



2020 RESIDENT DEVELOPMENT FUND APPLICATION

Applications must be received at OCCH by **Monday, August 3, 2020**.

Complete applications (without attachments) should be 10 pages or less. Attachments may be included to document support from participating agencies/funders, or to provide other information as needed.

Please send to the attention of The Resident Development Fund by mail (88 E Broad Street #1800, Columbus, OH 43215) or by e-mail (ResidentDevelopmentFundOCIC@occh.org).

PROPERTY INFORMATION

Name of OCCH Property

Street Address

City/County

State

Zip Code

Population Served (*select from drop down menu*)

Year Project was Placed-in-Service

Does proposal include multiple properties?
If the applicant has selected yes, complete the table in Attachment A

Yes
No

PARTNER CONTACT INFORMATION

Contact Person
(First Name Last Name)

Partner Organization

Partner Street Address

City/County

State

Authorized Signer Name

Authorized Signer Title

Tax ID Number

Contact Phone Number

Contact E-Mail
Address

501(c)(3)?

Yes
No

Year Established

Total Organization Budget

Total # of Staff

Website

FUNDING REQUEST

Program/Project Name

Total Program Budget

Requested Amount

Area(s) of Focus
(select all that apply)

Educational Advancement & Workforce Training
Youth Empowerment & Education
Senior Health & Wellness
Summer Camps & Summer Enrichment
Other

Grant Period From

Grant Period To

PROPOSAL DETAILS

Proposed Number of Residents
Served

Geographic Region(s) Served
(select all that apply)

- Central OH
- Northeast OH
- Northwest OH
- Southeast OH
- Southwest OH
- Ashland KY
- Bowling Green - Hopkinsville KY
- Cumberland KY
- Lexington KY
- Louisville KY
- Mountain KY
- Northern KY
- Owensboro - Henderson KY
- Other

Describe your proposal in 300
characters or less.

Describe the property and
residents of the low income
housing tax credit property
affiliated with OCCH.

EVALUATION CRITERIA

Please refer to the 2020 Resident Development Fund Application Guide for guidance on the evaluation criteria that OCIC will use to review your application.



Program Design 1.1

Please describe the problem or need your proposal will address in 1,000 characters or less.

Program Design 1.2

Describe how your program or service is designed to make an impact on the problem or need identified. Point to the specific activities you will undertake to bring about desired changes.

Applicants must complete the table in Attachment B.

Program Design 1.3

Describe if or how your program will continue once Resident Development Funds have been expended.

Program Design 1.4

Describe any outreach efforts to residents that have occurred to date. Discuss how you will recruit residents and engage them in the activities described above.

Measurement of Key Indicators and Performance Metrics 1.5

What goals do you hope to achieve? Describe how the activities will have a meaningful impact on residents' lives.

**Measurement of Key
Indicators and Performance
Metrics 1.6**

Describe how you will generate information to define and measure program success.

NOTE TO APPLICANTS: OCIC staff will work with partners to create a measurement plan that will include a small set of critical measures and other indicators of performance. This approach will enable OCIC and grantees to assess how well funded programs are working to achieve short term, intermediate, and long-term success.

If awarded, do you agree to report to OCIC on key indicators and performance measures?

Yes
No



Staffing and Qualifications 2.1

Identify the members of the program team and their qualifications, including those team members from organizations other than the applicant. Discuss the track record of each organization as it relates to the services or programming in this proposal.

Current Services Offered 2.2

Describe any services or programming currently being provided to residents. If a service coordinator is available to the property, describe if the professional is located on site and how frequently they are in contact with residents.



Linkage to Existing Service Providing Agencies 3.1

Describe efforts to coordinate with existing service providing agencies in your community. Distinguish those activities that are the direct responsibility of the grantee from those that will be conducted by related programs or partner organizations.

Linkage to Existing Service Providing Agencies 3.2

If partnering with another organization, describe their history and experience relevant to the population to be served and the grant activities proposed.



Applicants must provide a detailed budget using the template provided in Attachment C. Please use the space below to provide an explanatory narrative.

Provide an explanatory narrative
of the proposal budget.