

A. TAP Resident Engagement Program FY 2025 Submission Checklist Form

Organization or applicant's name _____

TAP Resident Engagement Program FY 2025 Forms:

Cover Page *Form B*

Presenter/Facilitator Information *Form C*

Program Summary *Form D*

Number of programs/trainings/workshops submitted

Program/Training/Workshop *Forms E.1-E.5*

References *Form F*

B. Cover Page Form

Applicant name: _____

Organization (if applicable): _____

Title of contact person: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Certified Minority Business Enterprise (MBE) Vendor: yes no Process

Certified Women Business Enterprise (WBE) Vendor: yes no Process

Certified Minority Women Business Enterprise (M/WBE) Vendor: yes no Process

Certified Disadvantaged Business Enterprise (DBE) Vendor: yes no Process

Certified Disability Owned Business Enterprise (DOBE) Vendor: yes no Process

Certified Service Disabled Veteran Owned Business Enterprise (SDVOBE): yes no Process

Certified Veteran Business Enterprise (VBE) Vendor: yes no Process

Certified Lesbian, Gay, Bi-Sexual, Transgender, Business Enterprise (LGBTBTE): yes no Process

Waiver:

I shall be entirely and solely responsible for my actions and the actions of my employees and by submitting this application to be a vendor in the TAP program, I agree to indemnify and hold harmless MassHousing against all claims, demands, suits, awards, and judgments, made or recovered by any persons or agencies due to the negligent actions of myself or my employees.

Signature

Electronic Signatures: This application may be executed by electronic signature, which shall be considered as an original signature for all purposes, shall be binding on the parties and shall have the same force and effect, for all purposes, as an original signature. Without limitation, in addition to electronically produced signatures, “electronic signature” shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

C. Presenter/Facilitator Information

Organization or applicant name: _____

First Name	Last Name	Email Address
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Check this box if you have additional individuals that will participate in TAP programs, if selected to proceed.

Background Check (required): If selected as a vendor, all individuals for FY2025 TAP Resident Programming presenting, facilitating and/or providing services as part of the TAP Resident Program are required, with no exception, to undergo a background check related to his/her past activities, to supply any and all information concerning to his/her background, and release the same from any liability resulting in providing such information. The information will be limited to a public record history of my name(s), address(es), criminal convictions and pending cases, and state sex offender data. This will be done by DISA Global Solutions. The name and email will be provided to DISA Global Solutions and an email will be sent directly to the individual to enter information to complete the required background check.

D. Program Summary Form

Applicant Name

Organization name (if applicable):

Do you have the relevant credentials or certifications to present/facilitate proposed program? (If selected as a vendor, MassHousing will follow up) yes no n/a- credentials or certifications are not a part of the proposed program (s)

List the proposed program/s for FY2025

Title	Single or Series	Proposed Fee
1. _____	<input type="checkbox"/> single <input type="checkbox"/> series	\$_____
2. _____	<input type="checkbox"/> single <input type="checkbox"/> series	\$_____
3. _____	<input type="checkbox"/> single <input type="checkbox"/> series	\$_____
4. _____	<input type="checkbox"/> single <input type="checkbox"/> series	\$_____
5. _____	<input type="checkbox"/> single <input type="checkbox"/> series	\$_____

Please list any materials you will provide for each program.

- 1.
- 2.
- 3.
- 4.
- 5.

E.1 Program/Training/Workshop Information Form 1

Organization or applicant name: _____

Title of the program: _____

How many presenters or facilitators for this program: _____

Name of all presenters or facilitators: _____

Topic: _____ **Select:** _____ # of session(s) ____ # hours per session(s) ____

Program delivered in: English only _____ Other languages _____

Geographic area covered for program:

Western Boston
Metro Boston Northeast Statewide
Central Southeast

Targeted audience:

Youth --ages ____ Elderly
Adults Disabled
Families All

Period:

All year If seasonal, please specify: _____

Group size:

min. _____ max. _____ n/a

Program Summary: In 50 words or less provide a brief summary of the program/training/workshop to be included in TAP's Annual Program Catalogue if program is approved.

Does the site need to have something in place to provide this program?

yes no If yes, specify _____

E.2 Program/Training/Workshop Information Form 2

Organization or applicant name: _____

Title of the program: _____

How many presenters or facilitators for this program: _____

Name of all presenters or facilitators: _____

Topic: _____ **Select:** _____ # of session(s) ____ # hours per session(s) ____

Program delivered in: English only Other languages _____

Geographic area covered for program:

Western Boston
Metro Boston Northeast Statewide
Central Southeast

Targeted audience:

Youth --ages ____ Elderly
Adults Disabled
Families All

Period:

All year If seasonal, please specify: _____

Group size:

min. _____ max. _____ n/a

Program Summary: In 50 words or less provide a brief summary of the program/training/workshop to be included in TAP's Annual Program Catalogue if program is approved.

Does the site need to have something in place to provide this program?

yes no If yes, specify _____

E.3 Program/Training/Workshop Information Form 3

Organization or applicant name: _____

Title of the program: _____

How many presenters or facilitators for this program: _____

Name of all presenters or facilitators: _____

Topic: _____ **Select:** _____ # of session(s) ____ # hours per session(s) ____

Program delivered in: English only _____ Other languages _____

Geographic area covered for program:

Western Boston
Metro Boston Northeast Statewide
Central Southeast

Targeted audience:

Youth --ages ____ Elderly
Adults Disabled
Families All

Period:

All year If seasonal, please specify: _____

Group size:

min. _____ max. _____ n/a

Program Summary: In 50 words or less provide a brief summary of the program/training/workshop to be included in TAP's Annual Program Catalogue if program is approved.

Does the site need to have something in place to provide this program?

yes no If yes, specify _____

E.4 Program/Training/Workshop Information Form 4

Organization or applicant name: _____

Title of the program: _____

How many presenters or facilitators for this program: _____

Name of all presenters or facilitators: _____

Topic: _____ **Select:** _____ # of session(s) ____ # hours per session(s) ____

Program delivered in: English only _____ Other languages _____

Geographic area covered for program:

Western Boston
Metro Boston Northeast Statewide
Central Southeast

Targeted audience:

Youth --ages ____ Elderly
Adults Disabled
Families All

Period:

All year If seasonal, please specify: _____

Group size:

min. _____ max. _____ n/a

Program Summary: In 50 words or less provide a brief summary of the program/training/workshop to be included in TAP's Annual Program Catalogue if program is approved.

Does the site need to have something in place to provide this program?

yes no If yes, specify _____

E.5 Program/Training/Workshop Information Form 5

Organization or applicant name: _____

Title of the program: _____

How many presenters or facilitators for this program: _____

Name of all presenters or facilitators: _____

Topic: _____ **Select:** _____ # of session(s) ____ # hours per session(s) ____

Program delivered in: English only Other languages _____

Geographic area covered for program:

Targeted audience:

Western	Boston	Youth --ages _____	Elderly
Metro Boston	Northeast	Statewide	Adults
Central	Southeast	Families	All

Period:

Group size:

All year If seasonal, please specify: _____ min. _____ max. _____ n/a

Program Summary: In 50 words or less provide a brief summary of the program/training/workshop to be included in TAP's Annual Program Catalogue if program is approved.

Does the site need to have something in place to provide this program?

yes no If yes, specify _____

F. References Form

Organization or applicant name: _____

Have you done work in housing? yes no

If yes, where _____

If different than above, have any of the presenters/facilitators done work in housing? yes no

If yes, name of presenter/facilitator and where _____

Provide three (3) references:

a. Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____ Reference: personal work

b. Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____ Reference: personal work

c. Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____ Reference: personal work