

CHAPA's Neighborhood Emergency Housing Support Program Application

Please save your complete application with your organization's name in the document title and email to Maritza Crossen at mcrossen@chapa.org.

Contact Information:

Organization Name:

Organization Address:

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

Grant Request:

Maximum request cannot exceed \$40,000

Amount of funding requested:

Number of people organization expects to serve under this grant:

Organization Staff:

Name(s) and years of experience of staff working under this grant. If staff speak multiple languages, please include that as well.

Name:

Years of Experience:

Languages Spoken:

Name:

Years of Experience:

Languages Spoken:

Name:

Years of Experience:

Languages Spoken:

Experience:

A brief summary of the organization's experience working in this area of housing assistance:

Community Demographics & COVID Impact:

Please provide a brief summary on the demographics of your organization's target population. Please include how your community has been impacted by COVID-19:

Outreach Methods:

Please provide the organization's current and proposed methods of outreach, including but not limited to offering assistance in multiple languages: