

# 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 to 1.) Understand the expenditure rate and budgetary needs of existing projects and whether 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](mailto: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:

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=285539>

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. *(INSERT COCB'S APPLICATION PRIORITIES)*
- (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
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*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.*

Executive Director/CEO/President	Date
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**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 (excluding spaces)

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 (excluding spaces)

**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.*

\_\_\_\_\_  
Executive Director/CEO/President

\_\_\_\_\_  
Date

## Project Budget Worksheet

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

### Cash and/or In-Kind Match

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

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