

## Polk County Continuum of Care Board 2017 Project Application

**To qualify as a new or renewal project and submit a 2017 CoC application, at least one staff member from your agency must have attended the Open Meeting on ??????, at ?????.**

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Mark K Phillips at [m.phillips@pchsia.org](mailto:m.phillips@pchsia.org) no later than ????? at noon in order to be considered.

Please indicate the program type for this application Choose an item.

Please indicate if the application is a renewal or new application Choose an item.

Grant Number (if renewal): \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact telephone #: \_\_\_\_\_

Project Name: \_\_\_\_\_

Requested amount: \_\_\_\_\_

Number of households to be served: \_\_\_\_\_

**Both renewal and new project applicants are STRONGLY URGED to review**

- *2017 Annual CoC Program Competition Project Ranking Criteria;*
- *2017 Annual CoC Program Competition Ranking Overview and Strategy; and*
- *Section V. Eligibility Information of the 2017 NOFA, beginning on page 20, before starting their application.*

**New applicants are also STRONGLY URGED to review 24CFR 578 Subpart D and Subpart F before completing Sections III through VII of this application.**

**PLEASE NOTE:** The wording of questions in this project application may not be the exact wording found in comparable questions of Exhibit 2 when it is uploaded to e-SNAPS. Therefore, read the questions in Exhibit 2 carefully before using the answers provided in this application.

### **I. Centralized Intake System**

Will the project for which you are requesting funding take referrals ONLY from the Polk County Centralized intake?    YES    NO

**If “NO”, your project is not eligible for HUD CoC funding.**

## II. Housing First

All CoCB permanent supportive housing and rapid rehousing projects as well as transitional housing serving exclusively homeless youth **must operate as a Housing First model**. Please complete the U.S. Interagency Council on Homelessness Housing First Checklist below by checking the box in front of each of the Housing First criteria that applies to your project.

### Permanent Housing Projects (PSH & RRH):

- Admission/tenant screening and selection practices affirm the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
- Housing accepts referrals from the Centralized Intake for households coming directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
- Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.
- Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

### Transitional Housing Projects (only) Serving Exclusively Homeless Youth:

- Low barrier.
- Prioritizes rapid placement and stabilization in permanent housing.
- Does not have service participation requirements or preconditions to entry.

**INCLUDE WITH THIS APPLICATION ONE COPY OF YOUR ADMITTANCE POLICY AND ONE COPY OF YOUR TERMINATION POLICY.**

## III. Project Description

### 1. *PROJECT DESIGN & HOUSING TYPE(PSH/RRH/TH):*

- (a) Describe the target population(s) to be served and the plan for addressing the identified needs/issues of the target population(s). Rapid rehousing applicants: indicate the maximum length of assistance provided; Transitional housing exclusively serving homeless youth: maximum program length.

**Renewal Projects:** In the blank before each criteria listed in questions (b) and (c) list the percent of persons served for that criteria. **New Projects:** Place an “x” in the blank before each criteria that reflects the primary characteristic(s) of the population you propose to serve.

Specific Population Focus. (Select ALL that apply):

\_\_\_\_\_Chronic Homeless      \_\_\_\_\_Veterans      \_\_\_\_\_Youth (under 25)  
\_\_\_\_\_Families with Children      \_\_\_\_\_Domestic Violence (recent or past)

\_\_\_\_\_Substance Abuse      \_\_\_\_\_Mental Illness      \_\_\_\_\_HIV? AIDS  
Residence Prior to Homelessness (Select ALL that apply):  
\_\_\_\_\_Literally homeless (emergency shelter or place not meant for human habitation)  
\_\_\_\_\_Transitional housing for homeless persons

- (b) Housing Type  
 Single Structure                       Scattered site

\_\_\_\_\_Total Number of Units      \_\_\_\_\_Total Number of Beds

**If scattered-site leasing**, describe strategies that will be used to develop a network of landlords willing to lease homeless individuals, youth or families. How will you mitigate the reluctance of landlords to lease households with potential credit issues, histories of evictions or legal issues?

## 2. *PROJECT DESIGN (SSO-CI)*:

- (a) General Description - Describe the community's approach to coordinated entry, how outreach, access, assessment, and referrals will be or are conducted and the role that this grant will play in supporting the process's development or implementation. The description must also include the community partners involved in coordinated entry and how other funds will be leveraged to support any CoC Program funds during implementation and operation. The information provided in this narrative must not conflict with information provided in the *Polk County Continuum of Care Centralized Intake System for Homeless Assistance: Policies and Procedures* which will be the basis for answering questions in the 2017 CoC Grant Application.
- (b) Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work - Demonstrate how full capacity will be achieved over the term requested in this application. Keep in mind, in order to expend funds within statutorily required deadlines, applicants must be able to begin operating within 12 months of conditional award. The estimated schedule should reflect these statutorily required deadlines.
- (c) Specific Population Focus. (Select ALL that apply):
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chronic Homeless       | <input type="checkbox"/> Veterans                           | <input type="checkbox"/> Youth (under 25) |
| <input type="checkbox"/> Families with Children | <input type="checkbox"/> Domestic Violence (recent or past) |   |
| <input type="checkbox"/> Substance Abuse        | <input type="checkbox"/> Mental Illness                     | <input type="checkbox"/> HIV? AIDS        |

3. *SUPPORT SERVICES:*

(a) Support Services and Frequency (PSH/RRH/SSO-CI/TH)

For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**. Please include all Medicaid services whether provider by the applicant or through partnerships with other organizations that provide Medicaid funded services.

**SSO-CI Project should only select** services that will be paid for by HUD CoC funds that are replacing the loss of nonrenewable funding (private, federal, and other excluding state/local government).

*For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Partner” if an organization with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established has provided the service directly.*

		Frequency – select one per service type				
Supportive Service	Provider	Daily	Weekly	Bi-Monthly	Monthly	Does Not Apply
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

- (b) Describe efforts to identify and enroll all Medicaid-eligible participants. Describe opportunities for Medicaid-financed services, including case management, tenancy supports, behavioral health services and mental health supports. (PSH/RRH/TH)
- (c) Collaboration with Local School Districts (PSH/RRH/TH):

For projects serving **families with dependent children and single adults 21 years old or younger**, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided under subtitle B of title VII of the Act (42 U.S.C. 11432, et seq.) and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?  YES  NO  
**ATTACH A COPY OF YOUR POLICY TO THE APPLICATION**

For projects serving **families with dependent children and single adults 21 years old or younger**, does the applicant have a designated staff person responsible for ensuring that children are enrolled in school and connected with the appropriate services with the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and subtitle B of title VII of the Act (42 U.S.C. 11432, et seq.) services?  YES  NO

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**IV. Project Quality (Please answer questions based on applicant type):**

1. **Renewal applicants (PSH, RRH or TH serving exclusively homeless youth):** These projects will be considered as having met these requirements through its previously approved grant application, unless information to the contrary is received, and will automatically receive full points for this section.
2. **New applicants (PSH or RRH):** Please describe how your project meets the following project quality criteria:
  - (a) How the type of housing and number and configuration of units will fit the needs of the program participants (e.g., 2 or more bedrooms for families);
  - (b) How the type of the supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing—this includes all supportive services, regardless of funding source (e.g., child care for families with children, case management, life skills, drug counseling);
  - (c) How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the participants’ housing?
    - Very accessible
    - Somewhat accessible
    - Not accessible
  - (d) A specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education); and

- (e) How program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention of permanent housing).

3. **New applicants (SSO-CI):**

- (a) Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?  
 YES  NO
- (b) Will the coordinated entry process funded in part by this grant be easily accessible?  
 YES  NO
- (c) Detail the advertisement strategy that will ensure that coordinated entry is accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities and persons with limited English proficiency. Using bullets instead of full paragraphs is appropriate.
- (d) Does the coordinated entry process use a comprehensive, standardized assessment process?  
 YES  NO
- (e) Briefly describe how the referral process for homelessness resources is coordinated across, at a minimum, all CoC and ESG providers. The process should include a list of all available resources, uniform decision making, program participant choice, and a process to reconcile unsuccessful or rejected placements. Using bullets instead of full paragraphs is appropriate.
- (f) Access Points - If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Chronically Homeless, Individuals, Families, and Youth?  
 YES  NO
- (g) Does the proposed project establish and "expansion" project?  
 YES  NO

If "YES", select one or more of the following expansion activities:

- Increases the number of homeless persons served;
- Provides additional supportive services to homeless persons;
- Brings existing facilities up to state/local government health and safety standards;
- Replaces the loss of nonrenewable funding (private, federal, other excluding state/local government).

V. **Project Administration:**

Renewal and New Project Applicants with a History of HUD CoC/ESG Project Administration:

- (a) Does the applicant have any existing/history of HUD CoC or ESG grants with any monitoring or audit findings (A-133 or general accounting-level audit)?  YES  NO

If yes, please explain each finding and any applicable corrective action that has been or will be taken.

- (b) Are/were funding draws from Line of Credit Control System (LOCCS) completed at least once every three (3) months for this project?  YES  NO

(c) Were dollars remaining on your most recently expired grant?  YES  NO

If yes, how much? \_\_\_\_\_

(d) Is/did the applicant participate in HMIS?  YES  NO

If yes, what is your most recent percent miss data (null rate)? \_\_\_\_\_

## VI. Performance Measures

1. **Renewal applicants:** All renewal projects **must submit with their application the Performance Measures Report (PMR) generated by the Institute for Community Alliances.** Using your agency's PMR, please fill in the following chart based on the project type (PSH, RRH or TH serving exclusively homeless youth)
2. **New applicants for permanent supportive housing or rapid rehousing:** New projects will automatically receive full points for this section since they do not as yet have a performance track record.

Measure	Goal	Outcome	Source
Length of Time Homeless (TH)	TH projects will have a 10% reduction in average length of stay annually.		
	TH projects will have a 10% reduction in the median length of stay annually.		
Returns to Homelessness (RRH, PSH, TH)	Projects will have no more than 10% of adults who exited to permanent housing return to ES, SH, TH, or Outreach within <i>six months</i> of exit.		
	Projects will have no more than 10% of adults who exited to permanent housing return to ES, SH, TH, or Outreach within <i>two years</i> of exit.		
Employment Income Growth (RRH, PSH, TH)	Projects will have a 10% increase annually in the number of adults who have increased employment cash income overtime.		
Non-Employment Income Growth (RRH, PSH, TH)	Projects will have a 10% increase annually in the number of adults who have increased non-employment cash income overtime.		
<b>Exits to Permanent Housing</b> (RRH, PSH, TH)	At least <b>(TBD)%</b> of participants in the project will move into permanent housing at exit.		
<b>Receipt of Non-cash Benefits and Health Insurance</b> (RRH, PSH, TH)	Projects will have a <b>(TBD)%</b> increase in the number of adults who received at least one source of non-cash benefits or health insurance at program exit.		

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**VII. Budget/Cost Effectiveness**

**Rental Assistance** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals.

Indicate the Type of Rental Assistance:

- Project Based     Tenant Based     Sponsor Based

Unit Size	No. of Units	FMR	Term (months)	Total
Efficiency		\$	12	
1 Bedroom		\$	12	
2 Bedroom		\$	12	
3 Bedroom		\$	12	
4 Bedroom		\$	12	
<b>Total</b>				

**Operating Costs**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description	Annual Assistance
Maintenance and repair		
Property Tax and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas and Water		
Furniture		
Equipment (lease, buy)		
<b>Total</b>		

**Supportive Services:** Enter the quantity and total budget request for each supportive services cost in the chart below. The request entered should be equivalent to the cost of one year of the relevant supportive service. Enter the quantity in detail (e.g. 1 FTE Coordinated Entry Specialist Salary + benefits) for each supportive service activity for which funding is being requested. Please note that simply stating 1FTE is NOT providing “Quantity AND Detail”

Applicants for SSO-CI projects should only request funds in eligible cost categories that are specifically relevant for the expansion of the CoC’s coordinated entry process. Please also note that the only cost category not included on this screen is “Direct provision of services.” The project applicant should include those costs under one of the other applicable eligible costs when specifically relevant for coordinated entry.

<b>Eligible Costs</b>	<b>Quantity Description</b>	<b>Annual Assistance Requested</b>
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
<b>Total</b>		

**Budget Summary**

<b>Line Item</b>	<b>CoC Request</b>	<b>Applicant Match, Cash or In-kind</b>	<b>% of Match</b>	<b>Total CoC Project Budget</b>
Rental Assistance				
Leasing		NA	NA	
Supportive Services				
Operations				
<b>CoC Request (subtotal lines 1 thru 5)</b>				
Administration (10% of CoC Request)				
<b>Total CoC Request (total lines 6 and 7)</b>				

**Cash and/or In-Kind Match** (Must be  $\geq 25\%$  of total grant request, with the exception of leasing costs.)

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

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