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**560 West Main Street**

**Rochester, New York 14608**

**Phone: 585-319-5091; Fax: 585-319-5488**

**Partners Ending Homelessness (PEH)**

**2022 New Supplemental Project Application**

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| **Organization Name:** |  |
| **Project Name:** |  |

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| **Contact Person** |  |
| **Phone Number** |  |
| **Email** |  |

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| **Project Type** (check correct box) | |
| **Permanent Supportive Housing (PSH)** |  |
| **Rapid Re-Housing (RRH)** |  |
| **Transitional Housing/Rapid Re-Housing Hybrid (TH/RRH)** |  |
| **Support Services Only** |  |
| **Healthcare Partnership PSH** |  |
| **Healthcare Partnership RRH** |  |
| **Non-CoC Funded Housing Partnership PSH** |  |
| **Non-CoC Funded Housing Partnership RRH** |  |

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| **Section 1** | 1. **Homeless Sub-Populations**  3 **points** | | |
| **LOCAL PRIORITIES/**  **Strategically Allocate Resources** | What % of the population served is Chronic Homeless |  | |
| What % of the population served are Households with Children |  | |
| What % of the population served are Youth/Parenting Youth (< 18 years or Transition Age Youth (18 – 24) |  | |
| What % of the population served are Re-entry |  | |
| What % of the population served are Veterans |  | |
| What % of the population are fleeing Domestic Violence |  | |
| What % of the population were unsheltered prior to entering |  | |
| What % of the population are single Adults |  | |
| 1. **Special Needs** | | |
| What % of the population served will have a mental health condition |  | |
| What % of the population served will have a substance abuse condition |  | |
| What % of the population served will have a chronic health condition or physical disability |  | |
| What % of the population served to have HIV/AIDS |  | |
| What % of the population will have a developmental disability |  | |
| 1. **Will your program provide or make linkages to employment services? (If Yes, please provide a narrative attachment named 1-1)**  **2 points** | Y | N |

**All Projects**

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| **Program Participants** | **Projected Number of Households to be Served Annually in Application** |  | **Yes** | **No** |  |
| **Single Site** |  |  |
| **Scattered Site** |  |  |
| **Individuals** |  |  | | | |
| **Households with Children** |  | **# Units** |  |  | |
| **Households with Only Children** |  | **# Beds** |  |

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| **Section 2** | **QUESTION** | **MAX POINT VALUE** |
| **Narrative** |
| **All Applicants**  **\_**  **\_\_\_\_\_\_\_**  **Section 3**  **Coordinated Entry**  **\_\_\_\_\_\_\_\_\_\_**  **Section 4**  **Community Engagement** | **1. Please provide a general description of the program and a rationale for why the program should be funded.** *(Narrative should address, at a minimum, each of the following: the intended target population(s),* *experience working with the intended target population(s),* *services and activities that will be provided (ensure they address the core components of the type of project you are proposing), best practices that will be utilized how the applicant collaborates/coordinates with other partners in the community.)* | **5 points** |
| **2. What is the organization’s experience engaging and servicing unsheltered persons?** | **5**  **points** |
| **3. Describe how you will work with other community-based organizations to ensure that the service needs of your program participants are met. Please include if your organization had any prior experience managing grants that have dealt with homeless housing or case management. If yes, please give a brief description of the program and how successful it has been.** | **5 points** |
| **4. What is the vision of your health care or housing partnership?** | **5 Points** |
| **5. Explain how this project will *ensure* that households with Severe Service Needs remain engaged with program staff to reduce utilization of crisis or emergency services, such as emergency rooms, psychiatric facilities, and in- or out-patient substance use treatment facilities. In your answer, please describe the project’s policy or process for engaging with households that demonstrate an inability to maintain regular contact with program staff *and* how the project will ensure that the household follows through with service planning and referrals to community providers. (Please attach as 2-5)** | **5 Points** |
| **6.** **Households with Severe Service Needs often have barriers that prevent them from achieving housing stability, leading to discharge from the program and a possible return to homelessness. Explain *how* this project will support households to build the skills necessary to achieve the highest stability and independence possible, given the underlying barriers. In your answer, please describe the skills the project will assist with building and how they will encourage the household’s participation *and* prevent a return to homelessness. (Please attach as 2-6)** | **5 Points** |
| **7. What will be your strategy for participants to remain stably housed or complete the program successfully?** | **5 Points** |
| **8. Please answer B or C**   1. **Has any of your CoC projects been reallocated in the past three years? If yes, please explain what happened and why your program is seeking new project funding. In addition, please describe action steps not to repeat past performances.**   **(B.) Please answer if your agency never applied for CoC funding in the past. Why are you choosing to apply for a new project?**  **(Please attach as 2-8)** | **5 Points** |
| **1. What percentage of your program participants will come through the Coordinated Entry system?** | **3 points**  % |
| **2. What policies and procedures will be in place to ensure the program complies with Coordinated Entry requirements** | **3 points** |
| **1. Which of the following does your program/project staff participate in these CoC/HSN?**  HSN Meetings  HSN Committees  HMIS Advisory Committee  Coordinated Entry workgroup  Chronic Homeless Committee  Point in Time Planning Committee and/or Volunteer  Rochester/Monroe Anti-Poverty Initiative (RMAPI)  Project Homeless Connect  Landlord Engagement Workgroup | **2 points** |
| **2. How does this project align with Community Priorities? (Please attach as 4-2)** | **2 points** |

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| **Section 5**  **Housing First Principles**  **All Programs** | **1. Please list eligibility criteria as they will appear in your program policies and procedures. (Please attach as 5-1)** | **2 points** |
| **2. Attach the agency’s termination policy for all participants in the future project. (Please attach as 5-2)** | **2 points** |
| **3. What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program. (Please attach as 5-3)** | **2 points** |
| **4. Please attach the housing-first policy for the project (Please attach as 5-4)** | **2 points** |

Yes No

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| **Section 6**  **Data Collection**  **All Programs** | **1. Is the project going to participate in HMIS fully? (i.e., enter all required HUD data elements on time)** |  |  | **0 points** |
| **2. Does the project intend to share all HUD Data Standards and VSPDAT assessments in HMIS with other providers?** |  |  | **0 points** |
| **3. Describe what your Data Collection process will be. Include information on data entry, ongoing monitoring of data quality, timeliness of data entry, and how it will meet requirements for data collection for Coordinated Entry ( 5 points)** | | | |
| **4. Describe your process for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meet with the client(s), and what system will be in place to monitor the timeliness of documentation.**  **(5 points)** | | | |
| **5. What elements should be included in case notes? (Please attach name 7-5) (2 points)** | | | |
| **Section 7**  **Projected Program Outcomes**  **All Programs** | **1. What percentage of your participants will access/maintain non-cash resources?** | \_\_\_\_\_\_\_% | | **1 point** |
| **2. What percentage of your participants will access/maintain employment income?** | \_\_\_\_\_\_\_% | | **1 point** |
| **3. What percentage of your participants will access/maintain income from sources other than employment?** | \_\_\_\_\_\_\_% | | **1 point** |
| **4. What percentage of participants will either exit or remain in permanent housing?** | \_\_\_\_\_\_\_% | | **1 point** |
| **5. Please briefly describe how you plan to achieve these HUD CoC community outcomes? Please include how long it will take for your project to achieve these outcomes? (Please attach as 7-5) ( 1 points)** | | | |
| **6. Does your organization have prior experience managing federal or other grants?** *(Briefly describe your organization’s process for managing grant funds, existing finance infrastructure, internal monitoring process, etc.)* **(2 points)** | | | |
| **7.** **The relationship between tenants and landlords deteriorated during Covid due to many complex and co-occurring factors. As a result, landlords have responded by tightening their rental requirements and have been more likely to commence eviction proceedings against tenants who violate their lease. Please explain how this project recruits landlords to rent their property to participants, explain the services offered to participants, and communicate with landlords if a participant does not adhere to the lease. (Please attach as 7-7) (5 points)** | | | |
| 1. **Will this project be staffed by case workers who have lived homelessness experience in the project design? (unsheltered lived experience is preferred.)**     1. **If so, *how* will this project utilize the lived experience in the delivery of services to participants? (Please attach as 7-8) (5 points)** | | | |

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| **Presentation** | **5 (+/-) Points** |
| **TOTAL** | **\_\_\_\_\_\_\_out of** |

**Application Checklist:**

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Completed Budget Workbook **(8 points)**

\_\_\_\_\_\_Attachments as applicable for this project

\_\_\_\_\_ Documentation of non-profit status (IRS Determination Letter)

\_\_\_\_\_ Copy of your organization’s most recent audited financial statement

\_\_\_\_\_ Other attachments as applicable to your project, i.e., proof of site control, Zoning Compliance, documentation of

other funding sources, MOU(s)

**Applicant Assurances**

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

* The applicant will complete the HUD Project Application forms in Esnaps with the same information contained in this application unless the Project Selection Committee adjusts (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), including case notes.
* 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 using a Common Assessment tool.
* Applicant aggress to participate in monthly report meetings and monthly housing meetings for PSH and RRH projects
* Applicant must date and accurate rent or roster at least once a month to match with HMIS.
* 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 (0.002707937) of the total HUD grant awarded.

* If awarded funding, the applicant agrees to inform PEH 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 initially approved for, including any budget amendments/modifications submitted to HUD.**
  + **An increase/decrease in other funding to the project could affect the projected number of participants served, services provided, performance, ability to meet match requirements, etc.**
  + **There are significant delays in the start-up of a new project.**

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| **Name:** (please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:** (if the application is scanned) |  |
| **Electronic signature authorization:** | I agree that checking this box is the legal equivalent of my manual signature on this agreement. |
| **Date:** |  |