APPENDIX D
PROGRAM WORK PLAN

A. Contractor Information

1. Incorporated Agency Name:

2. Street Address:

3. Agency Contact: Title:

   Phone #:   FAX #:

   Email Address:

   Mailing Address:

   Program Contact: Title:

   Phone #:   FAX #:

   Email Address:

   Mailing Address:

4. Federal Employer Identification #:

   State Registered Charitable Organization #:

   Municipality #: _____

   Community District(s): _____

   Federal Congressional District)s):_____ _____

   State Senate District(s):_____ _____

   State Assembly District(s):_____ _____

5. Proposed Number of Individuals to be served by OSAH funds:_____

6. Annual Award Amount:_____

- Project Name (if any):

  Street Address/P.O. Box:

  County: City: Zip Code:

  Contact Person:

  Number of Units: _____   Number of Beds:_____

- Project Name (if any):

  Street Address/P.O. Box:

  County: City: Zip Code:

  Contact Person

  Number of Units: _____   Number of Beds:_____

- Project Name (if any):

  Street Address/P.O. Box:

  County: City: Zip Code:

  Contact Person:

  Number of Units: _____   Number of Beds:_____

- Project Name (if any):

  Street Address/P.O. Box:

  County: City: Zip Code:

  Contact Person:

  Number of Units: _____   Number of Beds:_____

- Project Name (if any):

  Street Address/P.O. Box:_____

  County: _____   City:_____   Zip Code: _____

  Contact Person: _____

  Number of Units: _____   Number of Beds:_____

Please attach additional sheets if needed.

7. Is your organization a minority community-based agency? (At least 51% of the board member is African American, Hispanic, Asian, Native American, etc.).
    Yes   No

    If yes, please specify:
    African American
    Hispanic
    Asian
    Native American
    Women
    Other

8. Non-Discrimination/Sectarian Organization Compliance Justification

	Yes	No
a. According to your Certificate of Incorporation, are your organization's purposes sectarian? (For example, are you a corporation organized under the religious corporation law or a corporation that has a corporate purpose to serve a particular religious group or promoting the doctrine of a particular religion in general?		
b. Are any of the proposed services in your project sectarian in nature?		
c. Does your organization have as its goal the furthering of any sectarian purpose?		
d. Are the services to be provided by sectarian staff?		
e. Are services being delivered in a building owned by a sectarian organization?		
If no, proceed to letter (f.). If yes, are services educational in nature?		
f. Will the proposed services be provided on the basis of race, religion, color or national origin?		
g. If the contract is with a sectarian organization, is the amount and comprehensiveness of the surveillance necessary to insure the contract does not foster or inhibit religion greater than the contract necessary to administer a similar contract with a non-sectarian agency?		

If any of the above answers are Yes, please justify the recommendation for funding below:

9. LIST OF AUTHORIZED SIGNATORIES

List all individuals who are authorized by the Board of Directors to sign this contract and related documents on behalf of the organization. *Should any individual be added to or removed from the list, inform the Bureau in writing immediately.*

Name: _____ Title: _____
            (Printed)

Signature_____

Restrictions_____

Name_____ Title_____
           (Printed)

Signature_____

Restrictions_____

Name_____Title_____
           (Printed)

Signature

_____

Restrictions_____

The individuals listed above are authorized to sign on behalf of the Contractor in all matters regarding the Agreement with the NYS Office of Temporary and Disability Assistance except where restrictions are shown.

_____
(Signature of Official Authorized to Sign for Applicant)   (Printed Name)   (Date)

B. Organization Description

Describe your HHAP / AIDS housing organization, its background and purpose. Please provide a general description of the agency's structure.

C. Project Description

The Project Description is where you provide comprehensive, detailed information on the services/project you will be providing with this grant. After reading this section, the reviewer should have a clear understanding of your project and how it is run.

1. Explain in detail the proposed activities and how they provide comprehensive support services designed to stabilize, enhance employability, and/or enhance self-sufficiency for those residents who are formerly homeless and/or at-risk of homelessness.

2. Who are the people to be served? (Target Population)

3. Explain who will perform the activities outlined above.

4. Explain whether the program will provide these services directly or through referral and/or subcontracting to other organizations.

5. Provide a brief narrative describing the building/property) and also addressing the following points:

   ✓ Type of units; transitional and/or long term? (Transitional- length of stay does not exceed 2 years; Long Term- length of stay can be permanent; or Both - program allows for transitional and long-term stay);
   ✓ Time frame for program implementation;
   ✓ Is there a waiting list;
   ✓ Average occupancy rate;
   ✓ Average length of stay for residents.
   ✓ Average time for turnover of apartments (how long it takes for a vacated apartment to be reused);
   ✓ Support service space;
   ✓ Common areas;
   ✓ Other non-residential space, etc.

6. **Provide a chart of all staff** (by job title) involved in the program, regardless of the funding source of the position. The chart should include job title, identify if OSAH grant funds support any portion of salary, a brief description of job duties/responsibilities, a brief listing of qualifications, and the title of their Supervisor. **See Example below:**

PROGRAM STAFF CHART EXAMPLE

JOB TITLE	Is any portion of Salary Supported by OSAH Grant Funds? (Y/N)	JOB DUTIES/ RESPONSIBILITIES	QUALIFICATIONS	SUPERVISOR
Executive Director	N	Oversight of programming and claiming.	Master's Degree	Board of Directors
Director of Housing	N	Oversight of residential facilities and staffing.	Master's Degree	Executive Director
Case Planner	Y	Assist residents in creating independent living plan, apply for entitlements.	Bachelor's Degree	Director of Housing
Case Manager 1	Y	Monitor client's progress, provide counseling for independent living skills, client referrals and entitlement management.	Bachelor's Degree	Director of Housing
Case Manager 2	N	Monitor client's progress, provide counseling for independent living skills, client referrals and entitlement management.	Bachelor's Degree	Director of Housing
Case Manager 3	N	Monitor client's progress, provide counseling for independent living skills, client referrals and entitlement management.	Bachelor's Degree	Director of Housing

D. Project Objectives/Outcome Measures

Project Objectives/Outcome Measures are measurable, specific, and should relate to the budget and project description and be consistent with the contract term. Complete the charts below with your anticipated objectives. You will be required to report on the outcome measures listed below; # Stabilized is Supportive Housing, % Stabilized in Permanent Housing, % to achieve Self-Sufficiency and two other Outcome Measures of your choice. These objectives will be used to measure the success of the project.

- **Number of those Stabilized in Supportive Housing Outcome Measure**
  (should be equal to the number of beds/units for which you are receiving funding)

  Enter # Beds/Units

  _____ of **Individuals who will be stabilized in supportive housing**

- **Permanent Housing Outcome Measure**

_____% will maintain stability in permanent housing. (Either through your program's permanent housing option or through monitoring those who exit/transition out of your program)

- **Self Sufficiency Outcome Measure**

_____% will achieve self sufficiency (defined as no longer in receipt of cash assistance through DSS).

- **Choose two additional Outcome Measures**

_____% will show noted improvement in EDUCATION.
_____% will show noted improvement in EMPLOYMENT SKILLS.
_____% will show noted improvement in EMPLOYMENT INCOME.
_____% will show noted improvement in LIFE SKILLS.
_____% will show noted improvement in OVERALL STABILITY.
_____% will show noted improvement in PHYSICAL HEALTH.
_____% will show noted improvement in MENTAL HEALTH .
_____% will show noted improvement in FAMILY STABILITY.
_____% will show noted improvement in (OTHER, provide explanation).

How will you monitor the above outcome measures and what programmatic changes will you make in the event the outcomes measures are not being realized?