

Alaska Recovery Housing Program

SFY2026 ARH Application

Organization Information

Organization Name: _____

Type of Applicant: Municipality/Borough/City Regional Housing Authority
 Non-Profit Organization Alaska Native Tribal Organization

Application Details

Program Name: _____

Geographic Area(s)/City(s) to be Served: _____

Funding Amount Requested (*Less than or equal to \$275,175.50*): \$ _____

Estimated total number of persons to be served through ARH Funding: _____

Applicant Statement: *To the best of my knowledge and belief, all of the information contained in this application and attachments is true and correct, and the activities in this proposal have been duly authorized by the governing body of the applicant. The applicant further understands that submittal of this application grants AHFC the right to verify the information contained herein with other funding agencies.*

Typed Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date Signed: _____

Respond to all questions in the application below.

Indicate N/A for any question(s) that do not apply to the proposed program(s).

1. Program(s) Details

1.a. Briefly describe the program(s) to be funded with Alaska Recovery Program assistance including the population(s) to be served, estimated number of persons to be served, and



expected start and end date of the project. (May include up to one page of text in response to this question. Note: this is not the Program Narrative as required in the NOFA.)

1.b. Indicate the activities or services proposed for this AHR program(s).

(Check all boxes that apply)

- Rental Assistance (6-24 months)
- Housing Placement Costs (Move-in Items like Applications and Security Deposits)
- Utilities (Heat, electricity, water etc.)

1.c. Select each of the *co-occurring* populations to be served through Alaska Recovery Housing funding.

- Unaccompanied Youth (Under 18)
- Prisoner Re-Entry
- Transitional Age Youth (18-24)
- Families
- Veterans
- Human Trafficking Survivors
- Domestic Violence Survivors
- Single/Married Adults Only (age 18+)
- Other (Describe): _____

2. Data Collection and Reporting

2.a. Does your organization enter client level data into the AKHMIS or other similar systems?

- Yes No If yes, which system? AKHMIS Alice Other (specify): _____

2.b. Does your agency have a staff person designated to review reports and monitor data quality? Yes No If yes, specify the person's title. _____

3. Project Need/Utilization

3.a. What is your community's age-adjusted drug overdose mortality rate? _____

3.b. How many individuals with substance use disorders did your agency serve in SFY25?

3.c. What percentage of clients exited to transitional or permanent housing in SFY25? _____

4. Applicant Experience and Capacity

4.a. Does the applicant have any unresolved state, federal, or specific AHFC monitoring findings, or outstanding single audit findings from monitoring reports issued before 12/31/23?

Yes No

If yes, briefly explain _____

4.b. During SFY25, has the applicant received any federal or AHFC findings or audit findings that cited late reporting? Yes No

If yes, briefly explain. _____

4.c. During SFY25, has the applicant received any federal or AHFC repeated findings similar to monitoring reports from the previous year? Yes No

If yes, briefly explain. _____

5. Required Application Format & Evaluation Criteria:

- i. Completed Alaska Housing Grant Application Coversheet
- ii. Completed SFY26 ARH Application
- iii. Completed Program Narrative
- iv. Completed Grant Budget Worksheet
- v. Copies of Policies and Procedures
- vi. Completed Organizational Chart with Board Members and Titles
- vii. Completed Board Resolution

**Send the completed application forms via email to bhap@ahfc.us.*

6. Threshold Review

- i. The application was received by the deadline stated in section 4 of the NOFA;
- ii. AHFC has determined that the applicant is a “responsible bidder” as described in section 9 of the NOFA;
- iii. The application forms provided by AHFC are entirely completed (with N/A appearing in areas that may not apply) and signed by the applicant’s authorized representative;
- iv. The application contains the required resolution from the applicant’s governing body as described in section 12 of the NOFA; and
- v. Demonstration of a financially feasible program as determined by AHFC and/or review committee.

7. Evaluation Criteria: Alaska Recovery Housing Program

AHFC will distribute application materials electronically to members of the review committee.

Scoring Criteria	Maximum Points
Assessment of Need:	
Project clearly documents the need/issue	15
Project demonstrates that it will not supplant existing services and will meet the requirement to serve low- and moderate-income households	10
Project includes responses for special populations including DV and human trafficking	10
Total Assessment of Need	35
Project Impact:	
Project demonstrates readiness to proceed and expend funds within 2 months	15
Project demonstrates capacity to collaborate with state, local, or regional providers	10
Project demonstrates measurable outcomes	10
Total Project Impact	35
Project Feasibility:	
Applicant demonstrates capacity and experience to carry out the project including experience providing services to individuals in recovery from substance use disorders	15
Overall project cost effectiveness and reasonability	15
Total Project Feasibility	30
Total Score	100