OVERVIEW

The Grant Committee of the Polk County Continuum of Care Board announces the availability of additional funding for new projects to be included in the 2017 Continuum of Care grant. Based on the amount of funds requested through the initial LOI process and the amount of funds available via reallocation for organizations to apply for, there are additional funds remaining for a new project. Therefore, we are releasing another LOI to give organizations the opportunity to apply for new project funding.

If your organization is considering an application for a new Permanent Supportive Housing project (PSH), Rapid Rehousing project (RRH) or Supportive Services Only for centralized intake expansion (SSO-CI), you must submit a non-binding LOI by email to Mark K. Phillips at m.phillips@pchsia.org no later than June 5, 2017 at 12:00 PM. 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 CoC funds.

NEW PROJECTS

A. Projects accepted will only be for the following type:
   (1) Rapid Rehousing (RRH) for families, adults or youth who are unsheltered and those accessing emergency shelter;

B. To verify if your project is eligible, please review the 2016 HUD CoC NOFA: http://www.grants.gov/web/grants/view-opportunity.html?oppId=285539

C. To be eligible for consideration, new projects must:
   (1) Propose to serve chronically homeless individuals, unaccompanied youth, or families; or homeless individuals or 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.
   (2) Provide scattered-site leasing (units or structures cannot be owned by applicant) 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 3 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) Provide a 25% match (cash or in-kind contributions) for all non-lease grant funds for which the applicant has applied.
(11) Be the existing contracted administrative agency of the Polk County Continuum of Care Centralized Intake.

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.
(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 problems related to capacity, performance, or unresolved auditing or monitoring 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.
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  __ SSO-CI

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 – PSH/RRH (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)

Project Description – SSO-CI (Scope of services to be provided using CoC grant funds) – 2,000 characters (excluding spaces)

Organization Experience and Capacity (organization’s previous experience in operating a similar project or current centralized intake; challenges faced and specific strategies used to overcome challenges in implementing or operating a similar project or current centralized intake; 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. SSO-CI applicant should detail expenses by inserting subheadings for each expense category under the Supportive Services budget line.

ELIGIBILITY

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

   ___Yes   ___No

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

   ___Yes   ___No

Are there any unresolved City of Des Moines or 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 organization, that all information contained in this Letter of Interest is accurate and true to best of my knowledge and belief, and is consistent with my organization’s records. I understand and acknowledge that presenting false information or failing to provide accurate and complete information as required could have a negative impact on my organization’s application potentially including, but not limited to, rejection of my organization’s grant application.

__________________________________________________________________________
Executive Director/CEO/President                          Date

4—CoC 2017 New Project LOI
# Project Budget Worksheet

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Total Assistance Request for 1 Year Grant Term</th>
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<tbody>
<tr>
<td>1a. Leased Units</td>
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<tr>
<td>1b. Leased Structures</td>
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<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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<td>5. HMIS</td>
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<tr>
<td><strong>6. Subtotal Cost Requested (lines 1a.- 5)</strong></td>
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<tr>
<td>7. Administration (7% of line 6)</td>
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<tr>
<td><strong>8. Total Assistance plus Admin. (total lines 6 and 7)</strong></td>
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<tr>
<td>9. Cash Match</td>
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<tr>
<td>10. In-Kind Match</td>
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<tr>
<td><strong>11. Total Match (lines 9 and 10)</strong></td>
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<tr>
<td><strong>12. Total Budget (lines 8 and 11)</strong></td>
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</tbody>
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## 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>
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<td><strong>TOTAL</strong></td>
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**Letter of Interest Submission:** Please submit this LOI by email to Mark K. Phillips at m.phillips@pchsia.org **no later than May 19th, 2017 at 12:00 PM.** 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.