

**FY2019 Continuum of Care Competition  
NEW PROJECT APPLICATION**

**Organization Information**

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Agency/Organization Name	Employer Identification Number (EIN)	DUNS Number
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Administrative Address	City, State, Zip
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Phone	Fax	Website
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Executive Director Name	Phone	Email
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**Contact Information**

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

**Primary Contact**

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Name	Title	Phone	Email
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**Secondary Contact**

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Name	Title	Phone	Email
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**Proposal Information**

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Project Name	Site Address (if different than administrative address)
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Proposal Request	Total Project Budget	Total Agency Budget
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Project Type:  Permanent Supportive Housing     Rapid Re-Housing     Joint TH-RRH     Coordinated entry/access

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**Project Description (150 word max)** - Provide a brief overview of the program describing the population to be served, the number of people to be served, the services to be provided, and the proposed outcomes.

**Authorization**

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Printed Name	Signature	Date
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## **PROJECT DESCRIPTION**

**(no more than 5 pages)**

**Provide a detailed description of the project scope, including the target population, number of households/clients served, types of services provided, frequency with which services will be provided, and the location where services will take place.**

**Describe your agency's vision for implementing a housing first model or experience in utilizing a housing first approach. Describe how you will lower barriers to entry and during program enrollment.**

**Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population). If applying for domestic violence bonus funding, please include a description of your agency's performance serving survivors of domestic violence, dating violence, sexual assault, or stalking, and your ability to house survivors and meet safety outcomes.**

**Creating opportunities for consumer input, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage clients in organizational and program planning, policy and decision making.**

**Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to clients in a cost effective way. Discuss why the service delivery model you describe will help individuals/ families maintain or regain housing stability.**

**Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

**Describe how you will work with landlords and community stakeholders to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history or a criminal background. Describe how you will engage clients in decision-making around their housing preferences.**

**RAPID RE-HOUSING PROJECTS ONLY**

**Describe how you will determine rental assistance amounts, duration, and redetermination for clients in the project. What tools or objective assessments will you use in the determination process?**

## **ORGANIZATIONAL CAPACITY**

**(no more than 3 pages)**

**Describe the organization's mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of your agency's experience and capacity to implement the project.**

**Describe the organization's leadership and management, their ability to supervise the project and staff, and the organization's history in ensuring program effectiveness and fidelity to funding agreements. Describe the racial and ethnic makeup of your organization's leadership staff and board, including statistics.**

**Describe your agency's internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. Describe any auditing findings or concerns during the last 24 months as well as the resolution of each.**

**Describe the racial and ethnic makeup of your organization's leadership staff and board, including statistics. Detail the initiatives and efforts your organization has implemented to increase the representation of people of color in leadership positions, efforts to increase cultural and racial competency among your staff/volunteers/program participants, and efforts to assess and address racial disparities for the clients in your program (ex: clients of color obtaining permanent housing at lower rates than their white peers).**

## First Operating Year Project Work Plan

Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project’s work plan and goals at 60 days, 120 days, and 180 days after the grant start date.

**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 CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<b>Project Milestones</b>	Days from Execution of Grant Agreement <b>A</b>	Days from Execution of Grant Agreement <b>B</b>	Days from Execution of Grant Agreement <b>C</b>	Days from Execution of Grant Agreement <b>D</b>
New project staff hired, or other project expenses begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant enrollment in project begins?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Participants begin to occupy leased units or structure(s), and supportive services begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leased or rental assistance units or structure, and supportive services near 100% capacity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing on purchase of land, structure(s), or execution of structure lease?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rehabilitation started?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rehabilitation completed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New construction started?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New construction completed?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Project Staffing Plan

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate their percent of time on the project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

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Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

## Community Partnerships and Leveraging

While no formal amount of leveraging is required for the CFA, leveraging is a means to measure established relationships and the extent to which community resources are pooled to provide more effective and efficient services to clients across the Continuum's partners.

New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations.

**Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.**

**Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in Baltimore City in your service plan?**

**Describe the extent to which you leverage in-kind donations and volunteers for the project.**

# Funding Request

<b>Supportive Services Budget</b>		
<b>Eligible Costs</b>	<b>Quantity AND Itemized Description (max 400 characters)</b>	<b>Annual Assistance Requested</b>
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 Use Treatment Services		
Transportation		
Utility Deposits		
Operating Costs		
<b>Total Supportive Services Requested</b>		



Complete one of the two tables below according to your intended housing type to request funding towards housing costs. If you are unsure of whether to pick leasing or rental assistance, please refer to the project application guide, which provides more information.

<b>Rental Assistance Budget</b>			
	<b>Monthly Fair Market Rent (FMR)</b>	<b>Number of Units Requested</b>	<b>Total Annual Cost (Number Units x FMR x months)</b>
Single Room Occupancy Units	\$689		
Efficiencies	\$918		
One Bedroom Units	\$1,125		
Two Bedroom Units	\$1,411		
Three Bedroom Units	\$1,815		
Four Bedroom Units	\$2,108		
Five Bedroom Units	\$2,424		
Six Bedroom Units	\$2,740		
<b>Total Rental Assistance Units &amp; Cost</b>			

<b>Leasing Budget</b>			
	<b>Monthly Rent</b>	<b>Number of Units Requested</b>	<b>Total Annual Cost (Number Units x Monthly Rent x months)</b>
Leased Structure (whole building)		1	
<b>OR</b>			
Single Room Occupancy Units			
Efficiencies			
One Bedroom Units			
Two Bedroom Units			
Three Bedroom Units			
Four Bedroom Units			
Five Bedroom Units			
Six Bedroom Units			
<b>Total Leasing Costs</b>			

<b>Operations Costs</b> (cannot include if requesting rental assistance for same structure)		
<b>Eligible Costs</b>	<b>Quantity AND Description</b> (max 400 characters)	<b>Total</b>
Maintenance/ Repair		
Property Tax and Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas, Water		
Furniture		
Equipment (lease, buy)		
<b>Total Operations Costs</b>		

<b>HMIS Budget</b>		
<b>Eligible Costs</b>	<b>Quantity AND Description</b> (max 400 characters)	<b>Total Annual Cost</b>
Staffing for HMIS		
Equipment (lease, buy)		
<b>Total HMIS Costs</b>		

<b>Summary Budget</b>	
<b>Budget Category</b>	<b>Total Annual Cost</b>
Leasing	
Rental Assistance	
Supportive Services	
Operating Costs	
HMIS	
Administrative Costs	Will be added by MOHS
<b>Total Grant Request</b>	

# Match Funds

Please list all sources of match below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

<b>Type of Commitment (Cash or In-Kind)</b>	
<b>Type of Source (Private, Government)</b>	
<b>Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)</b>	
<b>Date of Written Commitment</b>	
<b>Value of Written Commitment</b>	

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<b>Value of Written Commitment</b>	