**DV Bonus Sub-Recipient**

**New Project Application FY2018 Competition**

**Overview:** The WI Balance of State CoC Board of Directors are applying for a new Rapid Re-Housing grant under the Domestic Violence (DV) bonus in the FY2018 CoC Competition. This will be a new project for the CoC.

* The only eligible project type is Rapid Re-Housing (RRH).
* The project must follow a housing first approach.
* The grant term must be 1 year.
* The project must be dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking as defied in paragraph (4) at 24 CFR 578.3.
* Projects must agree to provide people access to housing and trauma-informed, victim-centered services that prioritize the survivor’s safety needs, accommodates their unique circumstances, and maximizes client choice. For the purposes of this application, HUD has defined as follows:
* Trauma-Informed: Approaches delivered with an understanding of vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others, and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivors’ feelings of safety, choice, and control. Programs, services, organizations and communities can be trauma-informed.
* Victim-Centered: Placing the crime victim’s prioritizes, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that could inadvertently r e-traumatize victims; ensuring that victims’ rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

If the DV Bonus Sub-Recipient New Project application is selected by the Board of Directors, the WI Balance of State CoC will include the agency as a sub-recipient in the New Project Application in *e-snaps.* If awarded by HUD, the new project will start following technical submission. There is no guaranteed project start date.

**Due Date:** Applications and required attachments are due **no later than Friday, August 17, 2018** to wiboscoc@gmail.com. **Please submit your application as a .pdf file.**

**Review Process:** Each application will be reviewed by the CoC Director, in consultation with the Board of Directors. There is a specific scoring rubric available for this application. The highest scoring project(s) will be selected. A final decision will be made no later than **Monday, August 27, 2018.** Selected applicants will work with the CoC Director to submit a new project application in *e-snaps*. The new project submission deadline into *e-snaps* is **Friday, August 31, 2018.**

The selected project applicant will be required to:

1. Complete a new project application in *e-snaps*;
2. Agree to have the new project application completed in *e-snaps* be reviewed by the CoC Director
3. Agree to have the approved project ranked in the CoC priority ranking as a new project.

**Disclaimer:**

* Only applications selected for the CoC competition by the Board of Directors will be included with the collaborative application.
* Submitting a project in the COC Competition does not guarantee the project will be funded by HUD.

**Process:**

The Balance of State CoC will complete the New Project application. For each sub-recipient, we will need the following information:

* Sub-recipient Information (in this application)
* Budget (in this application)
* Specific Attachments (in this application) including: Non-Profit documentation, match, and letters of support.

HUD will review projects marked as “DV BONUS” in a separate manner. HUD will award a point value to each project application combining both the CoC Application score and responses to the domestic violence bonus specific questions in the CoC Application using the following 100-point scale.

(a) CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.

(b) Need for the Project. Up to 25 points based on the extent the CoC is able to quantify the need for the project, the extent of the need, and ow the project will fill that gap.

(c) Quality of the Project Application. Up to 25 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.

CoCs are required to rank all DV Bonus projects on the New Project Listing of the CoC Priority Listing with a unique rank number. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank. If the DV Bonus project application is not conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for funding as a bonus project with available CoC Program funds provided the CoC meetings the requirements in Section II.B.1 of the FY2018 NOFA.

**Contact:** The contact for this application process is Carrie Poser, COC Director. Her email address is: carrie.poser@wibos.org or 715-598-3301.

***Please Note:*** *This application was designated according to our interpretation and understanding of the NOFA for the FY2018 Competition. Completion of this form in no way absolves agencies from reading the NOFA themselves. The Balance of State is not responsible for any omissions or misinterpretations of the NOFA. If applicants wish to supply additional material that they believe is in line with the NOFA, they should feel free to do so.*

**Pertinent details regarding this grant**: All applicants must read the *Notice of Funding Availability (NOFA) for the Fiscal Year 2018 Continuum of Care Program Competition FR-6200-N-25* to ensure that their application meets all of the required HUD Guidelines and adheres to the rules that affect how HUD evaluates applications, which can be found on page 32-40 of the FY 2018 NOFA.

* Match requirements can be found at 24 CFR 578.73 and are the responsibility of the applicant.
* New project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.
* New projects must use HMIS unless statutorily prevented from doing so.
* All applicants must meet statutory deadlines regarding the obligation of grant funds by September 30, 2020, as stated in the FY 2017 HUD Appropriations Act.
* Project Applicant must be in good standing with HUD – defined as no open findings or history of slow expenditure of grant funds.
* Project Applicant must be in good standing with the Balance of State CoC – defined as no open findings or confirmation of finding resolution and progress.
* Demonstrate a connection to mainstream service systems
* Demonstrate a plan for rapid implementation of the program

**Funding Available:**

* Total Domestic Violence (DV) BONUS funds available is equal to 10% of the CoC’s Final Pro Rata Need (FPRN). The preliminary DV BONUS funds available to the WI Balance of State CoC is: **$983,151.** This number is based on the preliminary pro rata need (PPRN). It is possible the amount available could increase or decrease.
* 10% of this total amount can be used as admin **$98,315**
	+ 5% of the admin will go to the Balance of State ($49,157)
	+ 5% of the admin will go to sub-recipients as a whole ($49,158)
* **$884,836** in non-administrative services including rental assistance and supportive services

Each sub-recipient is required to provide documentation of 25% match for the entire request (including the admin amount).

* For example: if a project requests $100,000 in supportive services and $100,000 in rental assistance + 5% of admin ($10,000) for a total request of $210,000. Match requirement will be $52,500.

While the Balance of State has not limited the amount an organization can apply for, the amount must be tied directly to the need using data. If the applicant applies for $500,000 but cannot show that level of need while using the funds in an efficient and effective manner, than the application will be denied.

**HMIS:** Each sub-recipient must agree to complete the required data sharing documents and any other forms necessary and required by the HMIS Lead for the purposes of data reporting on this grant, APR submission, and any other requirements set forth during contract execution. Data sharing could include, but would not be limited to: COC Director and staff direct access to data associated with this grant in HMIS, receiving reports, and establishing data specific submission requirements. Each sub-recipient must be prepared to pay for user and reporting licenses as needed. Compliance with a comparable database and the ability to generate an APR is required for those that cannot use HMIS.

**Eligible Applicants:** Eligible project applicants for CoC Program Competition are identified in Section V.B.2 of the NOFA (specifically 24 CFR 578.15, 24 CFR 5.100). Tribes, tribal housing authorities, and for-profit entities are ineligible.

**Eligible Permanent Housing Types:** The Balance of State CoC Board has agreed that potential applicants may apply as a sub-recipient for the DV Bonus funds to create a RRH project. In the NOFA FY2018, there were additional options available to CoC’s. In review and with consideration to Balance of State CoC data, these additional options would not further the CoC’s efforts to end homelessness at this time.

**New Project Grant Terms:** The grant term for this project is 1-year.

**HUD Threshold Requirements:** The following are rules that affect how HUD evaluates applications.

1. **Past Performance in managing funds**. This includes, but is not limited to:

* The ability to account for funds appropriately
* Timely use of funds received from HUD
* Timely submission and quality of reports submitted to HUD
* Meeting program requirements
* Meeting performance targets as established in the grant agreement
* The applicant’s organizational capacity, including staffing structures and capabilities
* Timelines for completion of activities and receipt of promised matching and leveraged funds
* The number of persons to be served or targeted for assistance

2. **Threshold Requirements: Project Eligibility Threshold**

HUD will review all projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard. If HUD determines that applicable standards are not met or a project, the project will be rejected.

* Project applicants and potential sub-recipients must meeting the eligibility requirements of the CoC program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g. nonprofit documentation)..
* Project applicants and sub-recipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant/sub-recipient experience with similar projects and with successful administration of COC program funds or other federal funds.
* Project applicants must submit the required certifications as specified in the FY2018 NOFA.
* The population to be served must meet program eligibility requirements as described in the Act and 24 CFR part 578, and the project application must establish eligibility of project applicants. This includes the following additional criteria for certain types of projects:
	+ The only persons who may be served by permanent supportive housing beds are persons experiencing chronic homelessness as defined in 24 CFR 578.3 including individuals, families, and unaccompanied youth.
	+ Rapid re-housing projects may serve individuals and families, including unaccompanied youth, who meet the following: (a) residing in places not meant for human habitation; (b) residing in an emergency shelter or coming directly from the streets; (c) persons who qualify under category 4 of the definition of homelessness.
* The project must be cost-effective, including costs of construction, operations , and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
* Project applicants must agree to participate in a local HMIS system. However, any victim service provide that is a recipient or sub-recipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

3. **Threshold Requirements: Project Eligibility Threshold**

HUD will review all new project applicants to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participations and the community.

To be considered as meeting project quality threshold, new project applications must receive at least **3 out of the 4 points** available for the criteria below. New project applications that do not receive at least 3 points will be rejected.

* The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (1 point);
* The type of 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 (1 point);
* The proposed project has a specific plan for ensuring 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) (1 point);
* Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing) (1 point).

**The Balance of State COC requires each new project to meet the following criteria:**

1. **Housing First philosophy and low barrier to entry:** Housing Firstis a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). This approach quickly connects people experiencing homelessness to permanent housing:
* No barriers to entry (e.g. sobriety, treatment, or service participation requirements);
* No preconditions (e.g. sobriety, income);
* Does not terminate program participants from the project for lack of participation in the program (e.g. supportive service participants requirements or rules beyond normal tenancy rules).
1. **Coordinated Entry:** Project applicants are required to comply with the policy and procedures, written standards, and order of priority for the specific project type requested. Participation includes but is not limited to: pre-screen, assessment, referral, follow-up.
2. **Adherence to HUD’s Homeless Policy and Program Priorities:** Project applicants are required to comply with HUD’s homeless policy and program priorities as listed in the NOFA FY2018, Section II, A (1-4).
3. **Balance of State COC:** Project applicants are required to comply with the Balance of State COC bylaws, governance charter, and other policy and procedure manuals as approve by the Board or membership. This includes, but is not limited to:
* Committee participation
* Actively involved in the Point-in-Time overnight street/known location count twice a year
* Active involvement in their local coalition
* Attendance at quarterly Balance of State meetings (at time of application, documented attendance at 2 of the last 4 meetings is required).
* Good Standing with Balance of State CoC policies, including coordinated entry.

**DV BONUS SUB-RECIPIENT – NEW PROJECT APPLICATION**

**Agency Name:**  \_\_\_\_\_\_\_\_

**New Project Name:**­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Area(s) covered by this project (identify coalition name):**  \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Amount Requesting (non-admin services):**

**Grant Amount Requesting (admin):**

**Grant Amount Requesting (Total):**

**Grant Period: 1 Year Proposed Project Type: \_\_\_RRH\_\_\_\_\_\_\_\_**

**Instructions:**

**It is your responsibility to complete each question with sufficient detail, completely and thoroughly.**

1. **Experience of Applicant, Sub-recipient(s) and Other Partners**
2. Describe the experience of the potential sub-recipient has in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
3. Describe why the potential sub-recipient is the appropriate entities to receive funding.
4. Provide concrete examples that illustrate your experience and expertise in each of the following: (1) working with and addressing the target population’s identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.
5. Describe the experience of the potential sub-recipient in leveraging other Federal, State, local and private sector funds. Include experience with all Federal, State, local and private sector funds. If the applicant and sub-recipient have no experience leveraging other funds, include the phrase “no experience leveraging other Federal, State, local or private sector funds.”
6. Describe the basic organization and management structure of the potential sub-recipient. Include evidence of internal and external coordination and an adequate financial accounting system that will be utilized to administer the grant. Include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG operated by the potential sub-recipient: [ ]  YES [ ]  NO

*\*You must select “yes” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. The HUD monitoring or OIG Audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs (e.g. HOPWA, ESG).*

If applicable, describe the unresolved monitoring or audit findings and what plans or strategies have been implemented to resolve the findings:

1. **DV Bonus Specific**
2. Must describe the following:
* How many DV survivors the local coalition is currently serving?
* What data source(s) were used for the calculations?
* How does the local coalition collect the data and what do they do with the information?
1. Must describe the following:
* How many DV survivors need housing or services in the local coalition?
* What data source(s) were used for the calculations?
* How does the local coalition collect the data and what do they do with the information?
1. Narrative responses must include and address the following:
* Describe the unmet need for housing and services for DV survivors.
* Quantify the unmet need for housing and services for DV survivors.
* Describe the data source used to quantify the unmet need for housing and services for DV survivors.
* Describe how the local coalition determined the unmet need for housing and services for DV survivors.
1. Describe how the sub-recipient project being applied for will address the unmet needs of survivors of domestic violence, dating violence, sexual assault, and stalking.
2. Narrative responses must address the capacity of the sub-recipient to implement the project by describing:
* The rate of housing placement of DV survivors.
* The rate of housing retention of DV survivors.
* Improvements in safety of DV Survivors.
* How the sub-recipient addresses multiple barriers faced by DV survivors.
1. Describe the project’s experience providing housing and services to this specific population.
2. Describe the project’s experience working with trauma informed care. Include trainings taken, date, who attended, description, etc.
3. Describe the project’s experience working with victim-centered practice.
4. Describe the project’s experience with End Domestic Abuse Wisconsin (the statewide coalition against domestic violence). Include knowledge of the organization, ability to collaborate with an organization such as this, and/or experience with End Domestic Abuse Wisconsin (such as attending End Abuse-sponsored trainings, receiving technical assistance, etc.)
5. **PROJECT DESCRIPTION**
6. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including:
	1. a clear picture of the target population(s) to be served,
	2. the plan for addressing the identified housing and supportive service needs,
	3. anticipated project outcome(s)
	4. coordination with other organizations (e.g. federal, state, nonprofit)
	5. Why is CoC program funding required?

The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

1. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to the CoC Program funds requested in this project application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestone | Days from Execution | Days from Execution | Days from Execution | Days from Execution |
| New project staff hired, or other project expenses begin? |  |  |  |  |
| Participant enrollment in project begins? |  |  |  |  |
| Participants begin to occupy leased or rental assistance units or structure(s) and supportive services begin? |  |  |  |  |
| Leased or rental assistance units or structures, and supportive services near 100% capacity? |  |  |  |  |

1. Coordinated Entry is a requirement with all CoC-funded projects. Will your project participate in a CoC Coordinated Entry System: [ ]  YES [ ]  NO

If yes, please describe your current knowledge of the Coordinated Entry system and requirements in the BOS.

1. Please describe your understanding and knowledge of the written standards specific to the proposed project type and order of priority. Also, describe how that knowledge will incorporated into the operation of the project.
2. Will your project have a specific population focus (other than DV): [ ]  YES [ ]  NO

*\*Select “yes” if your project has special capacity in its facilities, program design, tools, outreach, or methodologies for a specific subpopulation. This does not mean that your project exclusively serves this subpopulation.*

If yes, explain:

1. Housing First is required for all CoC-funded projects. Will the project follow a “Housing First” model: [ ]  YES [ ]  NO

Please describe how the project will follow housing first with clients at entry and while enrolled.

 a. Will the project quickly move participants into permanent housing? [ ]  YES [ ]  NO

 b. Will the project ensure that participants are not screened out based on the following items? *(check all that apply: checking the box next to an item listed confirms that your project does not have the following barriers to entering the project)*

 [ ]  having too little or little income

 [ ]  active or history of substance use

 [ ]  having a criminal record with exceptions for state-mandated restrictions

 [ ]  history of victimization (e.g. DV, sexual assault, childhood abuse)

 c. Will the project ensure that participants are not terminated from the program for the following reasons?

 *(check all that apply: checking the box next to an item listed confirms that your project does not terminate participants for the following reasons)*

 [ ]  failure to participate in supportive services

 [ ]  failure to make progress on a service plan

 [ ]  loss of income or failure to improve income

 [ ]  any other activity not covered in a lease agreement

1. Will participants be required to live in a particular structure, unit or locality at some point during the period of participation: [ ]  YES [ ]  NO

If yes, explain how and why the project will implement this requirement:

1. Will more than 16 persons live in one structure: [ ]  YES [ ]  NO

If yes, describe the local market conditions that necessitate a project of this size.

Also, describe how the project will be integrated into the neighborhood.

1. If the local coalition in which this project will be executed already has CoC funded projects in operation, please explain the role of this proposed project and describe the steps taken to ensure this is not a duplication of services.
2. **SUPPORTIVE SERVICES FOR PARTICIPANTS**
3. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: [ ]  YES [ ]  NO

If no, explain.

1. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate: [ ]  YES [ ]  NO

If no, explain.

1. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing. All projects must answer this question, youth are defined as under 24 years old.

NOTE: Failure to comply with federal education assurances many result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

1. Describe how participants will be assisted to obtain and remain in permanent housing. The following must be included in the response:
* Needs of the target population
* Plan to address those needs through proposed case management activities
* Availability and accessibility of supportive services such as – housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc.

Select one (A) or (B):

A. In units not owned or operated by the project:

* how does the project identify appropriate units
* Describe the project’s established arrangements with homeless services providers
* Describe how the project will engage landlords

 B. In units owned or operated by the project:

* Describe how client choice is maximized
* Described how the project differentiates between the case management staff and process vs. the landlord role.
1. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. The following must be included in the response:
* How the project will help program participants obtain income (e.g. access to employment programs and educational opportunities)?
* How the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams?
* How the requested CoC program funds will contribute to the program participants becoming more independent?
1. For all supporting services available to participants, indicate who will provide them and how often they are provided.

**Provider: select from one of the 5 options:**

* Applicant - project applicant will provide the supportive service
* Sub-recipient – sub-recipient in this project application will provide the supportive services
* Partner – an organization that is not a sub-recipient but with whom a formal agreement or MOU was signed to provide the service
* Non-Partner – a specific organization with whom no formal agreement was established regularly provides the service to program participants
* None

 **Frequency:** if #1-4 is selected, identify: daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed

|  |  |  |
| --- | --- | --- |
| **Service** | **PROVIDER** | **FREQUENCY** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Transportation |  |  |
| Education Services |  |  |
| Employment Assistance & Job Training |  |  |
| Housing Search & Counseling |  |  |
| Legal Services |  |  |
| Life Skills Training |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Substance Abuse Treatment |  |  |
| Utility Deposits |  |  |

1. Identify whether the project will include the following activities:
	1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs [ ]  YES [ ]  NO
	2. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? [ ]  YES [ ]  NO
	3. Do project participants have access to SSI/SSDI technical assistance provided by applicant, a sub-recipient, or partner agency? [ ]  YES [ ]  NO
	4. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? [ ]  YES [ ]  NO
2. **HOUSING TYPE AND LOCATION**
3. Total Units: \_\_\_\_\_\_\_\_\_\_\_\_
4. Total Beds: \_\_\_\_\_\_\_\_\_\_\_\_
5. Housing Type Units: [ ]  Scattered Site [ ]  One Location [ ]  Other – must explain:
6. **PROJECT PARTICIPANTS – HOUSEHOLDS**
7. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Enter the number of households under at least one of the categories:

1. Households with at least One Adult and One Child: \_\_\_\_\_\_\_\_\_\_
2. Adult Households without Children: \_\_\_\_\_\_\_\_\_\_
3. Households with Only Children: \_\_\_\_\_\_\_\_\_\_
4. Indicate the numbers of adults to be served in the following sub-populations:

|  |  |  |
| --- | --- | --- |
| Chronically Homeless Non-Vet | Chronically Homeless Vet | Non-Chronically Homeless Vet |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chronic SubstanceAbuse | Persons with HIV/AIDS | Severally Mentally Ill | Victims of Domestic Violence | Physically Disabled | DevelopmentallyDisabled | None |
|  |  |  |  |  |  |  |

1. **OUTREACH FOR PARTICIPANTS**
2. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations. The population to be served must meet program eligibility requirements in the CoC Program interim rule and additional eligibility requirements in the FY 2018 CoC Program NOFA for permanent supportive housing.

|  |  |
| --- | --- |
| **Location** | **% of Homeless Person(s) Served by Project** |
| Directly from street or other locations not meant for human habitation. |  |
| Directly from emergency shelters. |  |
| Directly from safe havens. |  |
| Persons fleeing domestic violence (or attempting to flee, including survivors of human trafficking, sexual assault, stalking, and dating violence) |  |
| **Total Percentage** |  |

1. Describe the outreach plan to bring these homeless participants into the project. This includes marketing the project throughout the community, to participants and stakeholders.
2. Specifically describe the specific coordination and referral process between coordinated entry and this project.
3. **FUNDING REQUEST**
4. Will it be feasible for the project to be under grant agreement within 6 months of the grant award?: [ ]  YES [ ]  NO

If no, explain:

1. Grant Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Select the costs for which funding is being requested. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2018 CoC Program competition.

[ ]  Rental Assistance

[ ]  Supportive services

[ ]  Operating

[ ]  HMIS

[ ]  Administration

1. **BUDGETS**

**(1) RENTAL ASSISTANCE BUDGET (Rapid Re-housing only)**

**Note:** According to the NOFA FY2018, new project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.

**Note:** use FY2017 Fair Market Rent (FMR).

|  |  |
| --- | --- |
| **Type of Rental Assistance (TRA):** |  |
| **Total Request for Grant Term:** |  |
| **Total Units:** |  |
| **FMR Area** | **Total Units Requested** | **Total Annual Budget Requested** | **Total Budget Requested** |
|  |  |  |  |
| **Size of Units** | **# of Units** | **Total Requested Funds** |
| 0 Bedroom (studio or efficiency) |  |  |
| 1 Bedroom |  |  |
| 2 Bedrooms |  |  |
| 3 Bedrooms |  |  |
| 4 Bedrooms |  |  |
| 5 Bedrooms |  |  |
| 6 Bedrooms |  |  |
| 7 Bedrooms |  |  |
| 8 Bedrooms |  |  |
|  | **Total Requested Funds** |  |

|  |  |
| --- | --- |
| **Type of Rental Assistance (TRA):** |  |
| **Total Request for Grant Term:** |  |
| **Total Units:** |  |
| **FMR Area** | **Total Units Requested** | **Total Annual Budget Requested** | **Total Budget Requested** |
|  |  |  |  |
| **Size of Units** | **# of Units** | **Total Requested Funds** |
| 0 Bedroom (studio or efficiency) |  |  |
| 1 Bedroom |  |  |
| 2 Bedrooms |  |  |
| 3 Bedrooms |  |  |
| 4 Bedrooms |  |  |
| 5 Bedrooms |  |  |
| 6 Bedrooms |  |  |
| 7 Bedrooms |  |  |
| 8 Bedrooms |  |  |
|  | **Total Requested Funds** |  |

If more than 2 FMR areas, please copy and add another chart below.

Any additional notes regarding the rental assistance section of this project:

**(2) SUPPORTIVE SERVICES BUDGET**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Budget Narrative (quantity & description)***(explain amount of service purchased, e.g., Case Management - 1.0 FTE’s, $32,000 salary plus 28% fringe)* |
| 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: |  |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Total Annual Assistance Requested:** |  |
| **Grant Term:** |  |
| **Total Request for Grant Term:** |  |

Any additional notes regarding the supportive services section of this project:

**(3) HMIS BUDGET**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

|  |  |  |
| --- | --- | --- |
|  | **Amount** | **Budget Narrative (quantity & description)***(explain amount of service purchased)* |
| Equipment: |  |  |
| Software: |  |  |
| Services: |  |  |
| Personnel: |  |  |
| Space & Operations: |  |  |

|  |  |
| --- | --- |
| **Total Annual Assistance Requested:** |  |
| **Grant Term:** |  |
| **Total Request for Grant Term:** |  |

Any additional notes regarding the HMIS section of this project:

1. **SOURCES OF MATCH/LEVERAGE:**

Match and leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. As authorized by the FY2016 HUD Appropriations Act, program income may now be used as a source of match and must be properly documented in the project application. (Please note that detailed information about matching requirements can be found at 24 CFR 578.73)

Project applicants that intent to use project income as match must provide an estimate of how much program income will be used for match.

Type of Commitment (cash or in-kind and denote the type of contribution that describes this match or leveraging commitment). Add rows as necessary

**Summary for Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Match (private or government)** | **Contributor** | **Value** | **Date of Commitment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Summary for Leverage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Leverage (private or government)** | **Contributor** | **Value** | **Date of Commitment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **SUMMARY BUDGET**

Eligible Costs Total Assistance Requested:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **HUD Amount** | **Match Amount** | **Total** |
| Rental Assistance: |  |  |  |
| Supportive Services: |  |  |  |
| HMIS: |  |  |  |
| **Subtotal:** |  |  |  |
| Admin (up to 10%):\*50% will be shared with the BOS |  |  |  |
| **Total:** |  |  |  |

1. **DEMONSTRATION OF ORGANIZATION FISCAL CAPACITY:**
2. How long has the agency existed?
3. How long has the agency provided housing services?
4. What is the agency’s rate of turnover in management positions? This should include the total number of management positions and the total number of turnover during the last calendar year (2017) and year-to-date (2018).
5. What was the agency’s total budget for the most recent fiscal year? Include the date of fiscal year used.
6. Does the agency administer any other federal dollars?
	1. Please describe and identify any and all other federal dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.
7. Does the agency administer any State of Wisconsin dollars?
	1. Please describe and identify any and all other state dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.
8. Does the agency conduct an annual financial audit?
	1. If no, why?
	2. If yes, describe the type of audit conducted and when was the most recent audit completed?
9. Does the agency segregate funds?
	1. If no, why?
	2. If yes, describe the process.

**Appendix 1**

(1) Describe how people meeting the chronic homeless definition will be served in the community?

(2) Describe how people scoring a 7+ (of family 8+) on the VI-SPDAT will be served in the community?

(3) Describe the difference between the ESG-funded RRH project(s) and/or CoC-funded RRH project(s) already in operation in the community and this proposed DV specific CoC-funded RRH project. How will coalition ensure that the right people are enrolled in the right projects that meet their ends? This should include population, priorities, eligibility, etc.

(4) Using data from the PIT and coordinated entry and any other data source, describe the need that this project will meet in the community. If additional data sources are used, please identify and attach to this application. This description should draw a connection from the project description, units and beds requested, services provided, and target population identified and supported specifically with data.

**Required Attachments**

1. Most recent fiscal year agency audit including management letter.
2. Letter of support from at least two different agencies within the local coalition. The letters must be dated no earlier than 7/10/18.
3. Letters of match support totally 25% or more. These can be in-kind or cash match obligations. The letters must be dated no earlier than 7/10/18.

1. Provide evidence from a current coordinated entry prioritization list and explanation as to what the need in the community is and how this proposed project will meet that need.
2. Specific and detailed timeline and explanation as to how the project will be prepared to start expending funds and enrolling & housing clients on Day 1.