**TOLEDO/LUCAS COUNTY CONTINUUM OF CARE**

**2021 CONTINUUM OF CARE COMPETITION**

**APPLICATION FOR RENEWAL PROJECTS**

# GENERAL INFORMATION

* **Project Applicant Information:**
  + Name of Organization:
  + Organization Type
    - Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)
    - Other: Describe:
  + DUNS Number:
  + Has the organization registered with the System for Award Management (SAM)?
    - Yes  No
* **Sub-Recipient / Sponsor Organization (if applicable):**
  + Name of Organization:
  + Organization Type
    - Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)
    - Other: Describe:
  + DUNS Number:
* **Contact person for this application:**
  + Name:
  + Title:
  + Phone:
  + Email:
* **Project Name:**
* **Exact HMIS Project Name in Client Track (or equivalent):**
* **Location of Project Site(s) [City(ies)/County(ies)]:**
* **Total HUD 2021 Project Funding Request:**
* **HUD Project Type:**
  + Permanent Supportive Housing
  + Facility-Based
  + Scattered Site
  + Rapid Re-housing
  + Supportive Services Only
  + HMIS
* **Are any of the following changes proposed to the project grant:** 
  + Reduction to grant proposed due to underutilization?
  + General reduction to the grant for other reasons?
  + If any changes are proposed, please provide an explanation.
* **Please describe how your agency composition (Board of Directors, Leadership Team, Staff, etc.) reflects the demographics of the population your agency serves:**

* **Please describe what intentional efforts your agency has made to address diversity, inclusion, and acceptance within policies, procedures, or other operations:**

* **Please describe how your agency includes individuals with lived experience in decision-making activities for your project:**

* **Please describe any adjustments made to your project in response to COVID-19 to ensure the health and safety of project participants and staff (include additional resources received and actions taken with additional resources):**

# PROGRAM OVERVIEW & PRIORITY ALIGNMENT:

* Please provide a brief, but complete, summary that addresses the entire scope of the project. The description should include information on the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), and coordination with other sources **or** partners. *(1000 characters maximum*)

* **Objective 1-A: Participation in Coordinated Entry System (Required for HUD funding):**
  + Does the organization utilize all screening and assessment tools outlined in the CoC CES Written Standards, Policies and Procedures (SPDAT tool)?
    - Yes  No
  + Does the organization receive 100% of its enrollments in CoC funded projects from the Coordinated Entry system?
    - Yes  No
  + Does the organization attend SPDAT Community Waitlist meetings (90% or more)?
    - Yes  No
  + Does the organization follow CoC CES Written Standards, Policies and Procedures?
    - Yes  No
  + **Please explain and discuss** how the project participates in the CoC Coordinated Entry system (as it relates to prioritization of clients **and** project acceptance of clients through the referral process) for this program. *(500 characters maximum)*
  + Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?

Yes  No

* **Please explain and discuss** program entry requirements and restrictions for homeless persons to access and be accepted into this program. *(500 characters maximum)*
* **Objective 1-B: Serving People with the Highest Barriers to Housing (&/or Special Needs)**
  + Which of the following will prohibit potential clients from being accepted into this project?

Having too little income

Active or history of substance abuse

Having a criminal record (with the exception of state/federal-mandated restrictions)

History of victimization (i.e. domestic violence, sexual assault, childhood abuse)

None of the above

**Please briefly explain your response. (1000 characters maximum)**

* Which of the following criteria are used to terminate clients from this project.

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

None of the above

**Please briefly explain your response. (1000 characters maximum)**

* **Objective 2: Increase Housing Stability:** 
  + Data for this section of the application will be analyzed and scored directly from HMIS using the scorecard and criteria approved by the CoC Board of Directors and posted to the CoC website with all other application materials.
  + **Please briefly explain** how your agency plans to improve, or maintain, the housing stability of project participants. Projects with zero client turnover during the reporting period should describe the housing stability of participants staying in the program. *(500 characters maximum)*
* **Objective 3: Increase Project Participant Income:** 
  + Data for this section of the application will be analyzed and scored directly from HMIS using the scorecard and criteria approved by the CoC Board of Directors and posted to the CoC website with all other application materials.
  + **Please briefly explain** what steps your agency has in place to assist participants in increasing their income. Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or improve income for participants staying in the program. *(500 characters maximum)*
* **Objective 4: Increase the number of participants obtaining mainstream (non-cash) benefits:** 
  + Data for this section of the application will be analyzed and scored directly from HMIS using the scorecard and criteria approved by the CoC Board of Directors and posted to the CoC website with all other application materials.
  + **Please briefly describe** how your agency plans to increase the percentage of participants who access mainstream benefits. Descriptions should include how participants are assisted in to connect to mainstream resources (all mainstream resources, and not just SSI/SSDI).  Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or increase access to mainstream benefits for participants staying in the program (*500 characters maximum).*
* **Objective 5: Participation in broader CoC planning:** 
  + Does the organization attend Community Advisory Council meetings (90% or more)?
    - Yes  No
    - If no, please explain
  + Has the organization committed to supporting and participating a broader CoC Strategic Planning effort in 2021-2022?
    - Yes  No
    - If no, please explain
  + Has the organization participated in and supported the most recent Point In Time Counts?
    - Yes  No
    - If no, please explain
  + Does the organization enter client data into the Toledo/Lucas County HMIS System (or comparable system for Victim Service Providers)?
    - Yes  No
    - If no, please explain
* **Objective 6: Racial Equity in Housing**
  + In alignment with HUD, the CoC considers racial equity in housing projects to be a priority. CoC funded agencies should be prepared to address this priority in their projects.
  + **Please briefly describe** any actions your agency has taken to analyze its housing projects to determine if any racial disparities exist in regards to project access, service provision, housing stability outcomes, etc. If disparities have been identified, please describe any actions taken to address these disparities. If no analysis has been done, please describe how the agency plans to conduct an analysis in the next 12 months. (*500 characters maximum).*

# FINANCIAL & PROJECT INFORMATION

* Start and end date of your HUD award from the 2019 competition: **, 2019/2020** to **, 2020**
* Total amount of award: $
* Amount of funds not yet drawn down: $
* Do you anticipate you will have unexpended funds at the expiration date of your current contract?

Yes  No If yes, how much? $

* Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

Yes  No

* + If yes, how much (Enter “0” if all funds were expended and “n/a” if it does not apply)?

1. CoC Competition (2019-20) $

2017 CoC Competition (2018-19) $

2016 CoC Competition (2017-18) $

* Is this a first-time renewal project?  Yes  No
* Have there been extenuating circumstances in drawing down funds related to a change in the grant year or execution of the contract?  Yes  No
  + If “Yes,” please explain (identifying grant years impacted):
* Does the applicant have any outstanding federal debt?

Yes

No

If yes, please provide an explanation of debt owed and repayment arrangements *(250 characters maximum).*

* When was your most recent monitoring visit with HUD? . 
  + Please submit a copy of your most recent HUD monitoring report with your application (along with any response, corrective action, or other related documents). Applications for projects that have not been monitored should include a document providing that information to reviewers.
* Does the agency have any open (unresolved) monitoring findings or concerns from HUD or any other governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action *(500 characters maximum).*
* Project Utilization will be analyzed and scored directly from HMIS using the scorecard and criteria approved by the CoC Board of Directors and posted to the CoC website with all other application materials.
  + If you believe that your project has utilized fewer units or served fewer households over the past year than identified in the most recent HUD award, please describe why utilization was lower than expected *(500 characters maximum).*

# MATCH AND LEVERAGING:

* Using the guidelines included with this application, please complete the applicable match and leveraging charts. Please add additional rows, as necessary. Renewal projects that have not been operational for a full year should report the amount of match and leveraging committed for the project (12-month amount).
* **Cash Match:** Please list the primary sources of match funds (total match should equal 25% of total costs minus leasing), funding amounts received in the last full operating year. Renewal projects that have been in operation less than a year should report committed cash match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Amount Received in the last full operating year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

* **In-Kind Match\*:** Please list the primary sources of in-kind match resources (total match should equal 25% of total costs minus leasing) equivalent cash value received in the last full operating year. Renewal projects that have been in operation less than a year should report committed in-kind match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Value Received**  **in the last full operating year** |
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|  |  |
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|  |  |
| **Total** |  |

* \*Please note that applications indicating third-party In-Kind match will be required submit MOU(s) documentation confirming in-kind match commitments to HUD.
* **Leveraging (cash):**  Please list the primary sources of leveraged funds, and the funding amounts committed (outside of listed match) in the last full operating year. Renewal projects that have been in operation less than a year should report committed leveraging for the current full year.

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| --- | --- |
| **Source** | **Dollar Amount of Leveraged Funding** |
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|  |  |
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|  |  |
| **Total** |  |

* **Leveraging (in-kind):** Please list the primary sources of leveraged in-kind resources, and the equivalent cash value of the resources committed (outside of listed match) in the last full operating year. Renewal projects that have been in operation less than a year should report committed leveraging for the current full year.

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Leveraged Resource** |
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|  |  |
| **Total** |  |

# 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 will complete the HUD Project Application forms with the same information as contained in this application unless the CoC Project Review Scoring 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 with this community’s Homeless Management Information System (HMIS).

|  |  |
| --- | --- |
| Name:  (please type) |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Signature of Authorized Representative: | |
| Date: |  |

# CHECKLIST

* + To be considered complete, ***this application must be submitted in person*** to the Toledo Lucas County Homelessness Board at 1220 Madison Avenue, Toledo, OH, 43604 ***no later than 3:00pm on October 1, 2021.*** A complete application package will contain the following:
    - Five (5) copies of this application for each renewal project;
    - Five (5) copies of the Competition Certification and Policy Addendum document for all projects;
    - Five (5) copies of the Competition Coordinated Entry System Policy Addendum for all projects;
    - One (1) copy of the Notice of Intent - 2021 PSH Change to DedicatedPLUS (if applicable);
    - One (1) copy of the Notice of Intent 2021 Grant Consolidation (if applicable);
    - If HUD monitoring has occurred, one (1) copy of the most recent HUD monitoring report, including corrective action plans and documentation regarding resolution of findings, when applicable; and
    - One (1) copy of supportive documents showing timely draw downs (eLOCCS reports).

## **MATCH and LEVERAGING**

For the purposes of the formal application being submitted in e-snaps, please note that HUD requires a 25% match (minus leasing) for this funding. Match commitments entered into the HUD application in e-snaps need to be based on current commitments at the time of project application, covering the requested grant operating period/term, and not based on projections. For additional guidance on match, please refer to the project guides, as well as the FAQs on the HUDexchange website at: <https://www.hudexchange.info/e-snaps/faqs/> and search for “match.” Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.73 (<https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>).

For the scoring and ranking process of review applications for renewal projects, applicants are requested to report match and leveraging for each renewal project.

Match (Cash or In-Kind Resources)

Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC interim rule.

Match resources for renewal projects are not required to be supported by written documentation with the Review Application(s). However, HUD may require match documentation to be submitted in e-snaps at the time of application. Each applicant is responsible to understand what is required of the electronic submission of the formal application in e-snaps.

Match resources for new projects must have a written commitment in-hand at time of application, and copies of these commitment documents must be submitted to the CoC with each Review Application for new projects. A written commitment may include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and the date that the contribution will be available. The written commitment must include the project name and be addressed to the project applicant or non-profit.

Leveraging (Cash or In-Kind Resources)

The CoC goal for all leveraged resources (above and beyond match) is 125% of the grant amount (match and leveraging should total 150%. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.