CoCB Grant Committee
January 27th, 2016
1:00 – 2:30 PM
River Place Conference Room 3 - Polk County Health Services

Agenda
Welcome

20 Minutes  Review LOI
  • Evaluation process forthcoming

20 minutes  Emergency Solutions Grant
  • Programs to require individual’s share of rent to be at least $50
  • Any open items

15 Minutes  Additional questions or items
  • Website review

Adjourn: 2:30 PM

Next Meeting – February 24th, 2017

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Polk County Continuum of Care
2017 Continuum of Care Application

Letter of Interest

OVERVIEW

To assist in planning for the 2017 HUD Continuum of Care (CoC) Application process, the Polk County Continuum of Care Board is implementing a Letter of Interest (LOI) process. The LOI process will assist the board in 1.) Understanding the expenditure rate and budgetary needs of existing projects and if they will request renewal funding; and 2.) Request assistance in implementing new permanent housing projects needed to fill specific gaps in the local continuum using HUD CoC permanent housing bonus funds or through reallocation of existing program funds.

If your organization is considering renewing an existing grant or submitting an application for a new permanent housing project, you must submit a non-binding Letter of Interest by email to Mark K Phillips at m.phillips@pchsia.org no later than [time] on [day], [date]. LOI’s submitted after this deadline WILL NOT be accepted and the organization WILL NOT be considered for submitting a full project application for 2017 HUD Continuum of Care funds.

RENEWAL PROJECTS

Organizations with CoC-funded programs currently under contract with HUD must complete and submit the attached Letter of Interest – Renewal Projects in order for their project to be considered for inclusion in the Polk County Continuum of Care’s 2017 HUD CoC Application.

NEW PROJECTS

Organizations wishing to submit a new Permanent Supportive Housing or Rapid ReHousing project application must complete and submit the attached Letter of Interest – New Projects in order for their project to be considered for inclusion in the Polk County Continuum of Care’s 2017 HUD CoC Application.

A. To verify if your project is eligible, please review the 2016 HUD CoC NOFA:

B. To be eligible for consideration, new bonus projects must:

1. Propose to serve chronically homeless individuals, unaccompanied youth and/or families; or homeless individuals and families coming directly from the streets or emergency shelters, including persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of HUD’s definition of homelessness. The CoC priority is for projects which ???
2. Provide scattered-site leasing or tenant-based rental assistance; or, if the applicant can provide a deed or long-term lease demonstrating site control for a building or units where evidence of site control exceeds the requested grant term, and where building or units are ready to be occupied no later than 6 months after award of funds, the applicant may instead request operating costs or project-based rental assistance;
3. Be submitted by a project applicant that is in good standing with HUD, which means that the project applicant does not have any open monitoring Findings, or history of slow expenditure of grant funds;
(4) Demonstrate a plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award;
(5) Demonstrate a connection to mainstream service systems;
(6) Demonstrate that the type, scale and location of the housing as well as the type and scale of the supportive services fit the needs of program participants;
(7) Demonstrate that program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs;
(8a.) Demonstrate that 100% chronically homeless individuals and families will be served through new permanent supportive housing; or
(8b.) Demonstrate that 100% homeless individuals and families coming directly from the streets or emergency shelters, including persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness will be served through new rapid rehousing projects;
(9) Be a current participant or agree to participate in the CoC’s coordinated assessment system;
(10) Projects must be able to provide a 25% match (cash or in-kind contributions) for all non-lease grant funds applied for.

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:
(a) Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings;
(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and
(c) Project applicants must demonstrate they will be able to meet all timeliness standards per §578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down funds from e-LOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

The expected grant amount for the Permanent Housing Bonus will be up to 5 percent (5%) of the CoC Preliminary Pro Rata Need (PPRN) - $156,036. in 2016. New project applications will be ranked by the PCCoCB Grant Committee with the current renewals.
Polk County Continuum of Care
2017 Continuum of Care Application

Letter of Interest – Renewal Project

ORGANIZATION
Name: ________________________________
Address: ________________________________
City: __________________ State: _______ Zip: _______
Phone: __________ Fax: __________ Email: __________

CONTACT
Grant Contact Person: ________________________________
Phone: __________________ Email: __________________
Agency Director: ________________________________
Phone: __________________ Email: __________________

PROJECT
HUD Grant Number: ________________________________
HUD Project Name: ________________________________
Project Address: ________________________________
City: __________________ State: _______ Zip: _______
Program Type:
  ___ PSH  ___ RRH  ___ TH  ___ HMIS
Primary Population Served: ________________________________
Unit Configuration (PSH and RRH):
  ___0 BR  ___1 BR  ___2 BR  ___3 BR  ___4 BR  ___Total
Total Number of Beds (TH): ________

ELIGIBILITY
Grant Expiration Date (mm/dd/yyyy): ____________________
Total Grant Amount: $ ____________
Amount of Grant Drawn Down: $___________

Date of Last Draw Down (mm/dd/yyyy): ________________

Centralized Intake Verification – This project accepts referrals exclusively from the PCCoC Centralized Intake System and follows all policies and procedures of the Centralized Intake System.

_____Yes      _____No

Housing First Verification – This project follows the PCCoC's Housing First policy.

_____Yes      _____No

Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? _____Yes      _____No

If “Yes,” briefly describe.

MODIFICATIONS

Have there been or will there be any significant changes in the project since the last funding approval? Check all that apply:

_____ Number of persons served: from _____ to _____
_____ Number of units: from _____ to _____
_____ Number of beds: from _____ to _____
_____ Location of project sites.
_____ Line item or cost category budget changes more than 10%.
_____ Change in project sponsor.
_____ Change in component type.
_____ Other: ______________________________________

Please explain changes:

Person completing the Letter of Interest:

Name_________________________Signature_________________________Title_________________________

I certify, on behalf of my agency, that all information contained in this Letter of Interest is accurate and true, based on our current project records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

_________________________________________________________Date_________________________

Executive Director/CEO/President

Letter of Interest Submission: Please submit this Letter of Interest (LOI) by email to Mark K Phillips at m.phillips@pchsia.org no later than [time] on [day], [date]. LOI's submitted after this deadline WILL NOT be accepted and the organization WILL NOT be considered for submitting a full project application for 2017 HUD Continuum of Care funds.
Polk County Continuum of Care
2017 Continuum of Care Application

Letter of Interest – New Project

ORGANIZATION
Name: __________________________________________
Address: _______________________________________
City: __________________________________________ State: ________ Zip: ________
Phone: ___________________ Fax: ______________ Email: ____________________

CONTACT
Grant Contact Person: __________________________________________
Phone: ___________________ Email: ____________________
Agency Director: ____________________
Phone: ___________________ Email: ____________________

PROJECT SUMMARY
Project Name: __________________________________________
Program Type: ____________________
   _ PSH   _ RRH   _ TH
Primary Population Served: ______________________________________
Unit Configuration (S+C and RRH):
   ____ 0 BR   ___ 1 BR   ___ 2 BR   ___ 3 BR   ___ 4 BR   ___Total
Total Number of Beds (TH): __________

Project Description (type of housing – scattered site or project-based; strategies to be used in
assisting hard to serve populations secure housing; scope of services to be provided and specific
partners who will provide services; strategies for assisting participants in accessing mainstream
resources; and timetable for implementing the project) – 2,000 characters

Organization Experience and Capacity (organization’s previous experience in operating a similar
project; challenges faced and specific strategies used to overcome challenges in implementing or
operating a similar project; organization’s ability and qualifications to operate the proposed project -
identify key members of the project operations team and briefly describe their relevant experience
and duties) – 3,000 characters
BUDGET
Complete the attached Project Budget Worksheet.

ELIGIBILITY

Centralized Intake Verification – This project will accept referrals exclusively from the PCCoC Centralized Intake System and follows all policies and procedures of the Centralized Intake System.

_____Yes  _____No

Housing First Verification – This project will follow the PCCoC’s Housing First policy.

_____Yes  _____No

Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this organization?  _____Yes  _____No  If “Yes,” briefly describe.

Person completing the Letter of Interest:

Name ___________________________________________ Signature ________________ Title ________________

I certify, on behalf of my agency, that all information contained in this Letter of Interest is accurate and true, based on our current project records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

_________________________________________  Date ________________

Executive Director/CEO/Purse
## Project Budget Worksheet

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Total Assistance Request for 1 Year Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td></td>
</tr>
<tr>
<td>1b. Leased Structures</td>
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<tr>
<td>2. Rental Assistance</td>
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<td>3. Supportive Services</td>
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<td>4. Operations</td>
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<tr>
<td>5. HMIS</td>
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<tr>
<td>6. Subtotal Cost Requested (lines 1a.- 5)</td>
<td></td>
</tr>
<tr>
<td>7. Administration (7% of line 5)</td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance plus Admin. (total lines 6 and 7)</td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
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<tr>
<td>11. Total Match (lines 9 and 10)</td>
<td></td>
</tr>
<tr>
<td>12. Total Budget (lines 8 and 11)</td>
<td></td>
</tr>
</tbody>
</table>

## Cash and/or In-Kind Match

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Cash (check)</th>
<th>In-kind (check)</th>
<th>Signed MOU or Agreement for in-kind amounts prior to a HUD grant agreement (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
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| TOTAL  |        |              |                 |                                                                                  |

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Susie,

Thanks for sending this to me. I gave Jim a call to discuss this rather than going back and forth and here are his comments.

- This originated out of a conversation in 2012 regarding ESG polices.
- It is Jim’s recollection that the City wanted the minimum rent to be $50. If this needs to change the City can waive this as it sounds like this was their recommendation.
- FYI: This was well before the beginnings of the CoCB.
- Action step: City to waive it, let all participants know, and then going forward the CoCB grant committee to address this and recommend this to be changed in the ESG Written Standards moving forward. This could be an item that the board vote on in the February board meeting.

How does that sound?

Please call or email with any questions. Best,

Mark K Phillips
Executive Director
Polk County Continuum of Care Board
2309 Euclid Ave
Des Moines, IA 50310

E: M.Phillips@pchsia.org
O: 515.402.4101
C: 515.314.1582
F: 515.243.8447

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- Twitter: @PCCOCB
- Membership to CoC: http://polkcococ.org/Meeting_Materials.html
Sent from my iPhone

Begin forwarded message:

From: "Gathright, Carolyn C." <CCGathright@dmgov.org>
Date: January 5, 2017 at 9:11:19 AM CST
To: Susan Osby <S.Osby@PCHSIA.org>, "Johansen, Chris M." <CMJohansen@dmgov.org>
Subject: RE: ESG Rapid Rehousing Program

Susan
Attached is the ESG habitability inspection form that has to be completed and pass before clients can move in. Regarding the $50 for rent, that is what Jim Cain and the CoC came up with you will have to discuss that issue with the CoC. The edibility form has to be completed on everyone regardless if you have 3rd party verification and it needs to be placed in every case file. The policy manual needs to be detailed, the purpose of the manual is and instruction manual for the program so if everyone in your office left the new person can use the instructional manual and now how to operate the program from beginning to end, step by step.

Thanks
c.

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From: Susan Osby [mailto:S.Osby@PCHSIA.org]
Sent: Tuesday, January 03, 2017 8:48 AM
To: Johansen, Chris M.; Gathright, Carolyn C.
Subject: ESG Rapid Rehousing Program

We have a couple of questions regarding the program.

It states that the individual's share of rent shall be at least $50. The majority of individuals have no income and we are assisting them with applying for SSI. Is it possible to have them pay $0?

A housing inspection must be completed prior to approval. Since Tommy our Property Manager will be completing the inspections is there a form that Tommy can complete for each home?

Do you know if the Eligibility Verification Form needs completed on everyone or just those without 3rd party verification?

In talking with Primary Health Care they are stating a policy manual needs to be written, how detailed does this need to be or if we just need to touch on eligibility, income, housing inspection, outcomes, and HMIS?

Thanks.
Susie