***Directions:*** Please fill out every section of this application. Incomplete applications will not be considered. In addition to this application, the following attachments are required with each submission:

* A two-page maximum, narrative cover letter briefly explaining the program, the number of participants to be served (broken down by LHA tenants and/or MRVP participants), the Service Partners selected, and a statement of why the program is a strong candidate for Mass LEAP funding. Letter must be signed by the Chair of Board of Commissioners (LHAs) and Chair of the Board of Directors (RAAs) and the Executive Director.
* Resumes of the key staff overseeing the program at the HA
* Budget (Attachment B) and Budget Narrative and Back-Up Budget Data from Service Partners
* Letter of Intent to Partner from each Contractor (Attachment C)
* A Board vote of application approval as evidenced by a certified extract from the minutes of the board meeting
* Tenant Survey results (Attachment D)
* Completed Work plan (Attachment E)
* LHAs Only: a letter from the head of the tenant organization(s) that demonstrates compliance with tenant participation regulations (760 CMR 6.00). If no letter can be obtained, the LHA Director may instead submit a letter certifying that tenants were involved in setting the needs and priorities of the program.
* An LHA or RAA currently under a conditional contract or corrective action plan must submit a separate letter that outlining their capacity to successfully *manage and/or participate as a contractor* this program. Mass LEAP will require strong program management and oversight, fiscal management capacity, and additional reporting requirements. This letter must address the applicants’ capacity to effectively manage this work.
* HA’s Supplier Diversity Program Form (ATTACHMENT F)

# Part One: Basic Information

1. **Applicants**

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| * 1. **APPLICANT** | |
| **Lead Applicant Agency:** |  |
| Lead Applicant Contact: |  |
| Lead Applicant Phone: |  |
| Lead Applicant Email: |  |
| If applying as part of a consortia, list all other Housing Agencies included: |  |

|  |  |
| --- | --- |
| * 1. **SERVICE PARTNERS** (Please note that each applicant must list a service provider to cover all three categories. HAs must apply with at least one other service provider in delivering the program.) | |
| **Employment and Career Development Agency:** |  |
| Provider Contact: |  |
| Provider Phone: |  |
| Provider Email: |  |
|  |  |
| **Post-Secondary Education Supports Agency:** |  |
| Provider Contact: |  |
| Provider Phone: |  |
| Provider Email: |  |
|  |  |
| **Financial Literacy and Asset Development Agency:** |  |
| Provider Contact: |  |
| Provider Phone: |  |
| Provider Email: |  |

1. **Participant and Community Profile**

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| --- | --- |
| * 1. **PARTICIPANTS** | |
| Number of State Public Housing Residents in Territory: |  |
| Number of MRVP Tenants in Territory: |  |
| Proposed Number of Public Housing Participants to be served by Mass LEAP program: |  |
| Proposed Number of MRVP Participants to be served by Mass LEAP program: |  |
| Total Number of Proposed Participants: |  |

* 1. **POTENTIAL APPLICANTS**

Below, please briefly describe the demographics of your potential applicant pool (both public housing and MRVP). Please also attach an excel spreadsheet for back-up documentation. If applying as a consortium, provide separate spreadsheets for each HA. At a minimum please describe:

* Income sources
* Household composition
* Age of children
* Work history
* Other information you may have about your pool of applicants that is relevant to the Mass LEAP program such as education levels, household composition, and length of time in housing program.

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* 1. **COMMUNITY PROFILE**

Below, briefly describe the community(ies) where your potential applicant pool lives. Please describe:

* Transportation availability including ride share programs, vans, regional transit companies, employer transportation etc.
* Regional employment outlook – both current and projected
* Education and training institutions
* Service providers including physical and mental health providers, childcare resources, food and fuel aid resources, faith based resources

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1. **Vision Statement**

Below, briefly describe why this program is important for your agency, your tenants, and your community.  Explain how you will use the resources and partnerships to meet the goal of increasing earned incomes among public housing residents and MRVP tenants.  Please also describe any other goals that your agency hopes to achieve through Mass LEAP that were not identified in the RFR.

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Part Two: Program Narrative

Respond to all questions below. Please limit your response to no more than 10 pages.

1. **Partnership Description:** Describe the Service Team and their relevant experience delivering components of the program. Explain why you selected these particular service providers. If applying as a regional consortium, describe how the needs of each HA were considered in the partnership selection process.
2. **Partnership/Program Structure:** Describe how will the partnership be managed and staffed at all levels. Clearly define the lead person/organization for the activities listed below and how coordination between these activities will be managed:
   1. Program Management/ Administration
   2. Fiscal Management
   3. Outreach/Recruitment
   4. Application/Participant Selection
   5. Tenant Participation
   6. Outcomes Management/Tracking
   7. Reporting

If applying as a regional consortium, be sure to describe staffing plan for each site. The partnership structure can be represented in a table or paragraph form.

1. **Program Model:** Provide a detailed description of how a participant will move through the program – from enrollment to graduation. Identify the lead at each stage of the process. (This may be presented as a flow chart attachment).
2. **Program Coordination, Monitoring and Evaluation**: Describe how participant services will be coordinated and who will be responsible for ensuring that each participant is making progress in all three different service components. Describe the tracking and reporting system that will allow partners to share information across organizations and with DHCD.
3. **Outreach and Recruitment Plan:** Describe how your outreach and recruitment plan will reach the full potential pool of applicants. In your response, please address the following challenges:
   1. If you will be serving both MRVP and State Public Housing participants in the same program, how you will reach both groups of residents?
   2. How will your recruitment plan accommodate heads of households’ who are working, have limited English skills, and who may have a disability?
   3. From your Team’s past experience, what recruiting challenges do you anticipate, and how will you overcome them?
4. **Application and Selection Process:** Mass LEAP sets ambitious goals for participants in the areas of employment, education, and asset development. Please describe:
5. How your application process will determine each applicant’s capacity to commit to these goals;
6. How you will process applications, make selections, and maintain a waitlist for participants;
7. How you will serve eligible participants with limited English language proficiency, given that Mass LEAP will not be covering the cost of related services.
8. **Tenant Participation Plan:** Describe how tenants and participants will be involved in the planning, launch, and oversight of the proposed program.
9. **Innovation (optional)**: If applicable, explain how your program will:
   1. Expand services into a region where partners are currently not engaged; and/or
   2. Lead to new partnerships among entities that do not have a history of working together.
   3. Incorporate innovative approaches in program design to improve participant outcomes such as behavioral economics, new technology, participant incentives for reaching benchmarks, and/or other promising interventions or strategies.