|  |
| --- |
| **FY2016 Continuum of Care Funding Competition****New Project Application – Coordinated Access SSO** |
| **Organization Information** |
| **Agency/Organization:** **Administrative Address:****City: State: Zip:****Tax ID Number:****DUNS Number:****Proposed Project Name:** |
| **Contact Information** |
|

|  |  |
| --- | --- |
| **Application Preparer:****Title:****Email:****Phone:** | **Executive Director:****Email:****Phone:** |

 |

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, information provided in this proposal reflects accurate data and estimates of planned/delivered services.

Signature - Executive Director (or designee) Date

Printed Name Title

**NOTE: Your submission is not complete unless you have submitted the full list of documents and attachments outlined in the project application guide.**

|  |
| --- |
| **PROJECT DESCRIPTION****(no more than 10 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, day to day operations, and the location where services will take place.** |
|  |
| **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).** |
|  |
| **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.** |
|  |
| **Reducing the length of time people are homeless is a key objective of the HEARTH Act. Describe how your program’s operation and the assistance that clients receive will help them quickly access stable housing. (Examples: streamlining processes, assisting with obtaining identification)** |
|  |
| **Describe how you will ensure the project serves the entire geographic area of the CoC. Describe your advertisement strategy for the project and how it will be designed to reach those with the highest barriers to accessing assistance.** |
|  |
| **Describe your organization’s experience and involvement in the current Coordinated Access system, including any data regarding referrals made, clients accepted to housing, etc.** |
|  |

|  |
| --- |
| **ORGANIZATIONAL CAPACITY****(no more than 5 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 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.** |
|  |
| **First Operating Year Project Work Plan** |

Please use the work plan template below to organize the components of your project into a modified logic model. There is no page minimum or maximum for this section, so please provide sufficient technical detail for reviewers to gain a clear understanding how the project will be modeled and operate in the first year.

|  |
| --- |
| **PROJECT GOALS: Provide an appropriate set of goals to be accomplished through the implementation and operation of your project during the first program operating year. These goals should address individual level, agency level and community level goals resulting from your project’s operation. Please ensure that goals are SMART (*Specific, Measurable, Achievable, Realistic, and Timely*) goals.** |
|  |
| **ACTIVITIES: Outline the timeline and components of the project’s startup and the services provided on a day-to-day basis. Using quantifiable language, provide a detailed account and description of activities, including locations, responsible parties, key action steps, inputs (such as materials, time, money, equipment, etc.), partnerships, community resources, etc. that factor into the service delivery model.**  |
|  |

**Standard Performance Measures­­­­­­­­**

Project applicants are required to submit qualitative/numerical goals as a basis for measuring project housing performance during the operating year.

1. Specify the Universe and Target Numbers for the following required Performance measure(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Housing Measure | Universe# | Target# | Target% |
| a. Persons remaining in permanent housing at the end of the operating year or exiting to permanent housing destination (per data element 3.12 of the 2015 HMIS Data Standards) during the operating year. |  |  |  |

* *In the Universe #, enter the number of persons about whom the measure is expected to be reported.*
* *In the Target #, enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year*
1. Choose one income-related performance measure from below and specify the Universe and Target numbers for the goal.

|  |  |  |  |
| --- | --- | --- | --- |
| Income Measure | Universe# | Target# | Target% |
| a. Adults who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.  |  |  |  |
| OR |
| b. Adults who maintained or increased their earned income as of the end of the operating year or program exit.  |  |  |  |

* *In the Universe column, for either 2a or 2b, whichever is most relevant to your project, enter the total number of persons about whom the measure is expected to be reported.*
* *In the Target # column, enter the number of persons for whom this goal is relevant who are expected to reach the goal within the operating year.*

**Additional Performance Measures**

This form is **optional** and you may add no more than three additional performance measures.

1. Specify the Universe and Target goal number for the proposed measure(s.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Proposed Measure
 | 1. Universe #
 | 1. Target #
 | 1. Target %
 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*For 1a, enter a brief description of the proposed measure. For 1b, enter the total number of persons about whom the measure is expected to be reported. For 1c, enter the number of persons for whom this goal is relevant and who are expected to reach the goal within the operating year. For 1d, divide 1b”Universe #” over 1c Target # to get “Target %”*

1. Date Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results.
2. Specific data elements and the formula proposed for calculating results.
3. Rationale for why the proposed measure is an appropriate indicator of performance for this program.

**Project Staffing Plan**

Provide an overview of the staffing plan for the project using the table 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.).
* Include a description of any non-paid or volunteer work that supports this project.

|  |  |
| --- | --- |
| **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)** |  |

|  |  |
| --- | --- |
| **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)** |  |

|  |  |
| --- | --- |
| **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)** |  |

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

**Funding Request**

|  |
| --- |
| **Supportive Services Budget** |
| **Eligible Costs**  | **Quantity AND Description****(max 400 characters)** | **Annual Assistance Requested** |
| 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 |  |  |
| **Total Supportive Services Requested** |  |

|  |
| --- |
| **Leasing Budget** |
|  | **Monthly Rent** | **Number of Units Requested** | **Total Annual Cost****(Number Units x Monthly Rent x 12)** |
| Leased Structure (whole building) |  | 1 |  |
| **Total Leasing Costs** |  |  |

|  |
| --- |
| **Operations Costs**  |
| **Eligible Costs** | **Quantity AND Description** **(max 400 characters)** | **Total** |
| Maintenance/ Repair |  |  |
| Property Tax and Insurance |  |  |
| Replacement Reserve |  |  |
| Building Security  |  |  |
| Electricity, Gas, Water  |  |  |
| Furniture  |  |  |
| Equipment (lease, buy) |  |  |
| **Total Operations Costs** |  |

|  |
| --- |
| **HMIS Budget** |
| **Eligible Costs**  | **Quantity AND Description****(max 400 characters)** | **Total Annual Cost** |
| Staffing for HMIS  |  |  |
| Equipment (lease, buy) |  |  |
| **Total HMIS Costs** |  |  |

|  |
| --- |
| **Summary Budget** |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs (no more than 3.5% of total request) |  |
| **Total Grant Request** |  |

**Matching Funds**

Please list all sources of match funding below and make sure to include appropriate documentation for each 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.

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

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

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

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