**2017 CoC Program**

**New Project Proposal Form**

**Synopsis:**

The U.S. Department of Housing and Urban Development (HUD) recently released the FY2017

Notice of Funding Availability (NOFA) for HUD’s Continuum of Care Program Homeless Assistance. The Homeless Coalition of the Alabama Gulf Coast (AL-501 CoC) is accepting proposals for new projects that wish to use CoC Program Homeless Assistance funding from HUD.

The amount of funding to be available is estimated at approximately **$3,960,301**, which is the amount of currently funded projects seeking renewal funding plus 6% or **$224,168** for **Permanent Housing Bonus Projects**. Newly proposed and renewal projects will compete for available funds, and the projects will be prioritized for funding by the Homeless Coalition of the Alabama Gulf Coast. HUD will award funds based on the CoC Application score and project criteria described in the NOFA.

To be eligible for funding under this FY2017 CoC Program NOFA, project applicants must meet all statutory and regulatory requirements in the Hearth Act of 2009, the CoC Program Interim Rule (24 CFR part 578), the FY2017 CoC Program NOFA (herein referred to as “the NOFA”), the FY2017 HUD General Section NOFA, and any HUD published CoC Program New Project Application Guidance.

**Eligible Project Types Are:**

1**.** New **permanent supportive housing** projects that will serve 100 percent chronically homeless families and individuals including youth experiencing chronic homelessness; and

2. New **rapid rehousing** projects that will serve homeless individuals and families, including unaccompanied youth (18-24), who meet the following criteria:

(a) residing in a place not meant for human habitation;

(b) residing in an emergency shelter;

(c) persons meeting the criteria of paragraph (4) of the definition of

homeless, including persons fleeing or attempting to flee domestic violence

situations;

(d) residing in transitional housing funded by a Joint TH and PH-RRH

component project (see Section III.A.3.h. of the NOFA); or

(e) receiving services from a VA-funded homeless assistance program and

met one of the above criteria at initial intake to the VA's homeless assistance

system.

3. New **Joint TH and PH-RRH** component projects as defined in Section III.A.3.h. of the NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence.

Proposals must be received by Housing First, Inc. by **4:00 p.m. on Friday August 25, 2017.**

Submit one hard copy of the Grant Application with a cover letter signed by the organization’s authorized representative, as follows:

By Mail or Hand Delivery:

Homeless Coalition of the Alabama Gulf Coast

ATTN: Carol Thompson, CoC Board Chair

3929 Airport Blvd., Bldg. 3, Ste. 200

Mobile, Alabama 36609

In addition to the hard copy submission, please email the completed application and any

Attachments to [sharon@hfal.org](mailto:sharon@hfal.org).

Please direct any questions to Mary Hickman at (251) 445-8077 or [mary@hfal.org](mailto:mary@hfal.org).

**This form is based on the “New Project application” in eSnaps, which the collaborative applicant will complete with you, should your proposal be accepted by the CoC. Project Proposals must complete the following items 1 through 7 including all required attachments to be considered for funding.** *Note: If your project is selected for submission to HUD, you may be required to provide additional information within a timeframe to be specified by the CoC.*

**1.\_Agency information:**

**Organization Name:**

**Organization Type:**

**EIN/TIN#:**

**DUNS#:**

**Congressional District(s):**

**Is this a Faith-Based Organization?**

**Has the organization ever received a federal grant, either directly or through a State/local agency?**

**Funding Amount Requested:**

**Address:**

**Name of Authorized Signatory:**

**Name of Contact Person:**

**Contact E-mail, Phone:**

**2. Capacity and Experience:**

1. Describe the experience of the Project Applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

1. Describe the experience of the Project Applicant in leveraging other Federal, State, local, and private sector funds.

1. Describe the basic organization and management structure of the Project Applicant Include evidence of internal and external coordination and an adequate financial accounting system.

1. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant?
   1. Describe any unresolved monitoring or audit findings.

**3. Project Information:**

**Project Name:**

**Project Component Type**:

Eligible New Project component types during the FY 2017 CoC Program Competition include PH (for PSH and RRH projects), Joint TH and PH-RRH Component.

**Project Description:** The purpose of the program description is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

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

1. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. (1-year grant term).

1. Will the project participate in Coordinated Entry?

**Population to be served:**

Identify the type of population:

Chronic

Families with children

Youth (18-24),

Special Populations

None of the Above

Please note that any Permanent Supportive Housing (PSH) projects are required to serve 100% Dedicate Chronic or DedicatedPLUS.

Number of households and number of persons to be served over 1 year term:

**Households** **Persons**

**Housing First Model:**

\* a. Will the project quickly (an average of 15-30 days) move participants into permanent housing?

\* b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

Having too little or little income

Active or history of substance abuse

Having a 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

\* c. Does the project ensure that participants are **not** terminated from the program for the following reasons? Select all that apply.

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

Any other activity not covered in a lease agreement typically found in the project's geographic area.

None of the above

**Housing**

1. If applicable, provide a description of the proposed development (construction or rehabilitation) activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

1. Will participants be required to live in a particular structure, unit, or locality?
   1. If “Yes”, provide a description of how and why this project will implement this requirement.

1. Will there be more than 16 persons living in one structure?
   1. If "Yes," provide a description of the local market conditions that necessitate a project of this size and how the project will be integrated into the neighborhood.

**4. Supportive Services, Housing and HMIS**

**Supportive Services:**

1. School age children: If applicable, the project must have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing in the text box provided.

1. Describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.

1. For all supportive services available to participants, indicate who will provide them (applicant, partner or non-partner), and how often they will be provided (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed). If your participants will not have access to an item on this list, please indicate “N/A”.

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **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 |  |  |

1. Will the project provide transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs?
2. Will the project use a single application form for four or more mainstream programs?
3. Will the project follow-up at least annually with participants to ensure mainstream benefits are received and renewed?
4. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
5. If “Yes”, has the staff person who will provide the technical assistance completed SOAR training in the past 24 months?

**Housing type:**

For each project type list the number of housing **units** and number of **beds** to be maintained/assisted at project capacity by **location** (Mobile or Baldwin County), and the **type of housing** (Barracks, Dormitory, shared or private rooms, Shared housing, Single Room Occupancy (SRO) units, Clustered apartments, Scattered site apartments, or Single-family homes/townhouses/duplexes). For TH-RRH projects please complete for both RRH and TH.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit/Bed Type** | **# of Units** | **# of Beds** | **Location** | **Type of Housing** |
| Permanent Supportive Housing: |  |  |  |  |
| Rapid Re-Housing: |  |  |  |  |
| Transitional Housing (as part of a joint TH-RRH project): |  |  |  |  |
| TOTALS |  |  |  |  |

. **5A. Participants - Households**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Households** |  | **Households with at Least One Adult and One Child** |  | **Adult Households without Children** |  | **Households with Only Children** |  | **Total** |
| **Total Number of Households** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Characteristics** |  | **Persons in Households with at Least One Adult and One Child** |  | **Adult Persons in Households without Children** |  | **Persons in Households with Only Children** |  | **Total** |
| **Adults over age 24** |  |  |  |  |  |  |  |  |
| **Adults ages 18-24** |  |  |  |  |  |  |  |  |
| **Accompanied Children under age 18** |  |  |  |  |  |  |  |  |
| **Unaccompanied Children under age 18** |  |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |  |

**5B. Subpopulations**

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a **single point in time** at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristics | Adults over age 24 | Adults ages 18-24 | Children under age 18 |
| Chronically Homeless Non- Veterans |  |  |  |
| Chronically Homeless Veterans |  |  |  |
| **Non- Chronically Homeless Veterans** |  |  |  |
| Chronic Substance Abuse |  |  |  |
| Persons with HIV/AIDS |  |  |  |
| Severely Mentally Ill |  |  |  |
| Victims of Domestic Violence |  |  |  |
| Physical Disability |  |  |  |
| Developmental Disability |  |  |  |
| **Persons not represented by listed subpopulations** |  |  |  |

**5C. Outreach for Participants**

Enter the percentage of project participants that will be coming from each of the following locations.

|  |  |
| --- | --- |
|  | **Directly from the street or other locations not meant for human habitation.** |
|  | **Directly from emergency shelters.** |
|  | **Directly from safe havens.** |
|  | **Persons fleeing domestic violence.** |
|  | **Total of above percentages** |

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

Describe the outreach plan to bring these homeless participants into the project.

1. **Budget information**

1. Will it be feasible for the project to be under grant agreement by September 30, 2019?

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?

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

4. Select a grant term

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction

Leased Units

Leased Structures

Rental Assistance

Supportive Services

Operating

HMIS

Please complete the budget summary below AND attach all applicable budget forms.

|  |  |
| --- | --- |
| **Eligible Costs** | **Total Assistance Requested for Grant Term (Applicant)** |
| **1a. Acquisition** |  |
| **1b. Rehabilitation** |  |
| **1c. New Construction** |  |
| **2a. Leased Units (PSH Only)** |  |
| **2b. Leased Structures (PSH Only)** |  |
| **3. Rental Assistance (RRH Only)** |  |
| **4. Supportive Services** |  |
| **5. Operating (PSH Only)** |  |
| **6. HMIS** |  |
| **7. Sub-total Costs Requested** |  |
| **8. Admin (Up to 10%)** | **N/A** |
| **9. Total Assistance Plus Admin Requested** |  |
| **10. Cash Match** |  |
| **11. In-Kind Match** |  |
| **12. Total Match (25% of total budget minus leasing)** |  |
| **13. Total Budget** |  |

**7 Attachments**

* **Non-profit Documentation IRS 501(c)(3) designation letter**
* **Most recent independent audit**
* **Most recent IRS 990**
* **Current board roster including at least 1 homeless or formerly homeless member**
* **Copies of budget for last year, current year, and next year if available**
* **Copies of code of conduct/ethics, conflict of interest, and personnel, procurement, and accounting procedures**
* **Agreement to participate in HMIS**
* **Fair Housing and Equal Opportunity Certification**
* **Budget forms**
* **Match and Leverage Commitment (dated between 05/01/2017 and 09/28/2017)**
  + Match equals 25% of total requested funding minus leasing, if any.
  + Must identify the source (agency, grant, partner), the type (cash or in-kind), and dollar amount from each source.
    - *Cash Match Example:* Department of Labor provides reimbursement of employment training @ $350 per participant for 50 participants. Total match = $17,500. Documentation of commitment is a letter from the agency receiving the DOL grant stating $17,500 will be provided to project participants.
    - *In-kind Match Example*: University provides 2 student volunteers/interns to provide Life Skills Training for 4 hours a week @ $10.00/hr. Total match equals $4,000. Documentation of commitment is a letter from the University, on letterhead, stating the intention of providing the services worth $4,000.

**Award Information:**

The Board of Directors for the CoC, the Homeless Coalition of the Alabama Gulf Coast, will review, accept or reject, and then rank all accepted new and renewal projects. **All project applicants will be notified in writing** **of acceptance or rejection and ranking order by Wednesday, September 13, 2017**.

The FY2017 CoC Competition ends on September 28, 2017, after which HUD will review, score and rank all CoCs in the nation. HUD will announce conditional awards sometime between the competition end and the FY2018 competition. Probably in the spring of 2018.

**Post Award Information**

Once HUD conditionally funds project applications, the collaborative applicant, Housing First, Inc. will be notified of any issues and/or conditions of award.

HUD requires as a condition of *all* awards that projects provide **additional matching documentation within 60 days of conditional award**. This documentation must be a firm commitment (letter or contract) from the source of match for cash match or a Memorandum of Understanding (MOU) with the source for in-kind match.

All funding awarded are granted to the subrecipient on a reimbursement basis. Eligible expenses for reimbursement and matching expenses must be recorded in accordance with General Accounting Principles. Requests for reimbursement will be made to the collaborative applicant/grant recipient, Housing First, Inc. on a monthly basis (never more than 60 days between requests), in the format provided, with adequate documentation of all expenses attached. Sub-recipients must allow for 10 business days between the date a complete request is submitted and reimbursement is deposited through Housing First, Inc.’s automatic clearing house (ACH) system.