**Homeless Alliance of Western New York**

# FY2018 Local HUD Continuum of Care Competition

***Renewal Project Application***

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| **A. Project Information** |
| **Project Name:** |
| **Proposed Project Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Total HUD Request (cannot exceed renewal amount): $** |
| **Project Type: Permanent Supportive Housing(Dedicated to CH Dedicated Plus)**  **Rapid Re-Housing (Target Population:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  **Transitional Housing**  **Safe Haven** |
| **Service coverage:Erie CountyNiagara CountyGenesee CountyOrleans CountyWyoming County** |

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| **B. Recipient Organization Information** |
| **Applicant Name:** |
| **Address:** |
| **City:**   **Zip Code:** |
| **Telephone:**   **Fax Number:** |
| **Are there Sub-Recipient Organizations for this project? Yes No**  **If yes, which organization(s)?** |

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| **Application Contact Person Information**  **(Feel free to add contacts if more than one person need to receive application related information)** |
| **Name:** |
| **Telephone: E-Mail:** |

**B. Application**

1. Provide a description that addresses the entire scope of the proposed project.
2. Did your project ONLY take referrals from CoC Coordinated Entry Lead in the past year?  Yes  No

Please describe the referral process (under 100 words):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your HMIS data up to date?  Yes  No (by clicking Yes, you also agree that the performance reports HAWNY prepared accurately reflects your program performance)
2. Please answer your program capacity based on your program types:

**PSH only:** Total contracted beds:\_\_\_\_\_\_\_\_\_\_\_\_ Total households served last year: \_\_\_\_\_\_\_\_\_

Dedicated to CH beds:\_\_\_\_\_\_\_\_\_\_\_\_\_ Dedicated Plus beds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TH Only:** Total contracted beds:\_\_\_\_\_\_\_\_\_\_\_\_Target population:\_\_\_\_\_\_\_\_\_\_\_\_\_

**RRH Only:** # of Households you served as of March 31st:\_\_\_\_\_\_\_

# of case workers (or expected to be hired) through this grant\_\_\_\_\_\_\_

Expected caseload for each case worker\_\_\_\_\_\_\_\_\_

Total households served from the most recent annual report:\_\_\_\_\_\_\_\_\_

1. Does your project use a Housing First approach?:

Does the project quickly move participants into permanent housing?  Yes  No

Does the project ensure that participants are NOT screened OUT based on the following items?

Having too little or no income

Active or history of substance abuse

Having a criminal record with exceptions for state-mandated restrictions

History of domestic violence

Does the project ensure that participants are not terminated from the program for the following reasons?

Failure to participate in supportive service plan

Failure to make progress on a service plan

Loss of income or failure to improve income

Being a victim of domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area.

1. Do you currently have staff who is SOAR trained?  Yes  No

If “No”, are you planning on having staff complete a SOAR training in the upcoming year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are the proposed project policies and practices consistent with the laws related to   
   providing education services to individuals and families?  Yes  No  N/A
2. 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  N/A
3. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

Yes  No If yes, how much? FY2016 $\_\_\_\_\_\_\_\_\_\_\_\_\_

FY2015 $\_\_\_\_\_\_\_\_\_\_\_\_\_

FY2014 $\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have unspent funds in the past 3 years or anticipate to have unspent funds in this contract year, please explain 1. The reasons of having unspent funds 2. What you did to reduce unspent funds 3.What’s your current contract spending rate

1. Performance:
2. If your program had discharge(s) other than going to permanent housing, please describe each case, you may group cases with similar situation. Please do not use name but use HMIS id.
3. Have you taken any action to improve your program performance in the past year?
4. What challenges do you see in your program in terms of meeting all the performance benchmarks?

**C. Budget**

Based on your FY2017 budget, list the following budget items that apply to your grant. You can attach this as a separated budget sheet using similar format.

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| --- | --- | --- | --- | --- |
| **Budget Item** | **Description** | **CoC Request** | **Other Funding** | **Total Budget** |
| **Leasing cost** | e.g. 3 \* 1 br |  |  |  |
| **Rental Assistance** |  |  |  |  |
| **Supportive Services** | Should include staff description |  |  |  |
| (e.g.)-employment | 1 FTE |  |  |  |
| (e.g.)--case management | 1 FTE |  |  |  |
| **Operating** |  |  |  |  |
| **HMIS** |  |  |  |  |
| **CoC Planning** |  |  |  |  |
| **Admin** |  |  |  |  |
| **Total** |  |  |  |  |

**Attachments: *(Please check and submit the following that apply to your project application)***

Application

Budget (filled out in the application or attach separated)

Most recent audited financial statement

Most recent HUD monitoring report within 5/1/2017-4/1/2018 if applicable

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. I am fully aware that my agency is solely responsible for compliance with all HUD rules and regulations. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Project Selection Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant
* Applicant understands that HAWNY as the CoC lead coordinates the local application process and it is necessary to begin the process before HUD releases the 2018 Notice of Funding Availability (NOFA). Any changes that need to be made by the projects will supersede this document.
* Applicant agrees to participate fully in BAS-Net, this community’s Homeless Management Information System (HMIS). Information in HMIS should be entered timely and accurately.
* Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is requested for.
* Project agrees to participate in the Coordinated Entry system, which includes using the coordinated assessments approved by the CoC and only takes clients from the Coordinated Entry Leads.
* Applicant understands that HUD CoC funded homeless projects are monitored by HAWNY as the CoC lead. This can include an annual site visit, annual submission of the applicant’s most recent APR submitted to HUD, and submission of the most recent audited financial statement.
* If awarded funding, the applicant agrees to inform HAWNY when the following occur:
  + The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
  + There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
  + There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
  + There are significant delays in the start-up of a new project.

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| **Name:**  (please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:** (if application is scanned) |  |
| **Electronic signature authorization:** | I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above. |
| **Date:** |  |

**Continuum of Care (CoC) Successful Application Fee**

The Board of Directors of the Homeless Alliance has established the following policies in regard to the payment of fees related to successful HUD Continuum of Care applications.

1. A fee, to be known hereafter as the “Continuum of Care Successful Application Fee,” is to be paid by successful applicants for HUD Continuum of Care funding, as described below, in order to reimburse the Homeless Alliance for the cost of work done to prepare, coordinate, and complete the Continuum of Care application process.
2. Fee Calculation: The fee owed shall be equal to 0.5% (zero point five percent) of the total award granted by HUD to the recipient. Where a multi-year award is granted, the fee will be calculated and due on the total award. (award X .005 = fee)
3. Payment Method: Fees are to be paid by check or money order, and are to be made payable to “Homeless Alliance of WNY, Inc.”.
4. Payment Schedule: Fees will be due and payable according to the following schedule:  
   1. No later than 90 days from the date that HUD officially announces Continuum of Care awards, the Homeless Alliance will calculate and send an invoice to each recipient which details the amount of the fee owed and its date due.
   2. Payment of this fee shall be due no later than 30 days after the execution of a contract with HUD for the award subject to the fee, or no later than 30 days after receipt of an invoice from the Homeless Alliance, whichever comes later.
   3. For multi-year awards, the full fee will be invoiced, but the option of paying on an annual basis over the life of the award is available to the recipient upon request.
5. Sub-Recipients: In the event that an agency applies for and receives an award on behalf of one or more sub-recipients, that agency (the “recipient”) is responsible for the fee covering the total amount awarded, and it is the recipient’s responsibility to collect from the sub-recipients, if they so choose.
6. Failure to Pay: The failure of a recipient to pay a Continuum of Care Successful Application Fee will be ranked as a significant factor in the evaluation of any future Continuum of Care applications that the recipient submits to the Homeless Alliance.

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| **Name:** |  |
| **Signature**(if application is filled in paper) |  |
| **Electronic signature authorization:** | I agree that checking this box is the legal equivalent of my manual signature on this agreement. I am aware of the above policy regarding a Successful Application fee due to the Alliance should my organization be awarded funds in the 2018 Continuum of Care competition. |
| **Date:** |  |