**Day One Funds: New Project Application**

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| **Organization and/or Community Applicant Name** |  |
| **Community Area(s) covered by this project** |  |

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

1. **EXPERIENCE OF APPLICANT, SUB-RECIPIENT(S) AND OTHER PARTNERS**

For the applicant and potential sub-recipients (if any), answer each of the following questions:

1. Describe any experience effectively utilizing funds and performing the activities proposed in the application, given funding and time limitations.
2. Explain why these are the appropriate entities to receive this type of funding.
3. Provide examples of how the community has worked with and addressed families’ identified housing and supportive housing needs. If your community has not worked with families in the past, describe how you have worked with other populations experiencing housing insecurity or homelessness.
4. Provide examples of how the community has developed and implemented relevant program systems and/or services.
5. Describe the community’s experience in leveraging partnerships and other funding sources to achieve goals specific to people experiencing housing insecurity and homelessness. This should include but is not limited to other Federal, State, local and private sector funds working towards ending family homelessness
6. Describe your community’s financial management structure. Who will be the fiscal representative for this grant? The fiscal representative can be the same organization as the applicant. Include how the fiscal representative’s organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning account system. Include fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.
7. Describe the experience of the applicant in providing housing and services to marginalized populations experiencing homelessness, including but not limited to Black, Indigenous, People of Color (BIPOC) and LGBTQ+.

***\* Please attach a letter of support for community partners involved in your application: 1 from a systemic community partner, 1 from your local coalition***

**B. PROJECT DESCRIPTION:**

Applicants should write their application based on the below guiding principles:

1. Working towards zero unsheltered families within the service area
2. A reduction in families needing shelter
3. A reduction in the length of time from point of entry into shelter to exit to permanent housing destination

Provide a description that addresses the entire scope of the proposed project at full operational capacity. In the description, include the following items:

1. Describe how your community already identifies families experiencing housing insecurity and homelessness including outreach, inreach, and collaboration with other system partners for identification. If your community does not have these components, how will you go about creating them?
2. Describe your community’s existing services to prevent literal homelessness for families including, legal, mediation, financial, etc. If there are not already services for homelessness prevention for families, how will you go about creating and partnering for these services?
3. How does your community already use Coordinated Entry for families? If it does not, how will you go about using CE with families?
4. What permanent housing resources and systems exist for families in your community? If none exist, how will you create them in partnership with other systems and organizations?
5. How does your community coordinate with other family serving organizations including federal, state, nonprofit, etc.) If you do not already coordinate with other organizations, how will you go about creating those partnerships?
6. What are the data sources you will use, the questions you will ask, and actions you will take to predict how much funds and services will be needed to end and maintain an end to family homelessness in your community?
7. Please provide a job description for the staff member that will be administering the Day One diversion funds.
8. Please provide the supervision structure for this proposed staff member.
9. Provide a timeline of key activities for the grant execution

**C. OTHER REQUIREMENTS**

Coordinated Entry is a requirement with all CoC- funded projects. Applicants will be required to work with WIBOSCOC and HMIS staff in implementation of a diversion-specific prioritization process via report in HMIS.

1. ​​Is your agency currently a “no wrong door” for referrals into coordinated entry? ☐ YES ☐ NO
2. ​Does your community have at least one current project in which openings are filled through coordinated entry? ☐ YES ☐ NO (do not count this proposed project)​
3. ☐ By checking this box, I verify that I understand that this proposed project must use coordinated entry.

Housing First is required for all CoC-funded projects.

☐ **By checking this box, I confirm that I understand that this proposed project must adhere to housing first principles as defined by the Balance of State CoC.**

1. Describe how the project will ensure housing first principles during the enrollment process and while the household is enrolled in the project.
2. Will the project quickly move participants into permanent housing? YES\_\_\_\_\_ NO \_\_\_\_\_

*\*Check “yes,” if the project will rapidly move program participants into permanent housing and will not require additional steps (e.g. staying in transitional housing or a certain number of days of sobriety).*

1. Will the project enroll participants who have the following barriers?

(*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)

1. Describe how you will address issues around mental health, addiction, resistance to services, lease violations, and other things that could jeopardize a participant’s housing.
2. Describe how you will cultivate landlord relationships, will help participants find housing, and will ensure participants can access available housing options within the coalition. This includes removing barriers. How will this apply to the project’s use of diversion funds for families?
3. If the local coalition in which this project will be executed already has projects in operation targeted towards diversion of families, please explain the role of this proposed project and describe the steps taken to ensure this is not a duplication of services.

**Proposed budget**

Please submit a proposed budget with the activity and estimated cost per year for that activity. Projects should be designed and executed with efficiency in mind. The intent of this grant is to achieve maximum output on service provision and data analytics possible. Reviewers will review under this guidance.

**D. DATA ANALYTICS AND REPORTING**

Applicants should write their application based on the below guiding principles:

* Working towards zero unsheltered families within the service area
* A reduction in families needing shelter
* A reduction in the length of time from point of entry into shelter to exit to permanent housing destination

1. Via the table found below: describe how you will achieve and measure progress towards the goals in the data points described in the initial table

The partner selected will be required to enter program data into HMIS and partner with BoS staff on all parts of data implementation. Service transactions will be logged in the program and are required for payment. **All communities must agree with partnering with Balance of State staff on data analytics to measure pilot progress.**

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| Goal: | How will progress towards this goal be measured?: | Data sources and components that will be accessed, including the name of the report, the source of the information, and the date range. |
| Reduction in unsheltered homelessness among families |  |  |
| Reduction in length of time from identification to housed dates |  |  |
| Reduction in families experiencing first time category 1 homelessness |  |  |
| Increase in home ownership among families exiting from category 1 or category 2 homelessness |  |  |
| Reduction in returns to Coordinated Entry for families |  |  |
| Increase of exits to permanent destinations from shelter within 2 weeks of stay, including staying with friends or family intended to be long-term. |  |  |

1. Please also include information about the scope of need for families experiencing housing insecurity and homelessness in your community. Please address the below questions in your response
   1. How many category 1 families are in your community at this time and what data points did you consult?
   2. How many category 2 families are in your community at this time and what data points did you consult?
   3. How many category 4 families are in your community at this time and what data points did you consult?

\*\*The Wisconsin Balance of State Continuum of Care will request regular updates on progress towards these goals. Goals can be amended throughout the award via request in writing. The subgrantee is required to collaborate with the Wisconsin Balance of State staff on implementation, goals, and reporting out to the community. The recipient will be required to submit reports monthly to WIBOSCOC staff on the above data points.