**Continuum of Care Homeless Assistance Competition 2016**

**APPLICATION FOR NEW PROJECT FUNDING**

**Instructions**

Each agency participating in the 2016 competition is expected to complete and submit one of these applications for each project they wish to create. This Application For New Project Funding must include:

* A completed APPLICATION FOR NEW PROJECT FUNDING form submitted with all required attachments including a housing first checklist (from the RFP) preferably in electronic format to Jennifer.Clarke@newbedford-ma.gov by the **application deadline**: **Friday, July 22, 2016 at 3.00PM**.

The project will be scored using the criteria as detailed within the RFP.

**I. AGENCY AND PROJECT INFORMATION**

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| **Name of Applicant Agency:** |       |
| **Project Name:** |       |
| **Project Location:** *(Physical address of the project; if project is scattered site, write “scattered site.”)* |       |
| **HUD Component Type:**  | [ ]  Permanent Housing [ ]  Rapid Rehousing  |
| **Total Amount Requested:** |       |
| **Agency DUNS Number:** |       | **Tax ID or EIN**(format: 12-3456789) |       |

**Project Contact Information:**

|  |  |
| --- | --- |
| **Project Contact Person:** |       |
| **Job Title of Contact Person:** |       |
| **Agency Mailing Address:**  |       |
| **Contact Phone Number:** |       | **Fax number:** |       |
| **Email Address:** |       |

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| --- | --- |
| **# of Beds Proposed:** |       |

|  |  |
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| **# of Units Proposed:** |       |

*Application continues on the following page.*

**II. PROJECT APPLICATION SUMMARY BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** |  |  | **Total Assistance Requested for Grant Term (Applicant)** |
| **1a. Leased Units** |  |  | $      |
| **1b. Leased Structures** |  |  | $      |
| **2. Housing Relocation and Stabilization**  |  |  | $      |
| **3. Short-term/Medium-term Assistance** |  |  | $      |
| **4. Long-term Rental Assistance** |  |  | $      |
| **5. Supportive Services** |  |  | $      |
| **6. Operating**  |  |  | $      |
| **7. HMIS** |  |  | $      |
| **8. Sub-Total Costs Requested** |  | $      |
| **9. Admin (Up to 10%)** | $      |
| **10. Total Assistance plus Admin** **Requested** | $      |
| **11. Cash Match** | $      |
| **12. In-Kind Match** | $      |
| **13. Total Match** | $      |
| **14. Total Budget**  | **$** |

*Application continues on the following page.*

**III. PROJECT NARRATIVE**

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| 1. **SUMMARY: Please provide a brief summary of your project. What data/evidence do you have as to the need within this CoC and how does your project meet that need? *[Character limit 1500]***
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| **1a. Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness.** [**www.usich.gov/opening\_doors/**](http://www.usich.gov/opening_doors/). |
|

|  |  |  |
| --- | --- | --- |
| **Objective 1: Increase Progress towards Ending Chronic Homelessness** | **YES** | **NO** |
| 1. Does the project prioritize client selection based on duration of homelessness and vulnerability?
 | [ ]  | [ ]  |
| 1. Does the project accept all clients regardless of substance use history, or current use?
 | [ ]  | [ ]  |
| 1. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
 | [ ]  | [ ]  |
| 1. Does the project accept clients regardless of criminal history?
 | [ ]  | [ ]  |
| 1. Does the project accept clients regardless of income or financial resources?
 | [ ]  | [ ]  |
| 1. Does the project use a harm-reduction model for drugs and/or alcohol use?
 | [ ]  | [ ]  |
| 1. Does the project include mandatory case management as a condition of remaining in the program?
 | [ ]  | [ ]  |

Briefly explain any “no” answers for a-f, and “yes” answer for item g.      |
| **1b. TARGET POPULATION: Describe the target population(s) served by this project. Why do they need the proposed assistance provided by this project? (Include age, gender, special needs, etc.). *[Character limit 1500]***  |
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| 1. **PRIORITIZING HIGHEST NEED: Project applicant must demonstrate that the proposed program will first serve the chronically homeless according to the order of priority established in Section III.A. of Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. To receive full points, the applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter. *[Character limit 1500]***
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|       |
| 1. **HOUSING FIRST APPROACH: *[Character limit 1500]***
	1. **Please check any of the following situations in which a tenant in your proposed housing would NOT be terminated:**

**🖵Failure to participate in supportive services** **🖵 Failure to make progress on a service plan****🖵 Loss of income or failure to improve income** **🖵 Being a victim of domestic violence****🖵 Other activity not covered in typical lease agreement** **🖵 None of the above*** 1. **Demonstrate the agency’s understanding of the Housing First approach and the extent to which a Housing First model will be used in operating the proposed housing. To receive full points in this section, the applicant must also demonstrate it has experience in operating a successful housing first program, clearly describe the proposed program design and identify how it meets the definition of Housing First as described in Section III.A.3.d. of the FY 2016 CoC Funding Notice.**
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*Application continues on the following page.*

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| 1. **MAINSTREAM SERVICES: Applicants must demonstrate the extent to which the project is fully leveraging mainstream resources for supportive services. To receive full points, applicants must demonstrate the leveraging of available Medicaid resources. Applicants should demonstrate that specific activities are in place to identify and enroll all Medicaid-eligible program participants regardless of whether the project applicant’s state is participating in Medicaid expansion under the Affordable Care Act; and that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. *[Character limit 1500]***
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*Application continues on the following page.*

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| 1. **LEVERAGING: Applicants will receive points based on the extent to which the project will leverage additional resources to develop a comprehensive project that meets the needs of the chronically homeless and ensure successful program outcomes. To receive full points, applicants must demonstrate on the chart that the cash or in-kind value of leveraged commitments is at least 150 percent of the total request to HUD. Describe how the proposed program will meet or exceed this threshold. *[Character limit 1500]***
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| **6. AGENCY EXPERIENCE and CAPACITY: In ten sentences or less, tell how your organization has the capacity and resources to continue the proposed program and achieve/exceed your performance goals, noting deficiencies, if any.** |
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**Eligible Types for NEW CoC Projects-Permanent Housing Bonus** (*pick one main category and answer questions specific to that selection*):

[ ]  **Permanent Housing-Permanent Supportive Housing** *(100% Chronic Homelessness)*

[ ]  Tenant-Based Rental Assistance[RA] [ ]  Sponsor-Based RA [ ]  Project-Based RA

[ ]  Project-Based/Leasing *[leases building/units*] [ ]  Project-Based/Operations [*owns building*]

Rental Assistance Administrator:

[ ]  Local PHA [ ]  Unit of Local Government [ ]  State

Pick one or more: [ ]  Individuals [ ]  Families [ ]  Unaccompanied Youth (18-24)

Pick one or more: [ ]  Severe/Persistent Mental Health

[ ]  Chronic Substance Abuse Disorder

[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Permanent Housing-Rapid Rehousing** *(Tenant Based Rental Assistance only/Literally Homeless)* **(**

Pick one or more: [ ]  Individuals [ ]  Families [ ]  Unaccompanied Youth (18-24)

 [ ]  Fleeing Domestic Violence

Rental Assistance Administrator:

[ ]  Local PHA [ ]  Unit of Local Government [ ]  State

All proposals, regardless of selections above, must complete the following: [*check all appropriate boxes*]

Low Barrier- Are participants screened based upon any of the following?

[ ]  Too Little or No Income

[ ]  Active or History of Substance Abuse

[ ]  Criminal record with exceptions for state-mandated restrictions

[ ]  History of domestic violence (e.g. lack of a protective order, period of separation from abuser,

 or law enforcement involvement)

[ ]  None of the Above

If your project is selected will it…

…quickly move participants into permanent housing (PH)? [ ]  YES [ ]  NO

…require participants to live in a particular structure/unit/locality? [ ]  YES [ ]  NO

…use an existing homeless facility or activities? [ ]  YES [ ]  NO

…have at least 80% of CoC PH participants remain in or exit to PH destinations? [ ]  YES [ ]  NO

…actively participate in New Bedford’s Coordinated Entry ? [ ]  YES [ ]  NO

…actively participate in New Bedford’s HMIS? [ ]  YES [ ]  NO

…ensure that a 25% match requirement is met? [ ]  YES [ ]  NO

…ensure that the project will leverage at least 200% of the requested funding? [ ]  YES [ ]  NO

**IV. FISCAL INFORMATION**

1. Has your agency had unexpended HUD funds at the expiration of grant terms in the past two (2) years for any HUD-funded program?

[ ]  Yes [ ]  No If yes, how much was unexpended?

2013 $

 2014 $

1. Have you completed the attached budget worksheet/s for your project as provided and included that as Attachment #1 to your application packet?

[ ]  Yes [ ]  No

1. Have you provided a signed letter(s) by your agency or provided other documentation of public/private, and/or mainstream program funding that will, in aggregate, provide at least 150% leverage of the CoC grant award?

[ ]  Yes [ ]  No

**V. MATCH and LEVERAGED RESOURCES**

**MATCH**

Provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. Match must total at least 25% of your HUD eligible activities costs + administration request Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

|  |  |  |
| --- | --- | --- |
| **Match Source** | **HUD Budget Category** **(Operations, Supportive Services, HMIS)** | **Value ($)** |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
|       |       | $      |
| **TOTAL MATCH RESOURCES** | $      |

**LEVERAGE**

It is a priority of the New Bedford CoC and HUD that all projects leverage both cash and in-kind resources. HUD scores continuums across the country based on the leveraged resources brought to each project; therefore, it is in the New Bedford’s CoC’s best interest to account for and provide information on all leveraged resources for all projects.

**PLEASE NOTE:**

**Final leverage letters are not due with this application though the information about your leveraged resources, is. However, final letters will be required at the time of your esnaps application and must be dated between May 1, 2016 – September 14, 2016 in accordance with HUD requirements.**

Complete this chart for all other resources that will be committed to this renewal program. Resources can be cash, including the cash match for the project, and other private/public funding; value of buildings, equipment, materials, services provided by your agency or others, volunteer time, etc.

|  |  |  |
| --- | --- | --- |
| **Type of Leverage**  | **Name of Leveraged Organization** | **Value ($)** |
|       |       | $      |
|       |       | $      |
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|       |       | $      |
| **TOTAL LEVERAGED RESOURCES** | $      |

Once guidance is provided regarding the specifics concerning the date needed on leveraging letters, you will be required to scan and attach signed agreements, letters, MOU or other documented evidence of each contribution with an email to the City’s Department of Planning, Housing & Community Development. Commitment letters must be on letterhead, signed and dated by an authorized representative and will, at a minimum, be required to contain the following elements:

 1. Type of contribution (e.g. cash, child care, case management, etc.);

 2. Name of organization providing the contribution;

 3. Amount/ Cash Value of contributions.

*Application continues on the following page.*

**VI. AGENCY QUESTIONNAIRE**

**Please check either yes or no to the questions below:**

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| --- | --- | --- |
|  | **Yes** | **No** |
| In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General? | [ ]  | [ ]  |
| Have you completed the annual update to your organization’s registration with the federal government at www.sam.gov  | [ ]  | [ ]  |
| Have all due IRS 990 filings been submitted to the IRS? | [ ]  | [ ]  |
| Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources? | [ ]  | [ ]  |
| Have you attached all of the materials required on page 1 of this application? | [ ]  | [ ]  |

*Application continues on the following page.*

**VII. 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:

* Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application 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 agrees to participate fully in the New Bedford Continuum of Care’s Homeless Management Information System (HMIS) and coordinated entry system.
* Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant’s most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

* Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
* Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the City’s DPHCD for approval prior to the final 30 days of the grant year;
* Any increase/decrease in match or leveraged funding for the project that could affect the projected number of participants served, services provided, ability to meet matching and/or leveraging requirements, etc. and
* Significant delays in the start-up or operation of a project.

|  |  |
| --- | --- |
| **Name:** (please type) |       |
| **Title:** |       |
| **Phone:** |       |
| **Email:** |       |
| Signature of Authorized Representative:  [ ]  “X” indicates electronic signature submitted |
| **Date:** |       |

***Do not forget to include a completed Housing First Checklist as presented in the RFP.***