**Homeless Alliance of Western New York**

# FY2022 Local HUD Continuum of Care Competition

***New Project Application for CoC bonus /reallocation***

***Please read the RFP carefully before completing this application.***

| A. Project Information |
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| **Project Name:** Enter Project Name |
| **Total HUD Request: $** Enter Total HUD Request |
| **Project Type:** ☐Rapid Re-Housing (RRH) ☐ Permanent Supportive Housing (PSH)  ☐ Centralized or Coordinated assessment (SSO)  ☐ Joint Transitional Housing and Permanent housing-Rapid Rehousing (TH-RRH)  |
| **Service coverage:** ☐ Erie County ☐ Niagara County ☐ Genesee County ☐ Orleans County ☐ Wyoming County |
| **Respond funding type:** ☐ CoC Bonus ☐Reallocation dollar |
| **Application type:** ☐ New project ☐ Expansion to existing renewal project |

| **B. Recipient Organization Information** |
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| **Organization Name:** Enter Organization Name |
| **Primary Contact:** Enter Name |
| **Email Address:** Enter Email |
| **Address:** Enter Street Address |
| **City:** Enter City  **Zip Code:** Enter ZIP |
| **Telephone:** Enter Telephone Number    |
| **Are there Subrecipient Organizations for this project? ☐ Yes ☐ No****If yes, which organization(s)?** If Applicable, Enter Subrecipient Organization(s) Here |

| **Additional Contact Person Information** |
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| **Name:** Enter Name |
| **Telephone:** Enter Telephone Number **E-Mail:** Enter Email |

# C. THRESHOLDS

1. Will your project participate in the CoC’s Coordinated Entry process and only take referrals from Coordinated Entry? ☐ Yes ☐ No
2. Will your project accept any individuals or families who meet the eligibility criteria in this proposal regardless of their disability, household size, income, criminal records with exceptions for state mandated restrictions? ☐ Yes ☐ No
3. Describe your understanding of Coordinated Entry process and how you will be taking referral. (150 words or less)

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1. Will the project follow a Housing First approach? Please answer the following questions. Any “no” answer will result in not meeting this threshold.
2. Will the project enroll program participants who have the following barriers?
	1. having too little or little income ☐ Yes ☐ No
	2. active or history of substance use ☐ Yes ☐ No
	3. having a criminal record with exceptions for state mandated restrictions ☐ Yes ☐ No
	4. history of victimization (e.g. Domestic violence, sexual assault, childhood abuse) ☐ Yes ☐ No
3. Will the project **prevent** program participant termination for the following reasons
	1. Failure to participate in supportive services ☐ Yes, will not terminate ☐ No, will terminate
	2. Failure to make progress on a service plan ☐ Yes ☐ No
	3. Loss of income or failure to improve income ☐ Yes ☐ No
	4. Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area ☐ Yes ☐ No
4. Will your project use HMIS to record data? ☐ Yes ☐ No

# D. PROJECT NARRATIVE

1. **Provide a description that addresses the entire scope of the proposed project.** The project description should address the entire scope of the project, including a clear picture of 1) the target population to be served. Please describe the annual number of clients you plan to serve, how many staff you plan to hire, and their expected caseload. 2) The plan for addressing the identified needs/issues of the CoC target population(s), 3) Projected outcome(s) and measurements, and 4) coordination with other source(s)/partner(s). 5) Expansion project only: enter the grant number of the project that is eligible for renewal that the project applicant requests to expand on the new project application; indicate how the new project application will expand units, beds, services, persons served, or services provided to existing program participants. The narrative is expected to describe the project at full operational capacity. (500 words or less)

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1. **Describe how program participants will be assisted to obtain and remain in permanent housing. (250 words or less)**

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1. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. (250 words or less)**

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1. **Identify whether the project will include the following activities:**
	1. Client transportation assistance to attend mainstream benefit appointments, employment training, or jobs?☐ Yes ☐ No
	2. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? ☐ Yes ☐ No
	3. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, a subrecipient, or a partner agency? ☐ Yes ☐ No
	4. Has the staff person who will provide technical assistance completed SOAR training in the past 24 months? ☐ Yes ☐ No
2. **Describe the experience of the project applicant, subrecipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.** Be sure to provide concrete examples that illustrate **1)** experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications and **2)** working with and addressing the target population’s identified housing and service needs. If currently operating a similar project or serving a similar population, please provide outcomes from the current projects. Specifically describe your experience with: **1)** the Housing First model **2)** linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing. (500 words or less)

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1. **Describe the experience of managing and leveraging other Federal, State, local, and private sector funds. (250 words or less)**

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1. **Are the proposed project policies and practices consistent with the laws related to
providing educational 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. **HUD and the CoC value racial equity and incorporate people with lived experience in the decision-making process. How do you incorporate clients you serve in the program design and improvement process? Please provide concrete examples if you have made modifications to the program based on client feedback.**

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1. **Please provide a percentage of Black, Indigenous, and people of color (BIPOC) individuals in managerial and leadership positions, including the board of directors. (# of BIPOC leaders/total leaders)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%**

1. **Please provide a percentage of BIPOC participants in your current program. Applicants can choose one program that is similar to the proposed program. If not currently operating a similar program, please indicate what program this percentage is generated from and which geographic area this program targets.**

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1. **Leveraging housing resources; State or local government, such as HOME-ARP; Public Housing Agencies; Faith-based organization; or Federal programs other than non-CoC/ESG.**

**In order to receive this point, applicant must demonstrate 25% of the proposed units/anticipate household served will be subsidized by funding other than CoC/ESG. A commitment letter, support letter or a description of the partnership will be accepted. If a commitment letter cannot be provided at the time of application deadline, please describe the current status of the partnership.**

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# E. Budget

Please provide a 12-month budget proposal.

* **Rental assistance** applies to projects use tenant based rental assistance model (scattered apartment). The budget should be calculated based on #of units propose\* FMR\*12 months.
* **Leasing and operation** applies to projects that the applicant holds the lease for the unit. Operating costs can include maintenance and repair for the unit where the participants reside. This does not apply to office space. The leasing budget should be calculated based on #of units propose\* FMR\*12 months.
* Maximum **Admin** dollar is 10% of the total request.
* The CoC Program requires a **25 percent match** of the awarded grant amount minus funds for leasing. Cash or in-kind resources will satisfy the match requirement.
* FY 2022 Fair market rent could be found here:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022\_code/select\_Geography.odn

| Activity | CoC funds Requested | Description |
| --- | --- | --- |
| 1. Rental Assistance
 |  | Please list number of units and bedroom size. |
| 1. Leasing
 |  | Please list number of units and bedroom size. For single site, please indicate the address of the site. |
| 1. Operating
 |  |  |
| 1. Supportive Services
 |  | Please describe # of staff, salary and fringe, and other service related costs. |
| 1. Admin
 |  |  |
| 1. Total Project Cost
 |  |  |
| Match | Match amount | Source of match |

To receive the full healthcare points, applicants must provide a commitment letter demonstrating an amount that is equivalent to 25% of the funding being requested for the project will be covered by the healthcare organization. The letter must include the value of the commitment, dates the healthcare resources will be provided, agency who will be providing the services, type of services. The value must be evaluated at local rates and must be estimated based on proposed project participants only.

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

 ☐ Completed Application (this document)

 ☐ Proof of 501(c)(3) status

 ☐ Most recent audited financial statement

☐ Commitment letter for match

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicants will complete the HUD Project Application via e-snaps 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 agrees to participate fully in the NY-508 Homeless Management Information System (HMIS).
* 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, monitoring performance outcomes, 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 from 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.

| **Name:** | Enter Name |
| --- | --- |
| **Title:** | Enter Title |
| **Phone:** | Enter Phone |
| **Email:** | Enter Email |
| **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:** | Enter Date |

**Continuum of Care (CoC) Development 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). This fee cannot be paid out of the CoC grant. Applicants will need to provide this fund through other funding sources.
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 that 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 Development 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.

| **Name:** | Enter Name |
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| **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 development fee due to the Homeless Alliance should my organization be awarded funds in the Continuum of Care competition. |
| **Date:** | Enter Date |