



ASHEVILLE HOUSING AUTHORITY
165 SOUTH FRENCH BROAD AVE.
ASHEVILLE, NORTH CAROLINA 28801
828-239-3542

SERVICE PROVIDER ACCESS REQUEST

All entities, including individuals, groups, and organizations aiming to obtain authorization to offer services on properties owned by the Housing Authority of the City of Asheville (HACA), are required to fully complete this packet. All current and prospective service providers are required to complete this form. In the event that this form is revised or updated, resubmission may be necessary. You will be duly notified of the determination rendered within a period of 16 business days subsequent to the receipt of your request.

Section 1: Applicant Information

Name of Organization: _____

Address: _____

Phone No.: _____ Website: _____

Primary Contact Name: _____ Title: _____

Phone No.: _____ Email: _____

Type of Applicant: Government Agency Non-Profit Organization For-Profit Organization

• EIN/Tax ID#: _____

Please include IRS Determination Letter/Proof of tax-exempt status UNLESS you are a government or quasi-government entity.

Asheville Housing Authority requires all service providers to maintain adequate insurance coverage that lists HACA as a co-insured party for the duration of the services provided. Do you or your organization have liability insurance or other relevant insurance coverage? YES NO If yes, please include verification.

Section 2: Current Service Providers ONLY

If you are currently providing services on a HACA site, please provide the following information:

Current Service Provision: Start Date: _____ Anticipated End Date: _____

Do you lease or utilize a space in a HACA site? YES NO Location: _____

Do you have a current lease? YES NO

If you lease a space, what is your monthly lease amount? \$ _____

Do you partner with any other organizations that will be coming onto the site? YES NO

Please list partner organizations:

Section 3: Vetting Process

Please describe your organizations policy and process for vetting employees and/or volunteers who will be working on HACA site:

Does your organization background check employees? YES NO

Does your organization background check volunteers? YES NO

Does your organization drug test employee's? YES NO

Please include a copy of your policy for backgrounds and drug usage.

Are you willing to provide evidence of compliance to HACA with all relevant laws and regulations, including background checks for staff working with vulnerable populations? YES NO

Certification

By checking the box below, I certify that:

This organization does not directly or indirectly assist in, sponsor, promote, or provide support for (i) acts of terrorism or to support organizations or persons listed as terrorists on lists maintained by the United States government, the United Nations, the European Union, and other entities; (ii) acts defined as hate crimes or ethnic intimidation under applicable federal or state laws.

This organization complies with all applicable federal, state and local civil right laws and does not discriminate against a person on the basis of that individual's race, religion, creed, color, sex, sexual orientation, gender identity or expression, marital status, pregnancy, age, ethnic/national original, citizenship status, veteran status, political affiliation, disability, genetic information, or ancestry. This organization does not directly or indirectly assist in, sponsor, promote, or provide support to any organization that discriminates against any person on the basis of the above referenced protected characteristics.

The information provided is true and accurate. I understand that the submission of false information may result in the termination of any agreement or permission granted by the Housing Authority City of Asheville.

Applicant's Signature: _____ Date: _____

Submission

Please submit the completed packet and any supporting documentation to the Family Self-Sufficiency Coordinator on your site or to:

Housing Authority of the City of Asheville
Attn: Shaunda Jackson, Director of Resident Services
133 Livingston Street
Asheville, NC 28801
sjackson@haca.org
828-239-3542

Business Hours: Monday-Thursday 9am to 5pm

As part of our commitment to providing an efficient and user-friendly application process, we may periodically update our application form. To ensure that your application is processed accurately and efficiently, we want to inform you that there may be updates to the application form in the future. In the event that we make changes, we will require that you review and resubmit your application using the most recent version of the form.

Project Details

Section 1: Organization Background

Please provide a brief narrative that describes your organizations mission and goals:

Section 2: Project Information

Proposed Start Date: _____ **Proposed End Date:** _____

Proposed Start Time: _____ **am / pm** **Proposed End Time:** _____ **am / pm**

Is this a continuous activity? **YES** **NO** **WEEKLY** **BI-WEEKLY** **MONTHLY**

Please provide a narrative of the project: _____

How long has your organization been providing services to communities? _____

Have you worked with public housing sites or similar community settings before? **YES** **NO**

If yes, please provide details:

Section 3: Service Proposal

What specific services or programs do you propose to offer at our public housing site? _____

How do these services align with the needs of the community and our site's goals? _____

What are the expected outcomes or benefits of your services for our residents? _____

What impact will this work have in our community – will it reduce a disparity, aim to establish a baseline understanding of a disparity, work to promote healing within an institutionally underserved or marginalized community, and/or some other impact?

Section 4: Staffing and Qualifications

Please provide an overview of the staff members who will be involved in delivering services. Include their qualifications and experience: _____

Please describe any relevant experience, certifications or licenses your staff members have? _____

How will you ensure the safety and well-being of your staff and the residents?

Section 5: Collaboration and Engagement

Please describe your strategies and methods for encouraging resident participation and engagement in your endeavor?

Share specific examples of activities or interactive elements for this work to be carried out:

Are you open to collaborating with other organizations or agencies operating on our site? YES NO

How do you plan to coordinate with HACA site resident services, management and resident associations?

Section 6: Funding and Sustainability

Is the Initiative Grant Funded? (please check one) YES NO If “YES”, please provide the following details:

Grant Agency: _____

Grant Guidelines:

Please describe the anticipated quantitative and qualitative outcomes you hope to achieve:

Section 7: Evaluation and Reporting

What methods do you use to evaluate the effectiveness and impact of your services?

How often will you provide progress reports or updates to HACA and the residents?

How will you address and adapt to feedback from residents and HACA?

Section 8: Additional Information

Is there any other information or details you would like to share with us regarding your organization or service proposal?

Section 9: Declaration

By submitting this questionnaire, your organization agrees to abide by the rules and regulations of our public housing site and to work collaboratively with Asheville Housing Authority’s Resident Services staff and residents to achieve our shared goals. Please confirm your understanding and agreement.

The information provided is true and accurate. I understand that the submission of false information may result in the termination of any agreement or permission granted by the Housing Authority City of Asheville.

Applicant’s Signature: _____ **Date:** _____

HACA STAFF ONLY

This signed service agreement serves as verification of the listed applicant's partnership with the Asheville Housing Authority and may serve as a letter of support for grant application submissions that benefit Asheville Housing Authority residents.

APPROVED DENIED **Date Issued:** _____ **Expiration Date:** _____

Asheville Housing Authority
Director of Resident Services Signature: _____ **Date:** _____

CHECKLIST

- **IRS Determination Letter/Proof of tax-exempt status UNLESS you are a government or quasi-government entity.**
- **Copy of the Certificate of Insurance that lists Housing City of Asheville as an additional insured and an additional certificate holder.**
- **Copy of your policy for background checks and drug use.**
- **Copy of the most recent grant application for which you received funding.**
- **Any other documentation you feel is relevant to your request.**

Disclaimer: Please note that the information provided here is required for general guidance purposes only and does not constitute a guarantee of approval for your application. The approval process is subject to various factors, including but not limited to, individual circumstances, eligibility criteria, and the discretion of the relevant authorities. We strongly recommend that you carefully review and adhere to the official guidelines and requirements provided for processing your application.