|  |
| --- |
| **AGENCY PROFILE** |
| Legal Name of Agency |   |
| Project Name |   |
| Contact Person |   |
| Title |   |
| Address |   |
| Email |   |
| Phone |   |

Check one:

[ ]  Permanent Supportive Housing

[ ]  Rapid Re-Housing

[ ]  Transitional Housing

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency’s board of directors as of the date indicated.*

|  |  |
| --- | --- |
| Name:  | Title:  |
| Date of Board Authorization: |   |
| Date of Anticipated Board Authorization: |   |

*All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.*

**GENERAL PROJECT INFORMATION**

1. Provide a narrative describing how the project’s performance met the plans and goals established in the current project’s application the project’s performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.)

2. Has the project had any significant changes since the last funding approval (HUD FY 2015),

Yes/No if “yes” complete the chart below to indicate the change.

|  |  |  |  |
| --- | --- | --- | --- |
| Check change type |  | Previous | New |
|[ ]  Decrease in the number of persons served |   |   |
|[ ]  Change in number of units |   |   |
|[ ]  Change in project site location |   |   |
|[ ]  Change in target population |   |   |
|[ ]  Change in component type |   |   |
|[ ]  Change in grantee/applicant |   |   |
|[ ]  Line item or cost category budget changes more than 10% |   |   |
|[ ]  Other: Click here to enter text. |   |   |
| If change was made include as many of the following that apply as attachments to your application: |
| Attached(check) |  |
|[ ]  Attachment: Written communication to HUD requesting the significant change |
|[ ]  Attachment: HUD’s written approval of the change requested |
|[ ]  N/A: HUD has not yet provided written approval of the requested change |

**SECTION I: CoC Priority Populations**

3. What percentage of the households served were chronically homeless? (HMIS Report)

 Click here to enter text.

4. What percentage of the households included at least one Veteran? *(APR 21)*

Click here to enter text.

5. What percentage of the households were headed by a youth aged 18-24? *(APR 16)*

Click here to enter text.

6. What percentage of the households served were families with children? *(APR (9)*

Click here to enter text.

7. What percentage of the households served had experienced domestic violence? *(APR 19.a.)*

Click here to enter text.

**Low Barrier and Housing First**

8. Low Barrier

|  |  |
| --- | --- |
| **Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:** |  |
| Having too little or not enough income | Yes/No  |
| Active substance use or history of substance abuse | Yes/No  |
| Having a criminal record (other than for state-mandated restrictions) | Yes/No  |
| Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant) | Yes/No  |

9. Housing First

In addition to the answers above, a project must also answer affirmatively to the following questions to qualify as Housing First.

|  |  |
| --- | --- |
| **Does the project work to ensure that participants are NOT terminated from the program due to the following:** |  |
| Failure to participate in supportive services | Yes/No  |
| Failure to make progress on a service plan | Yes/No  |
| Loss of income or failure to improve income | Yes/No  |
| Being a victim of domestic violence | Yes/No  |
| Any other activity not typically covered in a lease agreement typically found in the project’s geographic area. | Yes/No  |
|  |  |
| **Does the project quickly move participants into permanent housing?** | Yes/No  |

**Section II: HUD Priorities**

**Permanent Housing**

10. Is this a permanent housing (PH) project that is requesting funds for housing (i.e. rental assistance or leasing funds)? Yes/No

11. a. Total request for housing activities (leased units, leased structures, and/or rental assistance): Click here to enter text.

b. Total award (support services, operating cost, etc) plus administrative costs requested (not including match): Click here to enter text.

c. Percentage of total budget devoted to housing activities (10.a. ÷ 10.b.): Click here to enter text.

***Prioritization of Chronic Homelessness in PSH—Questions 10 and 11 are for Permanent Supportive Housing Projects Only***

12. Will the organization adopt the HUD CPD Notice on Prioritization? Yes/No

13. a. Is the project dedicated to chronic homelessness in 100% of its units? Yes/No

b. What percentage of the project’s non-dedicated beds are prioritized for chronically homeless participants?

 Click here to enter text.

**Targeting Hard to Serve Populations**

14. What percentage of participants had:

a. One(1) or more physical or mental health conditions known at entry *(APR 18.b. add totals for one, two and three or more conditions then divide by total)*:

 Click here to enter text.

b. Two (2) or more physical or mental health conditions known at entry *(APR 18.b. add totals in two and three or more conditions divided by total)*:

Click here to enter text.

c. Three (3) or more physical or mental health conditions known at entry *(APR 18.b. total in three or more conditions divided by total)*:

Click here to enter text.

15. What percentage of the adults served had less than $500 income a month at entry*? (APR 23. Add values for No Income through $251-$500 and divide by Total in last row)*:

Click here to enter text.

**Impact on Homelessness**

16. Please evaluate how the project would impact homelessness in the CoC if it were not awarded funding through this competition.

|  |
| --- |
|[ ]  The project would close and \_\_\_\_ individuals would immediately become homeless if it were to not be funded. |
|[ ]  Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness. |
|[ ]  Loss of funding would negatively impact services and resources but not a clear loss of housing options. |
|[ ]  Loss of funding would minimally impact the number of housing options or resources available.  |

**Section IV. Project Performance**

**Performance Data**

17. What is the project’s utilization rate? *(Quarterly Point- in-Time Counts in APR 9. New Projects will only use average of last two quarters in the operating year.)*

18. Did 100% of project head of households enter from an eligible homeless situation? *(APR 20.a.1-3)*

19. What percentage of project Leavers exited to a known destination? *(APR 29.a.1-2 ÷ Total Leavers APR 7.)*

20. What percentage of program participants exited to a permanent housing destination?

21. All Projects: What percentage of project leavers had increased earned income at project exit? *(APR 24.b.2.total / 7. Total Leavers)*

22. All Projects: What percentage of project leavers were receiving mainstream benefits at project exit? *(APR 26.a.2. total / 7. Total Leavers)*

23. PSH Projects Only: What percentage of participants leaving project remained in the project 6 months or longer? *(APR 27)*

**HMIS Participation**

24. Within HMIS, what is the number of Universal Data Elements (UDE) with 5% or more null or missing values?

**Efficient Use of Funding**

25. Expenditure of Funds: Use last completed HUD FY year. Projects that have not completed a grant year should not answer.

|  |  |
| --- | --- |
| a. Total amount awarded | Click here to enter text. |
| b. Total amount spent | Click here to enter text. |
| c. Percentage spentDivide answer b. by answer a.  | Click here to enter text. |

**HUD Monitoring**

26. a. Is the recipient free of HUD monitoring findings for all the agency’s projects? Yes/No

If no, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

Click here to enter text.

b. Has your organization been monitored by HUD in the past three (3) years? Yes/No

***If yes,*** include as attachments: Monitoring report from HUD, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

***If no,*** provide most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization’s response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

**Financial Information**

27. What is the percent of leveraging funds of the total requested funds? %

Complete Leveraging worksheet, Attachment A.

**PROJECT BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Requested Funds** | **% of Requested Funds** | **Other Funding** | **Total Project Cost** |
| Acquisition |   |  % |   |   |
| New Construction |   |  % |   |   |
| Rehabilitation |   |  % |   |   |
| Leasing |   |  % |   |   |
| Rental Assistance |   |  % |   |   |
| Supportive Services |   |  % |   |   |
| Operating Costs |   |  % |   |   |
| HMIS  |   |  % |   |   |
| Project Administration (limited to 7%) |   |  % |   |   |
| Total Project Cost |   |  |   |   |

**Attachment A**

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Cash or In Kind** | **Committed or Planned/ Pending** | **Available (MM/YY)** | **Amount/ Value** | **% of HUD Project Award** | **Serves as CoC Program Match? (Y/N)** |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|  | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | % | Yes/No |
|   | Cash/Kind | C/PP | MM/YY |   | %. | Yes/No |
| **Total leveraged from other sources** |   | % |  |

**Attach additional forms as necessary**

**Attachment B**

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in application being out of the competition.

**All projects must include:**

[ ]  Annual Progress Report (APR) for the project’s most recent completed contract year. (If a full year has not yet been completed for the project, attach an APR with an end date of 6/25/2015) Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

[ ]  Line of Credit Control System (LOCCS) report showing drawdowns and final balance

[ ]  Project Application submitted in e-snaps

**Each applicant must include one of the following two:**

[ ]  Monitoring report from US Department of Housing and Urban Development (HUD)

[ ]  Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

**If relevant include:**

[ ]  Organization’s response to any findings

[ ]  Documentation from HUD (or other entity) that finding or concern has been satisfied

[ ]  Any other relevant documentation

[ ]  Written communication to HUD requesting the significant change indicated in question 2.

[ ]  HUD’s written approval of the change requested in question 2.

**Attachment C**

**HUD General Section Certificates**

The agency certifies to the Grand Rapids Area Coalition to End Homelessness that it and its principals are in compliance with the following requirements as indicated by checking the box.

[ ] *Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.

[ ]  *Equal Access to Housing in HUD Programs Regardless of Sexual Orienation or Gender Identity.* See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section VI.B.2. of the General Section.

[ ]  Debarment and Suspension. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section III.C.4.a. of the FY 2013 General Section.

[ ]  Compliance with Fair Housing and Civil Rights. See Section III.C.3.a. of the FY 2015 General Section.

[ ]  Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency (LEP). See Section III.C.3.d. of the FY 2015 General Section.

[ ]  Economic Opportunities for Low- and Very Low-income Persons (Section 3). See Section III.C.3.c. of the FY 2015 General Section.

[ ]  Real Property Acquisition and Relocation. See Section VI.B.4. of the FY 2015 General Section.

[ ]  Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct. See Section III.C.3.f. of the FY 2015 General Section.

[ ]  Prohibition Against Lobbying Activities. See Section III.C.3.h. of the FY 2015 General Section.

[ ]  Participation in HUD-Sponsored Program Evaluation. See Section VI.B.6. of the FY 2015 General Section.

[ ]  Environmental Requirements. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.

[ ]  Drug-Free Workplace. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section VI.B.10 of the FY 2015 General Section.

[ ]  Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended. See Section VI.B.11. of the FY 2015 General Section.

[ ]  Lead-Based Paint Requirements. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

[ ]  Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

[ ]  Attestation that all attachments as required by HUD are uploaded in e-snaps. See Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25; Section VI. C. 2.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2015 General Section, found at: <http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/2015gensec> to ensure eligibility.

Agency:

Acknowledged By:

Title:

Date: