**Homeless Alliance of Western New York**

# FY2024 Local HUD Continuum of Care Competition

***Renewal Project Application--Coordinated Entry***

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

 ☐ Application and Budget (this document)

☐ Most recent audited financial statement

☐ Organizational chart and highlight position that is funded with CoC grants

 ☐ Contact information for all case managers, supervisor and director funded by this grant or working for this project including their name, title, email and phone number.

☐ Most recent HUD monitoring report within 4/1/2023-3/31/2024 (if applicable)

# B. Application Narrative

1. Agency Name and Project name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Subrecipient(s) name and contact information, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Project contact information:
	* + Primary contact person name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ Primary contact person’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ Additional contact person’s emails(optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Renewal amount cannot exceed FY 2023 HUD awarded amount. The total amount must equal or less than the HUD awarded amount.

Are you renewing this project, with the same activities you were funded for in your

FY2023 contract? ☐ Yes ☐ No

**If no is selected, DO NOT complete the rest of the application as you are indicating you do**

**not intend to renew this project.**

**\*\*If you were a new project in FY2023, skip questions 5-9 and proceed to Section C - Budget.**

1. Are you renewing this grant at the amount matching HUD total awarded amount?

☐ Yes ☐ No , if no, please provide the reduced amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the scope of services of the recipient and subrecipient(s), if applicable. It must include the following:
2. The geographic area you cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe how this project fulfills the requirement of providing an access point(s) to Coordinated Entry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please describe how this project fulfills the CE requirements as the CE lead, which includes managing the by name list, making referrals, providing CE training, coordinating with housing partners, participating in CE meetings, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Have you had unexpended HUD funds in this contract at the expiration of grant terms in the past 3 years?

☐ Yes ☐ No ☐ NA

If yes, how much? FY2022 $\_\_\_\_\_\_\_\_\_\_\_\_\_

 FY2021 $\_\_\_\_\_\_\_\_\_\_\_\_\_

 FY2020 $\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you spend on your current contract as of 3/31/2024? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have unspent funds in the past 3 years or anticipate having unspent funds in this contract year, please explain

a.The reasons for unspent funds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.What you did do to reduce unspent funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.What’s your current contract spending rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is there a phone number people could reach regarding Coordinated Entry? ☐ Yes ☐ No

If yes, can this number be reached 24/7? ☐ Yes ☐ No

9. Can Coordinated Entry assessment be conducted via phone? ☐ Yes ☐ No

# C. Budget

Based on your FY2023 budget, list the following budget items that apply to your grant. You can attach this as a separate budget sheet using a similar format in excel. **A full example of a budget can be found on the FY2024 Renewal Local Application Instruction Guide, posted on the HAWNY website.**

| **Budget Item** | **Description** | **CoC Request($)** | **ESG($)** | **Total Budget** |
| --- | --- | --- | --- | --- |
| **Supportive Services** | Please provide the position of the staff who are funded through this grant, and list their **annual salary. Fringe and benefit shall be listed separately**Example: Case manager A:1 FTE, Annual salary $42,000Fringe: $8400 | Example: Case manage A-$30,000Fringe: $6000 | Example: Case Manager A-$12,000Fringe: 2400 |  |
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|  |  |  |  |  |
| **Admin** |  |  |  |  |
| **Total** |  |  |  |  |

Please attach a detailed job description for each of the positions listed above. Description must include the following:position name, staff name (if vacant, please mark vacant and provide how long it has been vacant), total weekly work hours paid by this grant, job duties, if they are conducting CE assessment,where are they located and its hours (e.g. at Central Library Tue 9-5, Lockport Care twice a month).

# D. 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 via e-snaps with the same information as contained in this application unless the Project Review 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 FY2024 Notice of Funding Opportunity (NOFO). Any changes that need to be made by the projects will supersede this document.
* Applicant agrees to participate fully in 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.
* Project agrees to participate in the Coordinated Entry (CE) 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, submission of budget regarding program staff and funding expenditure 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:**(please type) |  |
| --- | --- |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:** (if application is scanned) |  |
| **Electronic signature authorization:** | ☐ I agree that by checking this box it is the legal equivalent of my manual signature on this agreement. I confirm that I 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 support 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. The Homeless Alliance will calculate and send an invoice to each recipient after HUD’s announcement of award 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 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.
7. This fee is not eligible as part of the HUD CoC grant. It must be provided from other funding sources.

| **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 FY2024 Continuum of Care competition. |
| **Date:** |  |