



SFY 2026 BHAP Renewal

8/7/2025

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Planning and Program Development Department



AGENDA

- **Important Deadlines**
- **Form Changes**
- **Inflation increase of 3% for Total Award**
- **Questions**
- **Corny joke wrap up**

Important Deadline

Renewal Packet DUE

Friday, August 22, 2025

Submit before 4:30 p.m.

Part 1 – Renewal Packet Coversheet

SFY26 Basic Homeless Assistance Program (BHAP) Renewal Grant Coversheet

Organization Information

Organization Name: _____
Organization Mailing Address: _____
City: _____ State: _____ Zip Code: _____
UEI Number: _____ Tax ID Number: _____
Contact Name: _____ Position/Title: _____
Contact Phone: _____ Contact Email: _____

Name of Person with Signature Authority: _____
Position/Title: _____
Phone: _____ Email: _____

Board of Directors Contact Information

Name of Board Contact: _____
Position/Title: _____
Phone: _____ Email: _____

Total Amount of Award Requested (Please review available amount in renewal Memo): _____

Signature of Authorized Representative: _____

- **Consistency – Update your ask if you are increasing your award.**
- **Two points of contact – who is going to sign the grant agreement, and someone active on the board**

Part 2 – Program Details

BASIC HOMELESS ASSISTANCE PROGRAM **Program Details**

SFY 2026 BHAP Data Collection

Beginning in SFY 2026, AHFC is increasing data collection requirements related to program outcomes.

Staff will review these forms to confirm eligible activities and programs. Failure to complete this form accurately may result in changes to your grant agreement.

Instructions: Complete questions 1-4 for each program supported by BHAP funds. If BHAP funds are used in multiple programs, provide a program name and description for each.

1. PROGRAM NAME:

2. COMMUNITIES OR REGIONS SERVED BY THIS PROGRAM:

3. PROGRAM DESCRIPTION (NOT TO EXCEED 500 CHARACTERS):

- **YEP – This Page matters**
- **Tell us what you are doing – your chance to set your data expectations.**
 - **Is BHAP paying for**
 - **Salary?**
 - **Operating Expenses?**
 - **Services?**

If the grant pays for it, then tell us about it.

Part 2 – Program Details

4. SERVICES PROVIDED:

☐ Emergency Shelter. Description: Overnight shelter for literally homeless adults, families, and/or children. Estimated number of persons served in this performance period: ____

☐ Transitional Housing. Description: Units owned, or master-leased by the grantee. Providing up to 36 months of reduced-cost housing as part of enrollment in a BHAP-funded program. Estimated number of persons served in this performance period: ____

☐ Rapid Rehousing. Description: Providing Move-in assistance to new units, including deposits and up to **3 months' rent**. Estimated number of persons served in this performance period: ____

☐ Homeless Prevention – Rental Assistance and/or Utility Support. Description: One-time, per performance period, payment of rent or utilities to prevent eviction or homelessness. Estimated number of persons served in this performance period: ____

☐ Homeless Prevention – Support Services. Description: direct assistance to persons who are experiencing homelessness or at-risk of homelessness. Examples include purchasing gas for people living in vehicles or assisting with document replacement (without providing other housing services). Estimated number of persons served in this performance period: ____

☐ Other (as described above). Estimated number of persons served in this performance period: ____

Homeless Prevention vs.
Housing Placement vs.
Transitional Housing vs.
Supportive Services to support
community individuals vs.
Outreach/Inreach/etc.
And of course...
Emergency Shelter

Part 3 – Budget Worksheet

BHAP Worksheet Instructions

- 1 Please fill out the highlighted section of the "Activity 1 Summary" tab.
If BHAP is used in multiple programs, please do the same for each additional activity tab. ("Activity 2 Summary" etc.)
- 2 In the "Activity 1" tab, please add a Project Name and Activity name at the top then select a cost category from the drop down and enter the amount of your BHAP SFY26 request for each cost category. If additional non-BHAP resources will be used, enter the amount in the same row under column "Other Resources (Leverage)." Totals will auto fill.
- 3 If BHAP is in multiple programs, repeat steps one and two for each program using the available tabs.
- 4 The summary tabs will autopopulate based on data entered into the Activity tabs.

Page 1

Why Leverage?

SFY26 BHAP Renewal Grant Leverage Chart			
Applicant Name:			
Project Name:			
Amounts included in the chart must also be reflected in the Project Budget "Other Resources" column.			
Cash Commitments			
Type of Cash Contribution ▾	Source of Contribution ▾	Commitment Timeframe ▾	Value of Commitment ▾
<i>Example: Shelter Operating</i>	City Grant	9/1/25-8/31/26	\$ 10,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Cash Commitments			\$ -
In-Kind Contributions			

Budget Narrative

- List staff positions supported by grant funds.
- Include descriptions of programs and services funded.
- Admin remains capped at 10%.
- Different than your Cost Allocation Plan
- If it's in the budget, then it should be in the Budget Narrative