



Partners Ending Homelessness

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**Partners Ending Homelessness
 2019 Renewal Project Application**

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Transitional Housing (TH)	
Safe Haven (SH)	
Transitional – Rapid Re-Housing (RRH)	
Permanent Supportive Housing (PSH)	
Rapid Re-Housing (RRH)	
Homeless Management Information System (HMIS)	
Coordinated Entry (CE)	

Run your program's APR from 10/1/2017 – 9/30/2018 to provide the information or the Local Priorities questions below.

Section 1	Homeless Sub-Populations	0 points
LOCAL PRIORITIES/ Strategically Allocate Resources (Community priorities determined by HSN stakeholders at 4/17/19 meeting)	What % of population served are Chronic Homeless	%
	What % of population served are Households with Children	%
	What % of population served are Youth/Parenting Youth (< 18 years or Transition Age Youth (18 – 24)	%
	What % of population were unsheltered prior to entering	%
	What % of population served are Veterans	%
	What % of population are fleeing Domestic Violence	%
	Special Needs at Entry	0 points
	What % of population served have mental health condition	%
	What % of population served have substance abuse condition	%
	What % of population served have chronic health condition or physical disability	%
	What % of population served have HIV/AIDS	%

	What % of population served have developmental disability			%
	What % of the population served are re-entry (estimate to the best of your knowledge)			%
	Does your program provide or make linkages to employment services?	Y	N	
Program Participants	# Projected to be Served Annually from Application Associated with Your APR (FY 2017 for program year ending 2018)	# Served from Most Recent APR		
Individuals				
Households with Children				
Households with Only Children				

Section 2	QUESTION
Narrative	
A. All Programs	Please provide a general description of the program and a rationale for why the program should continue to be funded. Include in the narrative what need/gap is addressed by your program (max. 300 words)

B. Housing First Principles All Programs	1. Please list eligibility criteria as they appear in your program policies and procedures	5 Points
	2. What are possible reasons as they appear in your program policies and procedures and/or requirements of the property manager that would be grounds for rejection or termination	5 points
	3. Please attach the housing first or person-centered policy for project (name as Attachment B-3)	

C. Data Collection	1. Does the project fully participate in HMIS? (enter all required HUD data standards)	Yes	No	0 Points
	2. Does the project share all HUD Data Standards and community assessments with other providers in HMIS?	Yes	No	0 points
	3. Describe your current Data Collection process. Include information on data entry, ongoing monitoring of data quality and timeliness of data entry. (2 points)			
	4. Have you made, or do you plan to make any changes to your data collection process due to implementation of coordinated entry. (2 points)			
	5. What have you done in the past year to improve your HMIS Data Entry and timeliness? (2 points)			

D. Data Quality	Run a CoC APR report for the time period 10/1/2018 – 3/31/2019. Please provide the percentage of error rate for the first three items below:			
	1. Data entry errors "Destination"			3Pts. %
	2. Data entry errors "Income at Annual Assessment"			3pts. %
	3. Data entry errors "Income at Entry", "Income at Exit"			3Pts. %
	4. Data entry is done within 72 hours of entry into or exit from program			5Pts. %
Section 3	1. Coordinated Entry (CE): What is your level of participation in CE?			5 Points
A.	<ul style="list-style-type: none"> • Making/Receiving Referrals • Regularly attend CE Workgroup meetings • What percentage of participants who have entered your program since 12/8/2017 came through the prioritization list? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %		
All Programs	2. Which CoC/HSN activities does your program/project staff participate in?			4 Max. pts.
	<input type="checkbox"/> HSN Meetings <input type="checkbox"/> HSN Committees <input type="checkbox"/> HMIS Advisory Committee <input type="checkbox"/> Coordinated Entry workgroup <input type="checkbox"/> Chronic Homeless Committee <input type="checkbox"/> H2 Committee <input type="checkbox"/> Point in Time Planning Committee and/or Volunteer <input type="checkbox"/> Rochester/Monroe Anti-Poverty Initiative <input type="checkbox"/> Project Homeless Connect <input type="checkbox"/> STOMP			

	3. Describe how your project works with other community-based organizations in the community to ensure that the service needs of your program participants are met: (max. 300 words)		5 points
	4. Describe what services your project provides or makes referrals to that lead to the increased self-sufficiency of your program participants: (max. 300 words)		3 points
This section below B. 1 – 4 will be completed by the CoC			
B.	1. What was the average household utilization rate of your project?		5 points
	2. What was your score from the most recent CoC monitoring visit		21 points
	3. Cost/Household: HUD Request divided by number of households served in last operating year		5 points
	4. Cost/Successful Exit: HUD Request divided by number of households who had a successful exit or remained stable in PH		
C.	1. Drawdown Efficiency: Total of HUD grant and how efficiently is the project using its grant funds? How much was drawn down from LOCCS for program year ending 2018 (this information can be found on grant close out letter or in the Finance Section of the APR). Please use the most updated number		2.5points
	Total HUD Grant FY 2017: \$	Total Drawn Down \$	
	2. What is your current operating year? (FY 2018 Application, program year ending 2019)		2.5points
	3. What is the total of your current HUD budget for FY2018 funding, program year ending 2019		
	4. How much funds have been drawn down for the current year?		
5. Does the agency have a plan in place to fully utilize and expend timely HUD funds? (if yes, please attached as Section 3-5)		Yes	No
Section 4	If your program is seeking an increase in your Administrative request of 1.5% (max 10%) please describe how you will ensure that your program will maintain the current level of service, it currently provides. <i>Administrative request can only increase by 1.5% from your FY2018 application, projects at 7% can only go to 8.5% and projects at 8.5% can go up to 10%. Increase for admin must be taken from other lines(s) in your budget, overall HUD request can't increase. Please explain your changes. (Please attach explanation as attachment section 4-1) (max 250 words)</i>		
Section 5 ALL PROGRAMS	1. Do you have a strategy for clients to complete the program successfully? (Please attach explanation as attachment section 5-1) (max 250 words)		

	<p>2. How does this project align with Community Priorities? (Please attach explanation as attachment section 5-2) (max 250 words)</p> <p>3. What have you done in the past year to improve your project's performance from local monitoring or 2019 NOFA application? (Please attach explanation as attachment section 5-3) (max 250 words)</p> <p>4. Please use this space to explain any answer you think does not accurately portray your program, or anything that you want the reviewers to know about your program not covered in application question. Be specific (Please attach explanation as attachment section 5-4) (max 250 words) (reviewers may adjust score by 5 points (+ or -) based on the responses to Q 1 – 4 in Section 5)</p>
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Section 6	<p>Recent Outcome Measures (This section will be completed by the CoC) <i>Outcome measure will be determined by running APR from 10/1/2018 to 3/31/2019</i></p> <ul style="list-style-type: none"> • 92% or more of participants exit to or remain in permanent housing? • 20% or more participants increase cash income? • Returns to homelessness under 25% in past 2 years? • Average number of days from entering the project to being housed? (RRH-30 days and PSH-45 days) • 20% or more participants have increased employment income in program year? • 64% or more participants have obtained non-cash benefits? (12 points)
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TOTAL POINTS (which includes budget accuracy points)	_____ out of 105
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Application Checklist:

- _____ Completed Application
- _____ Attachments as applicable for this project
- _____ Completed Budget Workbook **(5 Points)**
- _____ Administrative cost increase justification (if applicable)
- _____ Copy of HUD Buffalo monitoring report, if you have been audited in the last two years

Applicant Assurances

To the best of my knowledge and belief, all information in this application is true and correct. The applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms in Esnap with the same information as contained in this application unless the Project Selection Committee made adjustment(s) during the

rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter that will be sent to each applicant

- Applicant agrees to participate fully in Homeless Management Information System (HMIS)
- Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is being requested for
- Applicant agrees that the program will fully participate in the Coordinated Entry system, which includes the use of a Common Assessment tool.
- Applicant understands that HUD CoC funded homeless projects are monitored annually by the RMHCoC Applicant agrees to pay the RMHCoC Administrative Fee if successfully awarded funding by HUD. The fee is based on a billing rate (0.002845343) of the total HUD grant awarded.
- If awarded funding, the applicant agrees to inform the CoC when the following occur:
 - ✓ The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
 - ✓ There are 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.
 - ✓ There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, performance, ability to meet matching or leveraging requirements, etc.
 - ✓ There are significant delays in the start-up of a new project.

Name of Authorized Person: (please type)	
Title:	
Phone:	
Email:	
Electronic signature authorization:	<input type="checkbox"/> I agree that checking this box is the legal equivalent of my manual signature on this agreement.
Date:	