS-SP**

# Project Narrative

## Overview & Experience

Limit responses in this section to two pages.

### Please describe an overview of how you propose to operate the program. Include a description of the typical experience for both landlords/property managers and prospective tenants.

### Describe the organization experience in recruiting and maintaining relationships with property management, real estate agencies, property owners and contractors, or other related experience that will enable successful execution of the scope of work.

## Project Narrative

Limit responses in this section to one page.

### LLP will need to provide housing stability services for up to two years for these tenants once housed. How will you propose to provide these services? What experience do you have working with vulnerable populations, such as people with disabilities, citizens returning to the community after incarceration, or students? How will you ensure objectivity in service delivery when the program represents both the landlord/property owner and the tenant? z

## Performance Targets and Data Management

Limit response to one page.

### Describe your experience with program evaluation, including how the program evaluates the effectiveness of its services. How do you solicit input from service recipients (including landlords/property managers, tenants, and homeless service agencies) and how do you use this information?

## Project Budget Narrative

Limit responses in this section to chart below. In addition to the narrative questions below, please be sure to complete the Project Budget Worksheet (See Attachments). Projects should request an appropriate amount of funding that can be reasonably expended in 12 months.

### In the event full funding is not possible, please identify up to two reduced funding amounts wherein the project could be reasonably sustained. For each reduced amount, indicate the corresponding reduced output and staffing levels. You only need complete the number of options you feel are reasonable for your project**.**

### **NOTE: If you fail to provide Priority 2 and/or Priority 3, the committee will assume that you do not want any funding if your priority cannot be fulfilled.**

# of client served and # of FTEs should be reasonable to % of funding reduced.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Funding Level | Amount | # Clients Served | # of FTEs |
| Priority 1\* | 100% | $ |  |  |
| Priority 2 |      % | $ |  |  |
| Priority 3 |      % | $ |  |  |

\*Priority 1 should match the total application request.

### **Grant Knowledge**: How many years of agency experience do you have successfully implementing federal and state grant requirements?