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| **FY 2021 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 |
| **Secondary Contact** |
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| Name Title Phone Email |
| **Authorization** |
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| Printed Name /Title Signature Date |
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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 |
| Project Type:  Permanent Supportive Housing  Rapid Re-Housing  Joint TH-RRH  Coordinated entry/access |
| Housing Type:  Single Site  Scattered Site  Total Number of Units: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number of Beds: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Number of Households Served: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number of People: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Target Populations (select all that apply)  People experiencing chronic homelessness  Seniors  Veterans  Families with children  Youth (18-24)  Persons living with disabilities  Persons living with mental illness  Persons living with substance use disorder  Fleeing domestic violence  Persons living with HIV/AIDS  N/A – Project serves all subpopulations  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.** |

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| **PROJECT DESCRIPTION** |
| **Provide a detailed description of the project scope, including the following:**   * **Target population including the number of households/clients served** * **Plan to identify housing and, or supportive services** * **Anticipated project outcomes** * **Coordination with other organizations** * **How CoC funding will be used?**   ***Detailed description must align with the responses submitted throughout this application.*** |
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| **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. How will your project quickly move participants into permanent housing?** |
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| **Describe your familiarity with the Coordinated Access system in Baltimore City. What roles**  **and responsibilities will your project and staff fulfill as part of Coordinated Access? What**  **specific strategies will you use to accelerate housing placements through Coordinated Access?** |
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| **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 experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and your ability to house survivors and meet safety outcomes.** |
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| **Creating opportunities for lived experience, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with lived experience in organizational and program planning, policy and decision making for this project.** |
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| **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 participants in a cost-effective way. Discuss why the service delivery model you describe will help individuals/ families maintain or regain housing stability.** |
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| **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible. Include how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.** |
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| **For all the supportive services available to program participants, indicate who will provide them and how often they will be provided?** | | |
| **Eligible Support Services** | **Provider (applicant, formal partner, informal partner)** | **Frequency**  **(daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed)** |
| 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 |  |  |

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| **Identify whether your project will include the following activities:** |
| Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs  Annual follow-ups with program participants to ensure mainstream benefits are received and renewed  Access to SSI/SSDI technical assistance provided by this project or a partner agency  Staff person providing technical assistance completed SOAR training in the past 24 months  Yes  No  N/A |
| **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 and/or a criminal background. Describe how you will engage clients in decision-making around their housing preferences.** |
|  |
| **RAPID RE-HOUSING & JOINT COMPONENT (TH-RRH) PROJECTS ONLY**  **Describe how you will determine rental assistance amounts, duration, and manage rent redetermination for clients enrolled in the project. What tools or objective assessments will you use in the determination process?** |
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| **SUPPORTIVE SERVICES ONLY – COORDINATED ENTRY PROJECTS ONLY**  **Describe how the coordinated entry process will be marketed and easily accessible by program participants seeking assistance. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. Describe if the coordinated entry project will refer program participants to projects that specifically coordinate and integrate mainstream health, social services, and employment program for which they may be eligible?** |
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| **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 the following:**   * **Agency’s experience and capacity to develop and implement the project.** * **Examples that illustrate experience identifying housing and supportive services for the target population** * **Identify and secure match funds** |
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| **Describe the organization’s operations to include leadership and management. Include the following:**   * **Ability to supervise the project and staff** * **Examples of ensuring program effectiveness and fidelity to funding agreements** |
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| **Describe your organization’s commitment to racial equity. Include the following:**   * **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** * **Describe efforts to increase cultural and racial competency among your staff/volunteers/program participants** * **How does your organization analyze data and information about race and ethnicity?** * **Examples of how your organization addresses racial inequities for participants in your programs.** |
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| **Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures.**   * **Describe your fiscal control and accounting procedures and if your organization accounts for federal funds in accordance with the requirements of 2 CFR part 200.** * **Describe any auditing findings or concerns during the last 24 months as well as the resolution of each.** |
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| **First Operating Year Project Work Plan** |

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| **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.** |
|  |

**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.**

Note: 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.

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| **Project Milestones** | **Days from Execution of Grant Agreement** |
| New project staff hired, or other expenses begin? |  |
| Participant enrollment in project begins |  |
| Participants begin to occupy leased units or structures? |  |
| Supportive Services **near** 100% of capacity? |  |
| Supportive Services **at** 100% of capacity? |  |

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| **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 the percentage of their time dedicated to this project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

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| 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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| --- | --- |
| 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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| **Community Partnerships and Leveraging** |
| 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. New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations. |
| **Please describe your agency’s 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 your organization’s experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-kind donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience.** |
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| **Funding Request** |

Are you proposing to include indirect costs in your budget?  Yes  No

If Yes, please select which type of rate you are using:  10% de minimis rate  Other

(NOTE: If you select other please submit a copy of the approved indirect cost rate with this application as supporting documentation).

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| **Supportive Services Budget** | | |
| **Eligible Costs** | **Quantity AND Itemized 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** | |  |

**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.**

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| --- | --- | --- | --- |
| **Rental Assistance Budget** | | | |
|  | **Monthly Fair Market Rent (FMR)** | **Number of Units Requested** | **Total Annual Cost**  **(Number Units x FMR x months)** |
| Single Room Occupancy Units | $672 |  |  |
| Efficiencies | $897 |  |  |
| One Bedroom Units | $1,105 |  |  |
| Two Bedroom Units | $1,376 |  |  |
| Three Bedroom Units | $1,781 |  |  |
| Four Bedroom Units | $2,037 |  |  |
| Five Bedroom Units | $2,342 |  |  |
| Six Bedroom Units | $2,648 |  |  |
| **Total Rental Assistance Units & Cost** | |  |  |

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

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| --- | --- | --- |
| **Operations Costs**  **(cannot include if requesting rental assistance for same structure)** | | |
| **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** | |  |

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

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| **Summary Budget** | |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs | Will be added by MOHS |
| **Total Grant Request** |  |

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| **Match Funds** |

**List all sources of matching funds for this project 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.**

**Note: Matching funds must equal a minimum of 25% of the total request for federal funds.**

I.e. A $100,000 project requires a minimum of $25,000 in matching funds.

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| **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** |  |

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| **Date of Written Commitment** |  |
| **Value of Written Commitment** |  |

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| --- | --- |
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| **Date of Written Commitment** |  |
| **Value of Written Commitment** |  |

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| --- | --- |
| **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** |  |