# Dual Application for New Projects



## Toledo/Lucas County Continuum of Care Requests for Proposals
## Dual Application for New Applications

RFP released Wednesday, August 9, 2022

**2022 CoC Funding (Annual NOFO)**
Applications due Friday, August 26, 2022

**2022 CoC Supplemental Funding to Address Unsheltered Homelessness (Special NOFO)**
Applications due Wednesday, September 9th, 2022

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**Applying for:**

Please read the **document** to determine which NOFO your project is eligible for.

☐ Annual NOFO

☐ Special NOFO

**Project Name ***

[                                                                    ]

**Total Funding Requested for this Project ***       **Match Funding Committed for this Project ***

[                                    ]                [                                    ]

**Project Applicant ***

Name of Lead Organization (project sponsor)

Mailing Address

City, State, Zip

DUNS Number

UEI/TIN/EIN Numbers

## Applicant Organization Type *

○ Non-profit 501(c)(3)

○ Unit of Government

○ Public Housing Authority (PHA)

○ Other

## Has the applicant registered with the System for Award Management (SAM)? *

○ Yes

○ No

## Please upload your SAM registration.

Browse...    Max. 5 MB

## Applicants must be registered with SAM.gov to apply.

## Is there a sub-recipient? *

○ Yes

○ No

## Sub-Recipient

Organization Name

| Mailing Address | |
|---|---|
| City, State, Zip | |
| DUNS Number | |
| UEI/TIN/EIN Numbers | |

## Sub-Recipient Organization Type

- ◯ Non-profit 501(c)(3)
- ◯ Unit of Government
- ◯ Public Housing Authority (PHA)
- ◯ Other

## Has the sub-recipient registered with the System for Award Management (SAM)?

- ◯ Yes
- ◯ No

## Please upload the sub-recipient's SAM registration.

Browse...    Max. 5 MB

## Application Contact Person *

| Name | |
|---|---|
| Title | |
| Phone | |
| Email | |

## Is the project an expansion? *

- ◯ Yes
- ◯ No

**Is the project dedicated to survivors of domestic violence? ***

| ◯ Yes | ◯ No |
|---|---|

**Project Type**

| ◯ Supportive Services Only (SSO) | ◯ Permanent Supportive Housing (PSH) |
|---|---|
| ◯ Rapid Re-Housing (RRH) | ◯ Joint Transitional-Rapid Re-Housing Combination Projects (Joint TH-RRH) |
| ◯ SSO Project for Coordinated Entry (SSO-CE) | ◯ Homeless Management Information System (HMIS) |

Supportive services only projects are only eligible to apply for the **special NOFO.**

Only the **collaborative applicant** can apply for an SSO-CE project type. Are you sure you chose the right project type?

Only the **HMIS lead agency** can apply for an HMIS project type. Are you sure you chose the right project type?

# Proposal Guidelines

Narrative questions and requests for information, set forth below, should demonstrate an overarching understanding of the purpose of the **NOFO for FY2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants** and **Continuum of Care Supplemental Notice of Funding Opportunity to Address Unsheltered Homelessness (Special NOFO),** as well as the applicant's experience and readiness. In particular, applicants should demonstrate the following:

1. Understanding of the needs of the clients to be served.
2. Type, scale, and location of the housing fit the needs of the clients to be served (if applicable).
3. Type and scale of the supportive services, regardless of funding source, meet the needs of the clients to be served.
4. How clients will be assisted in obtaining and coordinating the provision of mainstream benefits.
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.
6. The plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.
7. How clients will be assisted to increase employment and/or income and to maximize their ability to live independently.
8. How the project leverages housing resources with housing units not funded through the CoC or ESG programs (if applicable).
9. How the project leverages health resources, including a partnership commitment with a healthcare organization.
10. Utilization of evidence-based and promising practices that will be incorporated in services delivery including, but not limited to Housing First, progressive engagement and assistance, motivational interviewing, and harm reduction strategies that will help households resolve the immediate housing crisis.
11. Cultural Competency reflected in every process and structure of service delivery and relevant to assisting a diverse array of people experiencing a housing crisis who may also have physical, mental or emotional conditions that impact their ability to obtain and maintain housing

# Threshold Requirements

**Please check the applicable components of your agency and/or project below. If any are not applicable, please explain.**

☐ Agency can provide confirmation of active SAM registration with current information (Please attach to application submission.)

☐ Agency can provide UEI/TIN/EIN numbers.

☐ Agency can provide proof of a 501c3 tax-exempt status, if applicable. (Please attach to application submission.)

☐ Agency can provide a list of board members, if applicable. (Please attach to application submission.)

☐ Project applicants and subrecipients can demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds or other federal funds. (Please attach to application submission.)

☐ Agency can provide a current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable. (Please attach to application submission.)

☐ Agency understands that if funded:
Permanent Supportive Housing (PSH) projects:
- May serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
- PSH Projects must adhere to a housing first model as defined in Section II.A.2 and Section III.B.2.o of the Annual NOFO AND/OR Section II.A.6 and Section III.C.2.e of the Supplemental NOFO.
- For the Supplemental NOFO only, the proposed project must be consistent with the plan described by the CoC in response to Section V.II.B.4 of the Supplemental NOFO.

Rapid Re-Housing (RRH) projects:
- May serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
- RRH Projects must adhere to a housing first model as defined in Section II.A.2 and Section III.B.2.o of the Annual NOFO AND/OR Section II.A.6 and Section III.C.2.e of the Supplemental NOFO.
- For the Supplemental NOFO only, the proposed project must be consistent with the plan described by the CoC in response to Section V.II.B.4 of the Supplemental NOFO.

Joint TH-RRH Component (Joint TH-RRH) projects:
- May serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
- Joint TH-RRH Component Projects must adhere to a housing first model as defined in Section II.A.2 and Section III.B.2.o of the Annual NOFO AND/OR Section II.A.6 and Section III.C.2.e of the Supplemental NOFO.
- For the Supplemental NOFO only, the proposed project must be consistent with the plan described by the CoC in response to Section V.II.B.4 of the Supplemental NOFO.

Domestic Violence (DV) Bonus projects:
- Must be dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless under paragraphs 24 CFR 578.3.
- SSO Projects for Coordinated Entry (SSO-CE) projects must equip the CoC's coordinated entry to better meet the needs of people experiencing homelessness who are survivors of domestic violence, dating violence, sexual assault, or stalking (i.e., implement policies, procedures and practices that are trauma-informed, client-centered, or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system) in the CoC's entire coverage area.

☐ Project applicants agree to participate in the Local HMIS system utilizing Service Point.

☐ Victim Service Providers must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim Service Providers agree to use a comparable database that meets the needs of the local HMIS.

☐ Agency has no Outstanding Delinquent Federal Debts.

☐ Agency has no Debarments and/or Suspensions.

☐ Agency is prepared to participate in the coordinated entry system, and the selection of program participants must be consistent with CoC's Coordinated Entry process, as detailed in the CoC Coordinated Entry policy addendum.

☐ Agency can demonstrate adequate match and leverage.

☐ Project proposal limits administrative costs to 10% or less.

☐ Project has Low Barriers to Entry and prioritizes rapid placement and stabilization in permanent housing (does not preclude program participation for any of the following: 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) (does not terminate participation for any of the following: failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, domestic violence, any other activity not covered in a lease agreement typically found in the project's geographic area)

☐ Proposed project has a specific plan to coordinate and integrate with other mainstream health, social, and employment programs to ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).

**Explanation regarding any items above (if applicable):**

## Agency Experience (e-snaps 2B)

**Describe the experience of the applicant and potential subrecipients (if any) in effectively utilizing federal funding and performing the activities proposed in the application.** ⬜

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**Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

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**Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

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**Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?**

⚪ Yes                                    ⚪ No

**Please identify the finding or concern and explain a corrective plan of action.**

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**Does Applicant have any outstanding delinquent Federal debts?**

⚪ Yes                                    ⚪ No

**Please provide an explanation of debt owed and repayment arrangements.**

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## Project Description (e-snaps 3B)

**Provide a description that addresses the entire scope of the proposed project.**

Describe the community needs, target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), coordination with other source(s)/partner(s), and the reason why CoC Program support is required.

- In cases where the proposed project is expanding an existing **PSH or RRH project**, document, when applicable, how the requested funds will supplement existing services and resources, and/or increase participants served.
- Applicants of **Joint TH-RRH component projects** must demonstrate how this program will target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.
- The program description should describe the project at full operational capacity and demonstrate how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.

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**Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of the Special NOFA.**

The Plan details will be distributed prior to the application due date.

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**Describe how the proposed project will contribute towards:**

1. reduction in the unsheltered homelessness population in Toledo and Lucas County and
2. provide prioritized access to appropriate housing and services to individuals and families experiencing homelessness with severe service needs.

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**Enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

If applicable.

Number of Days

Begin hiring staff or expending funds

Begin program participant enrollment

Program participants occupy leased or rental assistance units or structure(s), or supportive services begin

Leased or rental assistance units or structure, and supportive services near 100% capacity

Closing on purchase of land, structure(s), or execution of structure lease

Start rehabilitation

Complete rehabilitation

Start new construction

Complete new construction

**Describe the proposed development activities with responsibilities of the applicant, and sub-recipients if included, to develop and maintain the property using CoC funds.**

Note: Projects requesting rehabilitation or construction costs through the Annual NOFO are not eligible under this Request for Proposal. Rehabilitation and construction costs are not allowable under the Special NOFO.

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**Check the appropriate box(s) if this project will have a specific subpopulation focus.**

Select all that apply.

- [ ] N/A- Project Serves All Subpopulations
- [ ] Veterans

- [ ] Youth (under 25)
- [ ] Families

- [ ] Domestic Violence
- [ ] Substance Abuse

- [ ] Mental Illness
- [ ] HIV/AIDS

- [ ] Chronic Homeless
- [ ] Substance Abuse

**If applying for a New Project through the DV Bonus that is dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking who qualify under paragraph (4) of the definition of homeless at 24 CFR 578.3., please describe agency's experience working with this population including:**
- **Serving survivors of domestic violence, dating violence, sexual assault, or stalking;**

- **Ability to house survivors and meet safety outcomes;**
- **Addressing the housing and safety needs of survivors by adopting victim-centered practices (e.g., Housing First, Trauma-Informed Care, Confidentiality) in operating their project;**
- **Involving survivors in policy and program development throughout the project's operation.**

[ ]

**Will your project:**

1. Participate in the CoC's Coordinated Entry (CE) process, **or**
2. Benefits a victim service provider, as defined in 24 CFR 578.3, and use an alternate CE process that meets HUD's minimum requirements

( ) Yes                    ( ) No

**Will the coordinated entry process cover the CoC's entire geographic area?**

( ) Yes                    ( ) No

**Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?**

( ) Yes                    ( ) No

**Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

[ ]

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**Will the coordinated entry process use a comprehensive, standardized assessment process?**

( ) Yes                    ( ) No

**Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and**

**services.**

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**If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:**

1. adults without children;
2. adults accompanied by children;
3. unaccompanied youth;
4. households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
5. persons at risk of homelessness?

○ Yes

○ No

**Will this coordinated entry project refer program participants to projects that specifically coordinate and integrate mainstream health, social services, and employment programs for which they may be eligible?**

○ Yes

○ No

**Describe the strategy to identify populations in the area that have not been served by the homeless system at the same rate they are experiencing homelessness and the strategy to provide outreach, engagement, and housing interventions for this population.**

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**Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.**

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**Describe how the project refers program participants to projects that specifically coordinate and integrate mainstream health, social services, and employment programs for which they may be eligible.**

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**Describe the strategy to identify populations in the area that have not been served by the homeless system at the same rate they are experiencing homelessness and the strategy to provide outreach, engagement, and housing interventions for this population.**

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**Will the project quickly move participants into permanent housing?**

○ Yes                                    ○ No

**Will the project enroll program participants who have the following barriers?**

Select all that apply.

☐ Having too little or little income          ☐ Active or history of substance use

☐ Having criminal record with exceptions for state-mandated restrictions          ☐ History of victimization (e.g., domestic violence, sexual assault, childhood abuse)

☐ None of the above

**Will the project prevent program participant termination for the following reasons?**

Select all that apply.

☐ Failure to participate in supportive services          ☐ Failure to follow the individual service plan

☐ Failure to make progress on a service plan          ☐ Loss of income or failure to improve income

- [ ] Failed drug and/or alcohol test
- [ ] Other violations of project rules
- [ ] None of the above

**Please describe rule violations that would cause a client to be terminated from the project and any corrective measures taken prior to termination.**

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**Will the project follow a "Housing First" approach?**

- ( ) Yes
- ( ) No

**Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?**

- ( ) Yes
- ( ) No

**Will more than 16 persons live in a single structure?**

- ( ) Yes
- ( ) No

**Describe how the project will be integrated into the neighborhood.**

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**Describe how the expansion project will increase the number of people served, provide additional supportive services to homeless persons, or replace the loss of non-renewable funding - private, federal, other (excluding state/or local government).**

If this is an expansion of a non-CoC funded project to add to a current homeless project that is funded from sources other than CoC Program funds, describe how the project will increase the number of people served and provide additional supportive services to homeless persons.

Expansion projects for non-CoC projects are prohibited from using CoC Program funds to replace state and local funds and narratives for this project type must provide assurances that this will not happen.

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## Supportive Services for Participants

**Describe how participants will be assisted to obtain and remain in permanent housing.  This should include a description of plans to move participants from the streets and/or emergency shelters into permanent housing, as well as plans to ensure that participants stabilize in permanent housing.**

- A good response will acknowledge the needs of the target population and include plans to address those needs through current and proposed case management activities, and the availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or childcare services.
- The narrative must also indicate how appropriate units will be identified and how the project applicant will ensure that rents are reasonable.  Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.  Please also describe the availability of the proposed unit size and configuration.

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**Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

- Response must describe the applicant's specific plan to coordinate and integrate with other mainstream health, social, and employment programs to ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).
- Response should also include what activities are in place to identify and enroll all Medicaid-eligible participants.  Describe how the project will include Medicaid-financed services, and indicate whether these will be provided by the recipient receiving Medicaid coverage payments for services or through formal partnerships with Medicaid billable providers.  If there are barriers to including Medicaid-financed services in the project, please explain and describe how the project will leverage non-Medicaid resources available.

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**For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

For **provider,** please indicate applicant, sub-recipient, partner, non-partner, or N/A if service is not provided.

|  | Provider | Frequency |
|---|---|---|
| Assessment of Service Needs | | |
| Assistance with Moving Costs | | |
| Case Management | | |
| Child Care | | |
| Education Services | | |
| Employment Assistance and Job Training | | |
| Food | | |
| Housing Search and Counseling Services | | |
| Legal Services | | |
| Life Skills Training | | |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment Services | | |
| Transportation | | |
| Utility Deposits | | |

**Please indicate any additional supportive services that will be available through this program, and indicate who will provide these services, as well as the level of frequency.**

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**Please identify whether the project will include the following activities:**

**Transportation Assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

◯ Yes                                    ◯ No

**Regular follow-ups with participants to ensure mainstream benefits are received and renewed?**

◯ Yes                                    ◯ No

**Will the project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?**

◯ Yes                                    ◯ No

## Housing Type and Location (e-snaps 4A)

**Total Number of Proposed/Anticipated Units**

**Total Number of Proposed/Anticipated Beds**

**Total Number of Proposed/Anticipated Dedicated Beds for Chronically Homeless**

**Total Number of Proposed/Anticipated Dedicated Beds for DedicatedPLUS**

**Please complete the table below with the proposed/anticipated numbers.**

The RRH units should be twice as much as the TH units.

|  | Transitional Housing | Rapid Re-Housing |
|---|---|---|
| Total Units |  |  |
| Total Beds |  |  |

# Housing Type and Location Detail (e-snaps 4B)

**Housing Type**

○ Scattered-Site

○ Single-Site

**Maximum Number of Available Units**

**Maximum Number of Available Beds**

**How many beds are dedicated to persons experiencing chronic homelessness?**

This includes both the "dedicated" and "prioritized" beds.

**Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units.

For **scattered-site and single-family home housing**, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office.

Projects serving victims of **domestic violence**, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

# Program Participants (e-snaps 5B)
# Projections for Households Served

**1. Households With Children (Families)**

A. Number of Households

B. Number of Adults 25+

C. Number of Adults 18-24

D. Accompanied Children under age 18

## 2. Households Without Children (Individuals/Adults Only)

A. Number of Households

B. Number of Adults 25+

C. Number of Adults 18-24

## 3. Households with ONLY Children (unaccompanied youth 17 yrs. or younger)

A. Number of unaccompanied youth 17 yrs. or younger

**Total Number of Households (1a + 2a + 3a)**

**Total Number of People (1b + 1c + 1d + 2b + 2c + 3a)**

**Estimated Percentage of Veterans to be Served**

Percentage Served
Total should add to 100%.

Households with at least one Veteran

Households with no Veterans

**Estimated Percentage of Chronically Homeless People to be Served**

Count only HUD-defined chronically homeless.

Percentage Served
Total should add to 100%.

Chronically Homeless Individual Households

Chronically Homeless Family Households

[  ]

Households with NO Chronically Homeless Individuals or Families

[  ]

**Estimated Percentage of Youth (ages 18-24) to be Served**

Youth-headed households are individuals and/or families where the head of household is a youth aged 18-24.

Percentage Served
Total should add to 100%.

Youth-headed households

[  ]

Non-youth headed households

[  ]

**If project proposes to target Veterans or Unaccompanied Youth and will <u>permanently dedicate</u> 30% or more of the units/beds for either, please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for target population (please submit data as necessary).**

Applicants must adequately demonstrate the need of a targeted population program in the county where project is being proposed. Please note that if awarded funds, projects are required to serve the % of targeted special population as committed in the application (at a minimum).

[  ]

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**Estimated Percentages Served for Each Sub-population**

These are not mutually exclusive — the total does not need to be 100%.

Projected Percentage Served

Chronically Homeless Persons
*(HUD-defined chronically homeless)*

[  ]

Chronically Homeless Households
*(HUD-defined chronically homeless)*

[  ]

Mental Health Problem

[  ]

Alcohol Abuse

[  ]

Drug Abuse

[  ]

Both Alcohol and Drug Abuse

[ ]

Veteran

[ ]

Chronic Health Condition

[ ]

Persons living with HIV/AIDS

[ ]

Developmental Disabilities

[ ]

Physical Disability

[ ]

Domestic Violence History

[ ]

Fleeing Domestic Violence
*(at the time of project entry)*

[ ]

Households with Children

[ ]

Youth Family Households with Children
*(where no adult parent or guardian over the age of 24 is in the household)*

[ ]

Youth Households without Children
*(where no adult parent or guardian over the age of 24 is in the household)*

[ ]

Persons Not Represented by an Identified Subpopulation (Identify)

[ ]

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## Proposed Performance Measures

**Housing Measure**

Indicate the proposed number of persons who will **remain in permanent housing as of the end of the operating year** or **exiting to permanent housing (subsidized or unsubsidized) during the operating year.**

1. Count every participant who is anticipated to continue residing in the PSH, RRH, or Joint TH-RRH component or the number of participants who are anticipated to exit the project and move into another permanent housing situation.
2. **Universe #:** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
3. **Target #:** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The target is the total number of persons from the pool that are affected.
4. **Target %: d**ivide target # by universe #

|  | Universe # | Target # | Target % |
|---|---|---|---|
| Persons remaining in PH program or exited to permanent destination | [ ] | [ ] | [ ] |

**Income Measure**

Indicate the number of adults aged 18 and older who are anticipated to increase their total income (from all sources) and earned income **at of the end of the operating year or program exit.**

1. **Universe #:** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
2. **Target #:** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The target is the total number of persons from the pool that are affected.
3. **Target %:** divide target # by universe #

|  | Universe # | Target # | Target % |
|---|---|---|---|
| Persons aged 18 and older who will increase their **total income (from all sources).** |  |  |  |
| Persons aged 18 and older who will increase their **total earned income.** |  |  |  |

# Program Evaluation

**Within your organization, please describe what actions are taken to evaluate project and agency performance.**

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# Equity

**Applicant has BIPOC individuals in managerial and leadership positions.**

○ Yes

○ No

**If yes, please name the positions.**

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**Describe the plan to add BIPOC representation.**

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**Applicant's board of directors includes representation from persons with lived experience that actively participate.**

○ Yes                                              ○ No

**Describe the plan to add such person.**

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```
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**Applicant has a process for receiving and incorporating feedback from persons with lived experience.**

○ Yes                                              ○ No

**Describe the plan to incorporate this feedback.**

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```
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**Applicant has individual(s) with lived experience employed on their team.**

| ◯ Yes | ◯ No |
|---|---|

**Describe the plan to add such person.**

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**Applicant has reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture.**

| ◯ Yes | ◯ No |
|---|---|

**Please describe your plan to do so**

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**Applicant has reviewed agency's program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age.**

| ◯ Yes | ◯ No |
|---|---|

**Describe the plan to do so.**

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**Applicant has identified programmatic changes needed to make agency's program participant outcomes more equitable and developed a plan to make those changes.**

| ◯ Yes | ◯ No |

**Describe the plan to do so.**

[                                    ]

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**Applicant is working with HMIS lead to review HMIS data with disaggregation by race, ethnicity, gender identity, and or/age.**

If not a current HMIS participant, applicant commits to participate in this review.

| ◯ Yes | ◯ No |

**Describe the plan to do so.**

[                                    ]

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## Funding Request (e-snaps 6A)

For the following budget-related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to include only allowable expenses, based on the project type being applied for. More information is available in the **CoC Program Interim Rule** (regulations) on the HUD Exchange.

**Will it be feasible for the project to be under grant agreement by September 15, 2023?**

| ◯ Yes | ◯ No |

**What type of CoC funding is this project applying for in this CoC Program Competition?**

[                                    ]

**Does this project propose to allocate funds according to an indirect cost rate?**

| ○ Yes | ○ No |
|-------|------|

**Indicate Grant Term Year:**

[                                                                    ]

**Select the costs for which funding is requested:**

| ☐ Leased Units | ☐ Leased Structure |
|----------------|--------------------|
| ☐ Rental Assistance | ☐ Supportive Services |
| ☐ Operating | ☐ HMIS |

**If conditionally awarded, is this project requesting an initial grant term of greater than 12 months? (13 to 18 months)**

| ○ Yes | ○ No |
|-------|------|

**Leasing Budget (Leased Units)**

If utilities are not provided by the landlord, these are operating costs and should be budgeted in the operating budget.
- Enter **number of units** by unit type
- Enter applicable **rent,** cannot exceed FY2022 Fair Market Rent for Toledo Lucas County
- Enter **term** (12 months)
- **Total** = **units** x **rent** x **term**

| | No. Of Units | Rent* | Term (Months) | Total |
|-----------|-------------|-------|---------------|-------|
| Efficiency | | | | |
| 1 Bedroom | | | | |
| 2 Bedroom | | | | |
| 3 Bedroom | | | | |
| 4 Bedroom | | | | |

| 5 Bedroom | | | | |
| --- | --- | --- | --- | --- |
| **Total** | | | | |

**Please explain why you are requesting leasing funds for units as opposed to rental assistance.**

[                                                                                    ]

**Leased Structure Budget**

| Name | |
| --- | --- |
| Address 1 | |
| Address 2 | |
| City | |
| State | |
| Zip Code | |
| HUD Paid Rent (per month) | |
| 12 Months | |
| Total Annual Assistance Request | |

**Rental Assistance Budget Summary**

Indicate the quantity and total budget for each allowable type of rental assistance.

| | Quantity Description | Annual Assistance Requested |
| --- | --- | --- |
| Short Term | | |
| Medium Term | | |
| Long Term | | |

| | | |
|---|---|---|
| Total | | |

**Rental Assistance Budget**

- Enter **number of units** by unit type
- Enter FY2022 **Fair Market Rent** for Toledo Lucas County
- Enter **term** (12 months)
- **Total** = **units** x **rent** x **term**

| | No. Of Units | Fair Market Rent | Term (Months) | Total |
|---|---|---|---|---|
| Efficiency | | | | |
| 1 Bedroom | | | | |
| 2 Bedroom | | | | |
| 3 Bedroom | | | | |
| 4 Bedroom | | | | |
| 5 Bedroom | | | | |
| **Total** | | | | |

# Supportive Services Budget (e-snaps 6F)

**Enter the quantity and total budget request for each supportive service cost.**

The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary, and FTE.

Operating Costs in the supportive services budget are only eligible if costs are for a facility that is used to provide supportive services for program participants.

| | Quantity AND Description (400 character maximum) | 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 Abuse treatment Services | | |
| Transportation | | |
| Utility Deposits | | |
| Operating Costs* | | |
| **Total Annual Assistance Requested** | | |

## Operating Budget (e-snaps 6G)

**Enter the quantity and total budget request for each operating cost.**

The request entered should be equivalent to the cost of one year of operations.

| | Quantity and Description (400 character maximum) | Annual Assistance Requested |
|---|---|---|
| Maintenance/Repair | | |
| Property Taxes and Insurance | | |
| Replacement Reserve | | |

| | | |
|---|---|---|
| Building Security | | |
| Electricity, Gas, and Water | | |
| Furniture | | |
| Equipment (lease, buy) | | |
| **Total Annual Assistance Requested** | | |

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# Homeless Management Information System Budget (e-snaps 6H)

**Enter the quantity and total budget request for each HMIS cost.**

The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

| | Quantity AND Description (200 character maximum) | Annual Assistance Requested |
|---|---|---|
| Equipment | | |
| Software | | |
| Service | | |
| Personnel | | |
| Space and Operations | | |
| **Total Annual Assistance Requested** | | |

---

# Sources of Match (e-snaps 6I)

Match can be cash or in-kind, but needs to total, between the two, 25% of the total amount requested.

**Cash Match**

Please list the primary sources of match funds, amount to be committed for this project, source type, date of written commitment, and funding amount committed.

| | Type | Identify Source as (G) Government or (P) Private | Date of Written Commitment | Funding Amount |
|-----|------|------|------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

**Total Cash Match $**

<br>

**In-Kind Match**

Please list the primary sources of in-kind match resources, source type, date of written commitment, and cash value of the in-kind resource.

**Please note:** applications indicating third-party In-Kind Match will be required to submit MOU(s) documentation confirming In-Kind Match commitments to HUD.

| | Source | Identify Source as (G) Government or (P) Private | Date of Written Commitment | Funding Amount Value |
|-----|------|------|------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

| 6. | | | | |
|----|----|----|----|----|
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

**Total In-Kind Match $**

[                                                                    ]

**Leverage**

Leverage is above and beyond Match. Please identify all possible leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services.

Please **DO NOT include match commitments** in the leveraging chart. The CoC is looking for project applicant(s) to have a combined match and leveraging ratio of 150% or higher of the total HUD request and where the project applicant(s) have attached commitment letters and those letters are dated May 1, 2018, or later.

| | Identify Type of Contribution: Cash or In-kind | Name the Source of Contribution | Identify Source as: (G) Government* or (P) Private | Date of Written Commitment | Value of Written Commitment |
|----|----|----|----|----|----|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

**Total Leverage $**

```
[                                                                    ]
```

**Note on Leveraging:** Provide information only for contributions for which you will have a _written commitment in hand at the time of NOFO submission or later (more recent) and please submit those written commitments with the project review application._ A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services, and volunteer time. The value of commitments of land, buildings and equipment are <u>one-time only</u> and cannot be claimed by more than one project (e.g., the full value of donated land, buildings or equipment claimed in prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated and in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you <u>do not</u> have a written agreement in hand at the time of application submission, <u>do not</u> enter the contribution.

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## Summary Budget (e-snaps 6J)

**Enter the amount requested for each allowed activity. Please note that match (Lines 7-8) must equal or exceed 25% of the total request amount, excluding leasing.**

| | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|---|---|---|---|
| Acquisition | | | |
| Rehabilitation | | | |
| New Construction | | | |
| Leased Units | | | |
| Leased Structures | | | |
| Rental Assistance | | | |
| Supportive Services | | | |
| Operating | | | |
| HMIS | | | |
| Sub-total Costs Requested | | | |
| Administration (Up to 10%) | | | |

| | | | |
|---|---|---|---|
| Supportive Services | | | |
| Operating (Up to 10% of total before admin costs) | | | |
| Total Assistance Plus Admin Requested | | | |
| Cash Match | | | |
| In-kind Match | | | |
| Total Match | | | |
| **Total Budget ("Total Amount of Request" + "Total Match")** | | | |

**Please specifically explain the rationale for the amount requested each of the activities listed above.**

0 / 2500

# 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:**

1. 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.
2. Applicant agrees to participate fully with this community's Homeless Management Information System (HMIS).
3. Applicants understand that there is a limited amount of reallocated/bonus funding available, and that this request is for a grant term of one (1) year. If funded, it is understood that the new project would be eligible for renewal under the CoC Program Competition as allowed by HUD. Please note that to the extent additional funds are available, the review team may elect to increase the grant term of new non-DV Bonus projects on a case-by-case basis for higher scoring new projects (as increased match requirements can be met).
4. Applicant is prepared to participate in the coordinated assessment system and therefore subject to complying with the Coordinated Entry Written Standards, Policies and Procedures as outlined and developed by the Toledo/Lucas County CoC. Further, applicant is prepared to receive all clients for the project from a centralized intake and referral system, as applicable based on local implementation availability. In the interim, agency outside of local implementation sites agrees to assess all clients using the VI-SPDAT and prioritize assistance in accordance with the Toledo/Lucas County CoC Written Standards in order to target people with the highest needs and longest histories of homelessness.
5. Applicant is aware of the Toledo/Lucas County Continuum of Care Written Standards and will ensure the policies and procedures of each CoC-funded project will be updated in order to meet these standards.
6. Applicant will update their policies and procedures and ensure compliance with the Toledo/Lucas County CoC Violence Against Women Act (VAWA) Policies and Procedures.

| First and last name: | |
|---|---|
| Title: | |
| Phone: | |
| Email: | |
| Date: | |

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## Checklist

To be considered complete, this application must be submitted electronically to the Toledo Lucas County Homelessness Board no later than 5:00pm on August 26, 2022 for the Annual NOFO and no later than 5:00pm on September 15, 2022 for the Special NOFO. A complete application package will contain the following:

**Competition Certification and Policy Addendum**

Browse…    Max. 5 MB

**Competition Coordinated Entry System Policy Addendum**

Browse…    Max. 5 MB

**Match and Leveraging Documentation**

Browse…    Max. 5 MB

**501(c)(3) Tax-Exempt Status Documentation**

Browse…    Max. 5 MB

**Current List of Board of Directors**

Browse…    Max. 5 MB

**Most recent independent financial audit or equivalent financial statement**

Browse...        Max. 5 MB

**Current IRS Form 990: Return of Organization from Income Tax, if applicable**

Browse...        Max. 5 MB

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## 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, childcare, 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.