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

Check one:

Permanent Supportive Housing for Chronically Homeless

Rapid Re-Housing

Check one:

New Project Application from Reallocated Funds

Bonus Project Application

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

**PROJECT OVERVIEW**

1. Provide a description that addresses the entire scope of the proposed project. (Include target population(s), the plan for addressing identified needs/issues of the identified target population, projected outcomes, how the project type, scale and location of housing and support services fit the needs of the identified target population.)

Click here to enter text.

2. Describe the experience of the applicant and sub-applicants in effectively utilizing federal funds and performing activities proposed in the project:

Click here to enter text.

3. Target Population(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Chronic homeless |  | Families |  |
| Veterans |  | Youth (18-25) |  |

4. Describe the method for determining the type, amount and duration of rental assistance that participants would be able to receive:

Click here to enter text.

5. Describe how participants will be assisted to obtain and maintain permanent housing:

Click here to enter text.

6. Describe how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently:

Click here to enter text.

7.

|  |  |  |  |
| --- | --- | --- | --- |
| Scope of Proposed Project | | Proposed Households Served | |
| Total units | Click here to enter text. | Households with at least one adult and one child | Click here to enter text. |
| Total beds | Click here to enter text. | Adult households without children | Click here to enter text. |

8. Describe how participants will have access to the project (i.e. how referrals will be solicited):

Click here to enter text.

9. Will all participating households served in this project be recorded in HMIS or an equivalent database for Domestic Violence, in accordance with the community’s Data Quality Standards?

Yes/No If no, explain: Click here to enter text.

10. Will at least 75% of project participants be coming from the street, other places not fit for human habitation, emergency shelters, or fleeing domestic violence?

Yes/No

Enter anticipated percentages for locations prior to project entry:

|  |  |
| --- | --- |
|  | Street or place not meant for human habitation |
|  | Emergency Shelter |
|  | Fleeing domestic violence |
|  | Total of above percentages |

11. Does the project commit to taking all referrals through the community’s Coordinated Assessment process?

Yes/No If no, explain: Click here to enter text.

**Low Barrier and Housing First**

12. Low Barrier

|  |  |
| --- | --- |
| **Will 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 |

13. Housing First

|  |  |
| --- | --- |
| **Will the project work to ensure that participants are NOT terminated from the projects 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 service area | Yes/No |
|  |  |
| Will the project quickly move participants into permanent housing? | Yes/No |

14. Describe how the project will use the Housing First philosophy throughout, from concept to service delivery:

Click here to enter text.

**PROJECT BUDGET**

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

15. What is the percent of leveraging funds of the total project budget? %

Complete Match and Leveraging worksheet, Attachment A.

**ORGANIZATIONAL CAPACITY**

16. Describe agency key staff positions and qualifications of individuals who will carry out the project:

Click here to enter text.

17. Describe the agency’s financial management system, including financial reporting, record keeping, accounting systems, payment procedures, procurement processes, and audit requirements:

Click here to enter text.

18. Does the agency employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?

Yes  No

19. Does the agency obtain an annual audit by an independent certified public accountant?

Yes  No

**ELIGIBILITY THRESHOLDS**

The CoC reserves the right to reduce or reject a funding request from the project applicant for the following reasons. Please indicate by checking the boxes if the agency has any of the following:

20. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;

Yes  No If yes, please explain: Click here to enter text.

21. Unresolved monitoring findings or outstanding (agency or HUD) audit findings;

Yes  No If yes, please explain: Click here to enter text.

22. Inadequate financial management or accounting practices within the past three years;

Yes  No If yes, please explain: Click here to enter text.

23. Evidence of untimely expenditures on prior award;

Yes  No If yes, please explain: Click here to enter text.

24. Major capacity issues that have significantly impacted operation of the prject and its performance within the past three years;

Yes  No If yes, please explain: Click here to enter text.

25. Issues impacting the timeliness in reimbursing subrecipients for eligible costs;

Yes  No If yes, please explain: Click here to enter text.

26. Served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years;

Yes  No If yes, please explain: Click here to enter text.

27. 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,*** reference 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.

**Attachment A**

Identify all HUD and non-HUD funding that comprises the project budget. 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Cash or In Kind** | **Committed or Planned/ Pending** | **Available (MM/YY)** | **Amount/ Value** | **% of Total Budget** | **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. Failure to include any documentation that is required may result in application being out of the competition.

**All projects must include:**

Proof of 501(c)3 status from the IRS

Financial statements, including cash flow statment

Non-profit Corporation Update (2013) or equivalent

Preliminary Rendering and Site Plan (if applicable)

DUNS number and Standard Form 424 (SF-424)

Active registration in SAM

Most recent audit by an independent certified public accountant

Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report

Project Application in e-Snaps (If available)

**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:

**Addendum 1**

NOTICES FOR FUTURE FUNDING YEARS

Reports are not yet available in HMIS on the measure below. In future competitions, projects will be expected to provide information on the measure.

**Do not answer the questions below.**

**Measure 1- Extent to Which Persons Exiting Program Return to Homelessness**

The percentage of persons who exit project to a Permanent Housing Destination and return to homelessness within 6 to 12 Months

|  |  |  |
| --- | --- | --- |
| METRICS | A: The return of a person to ES, SH and TH projects after exiting to a permanent housing destination. | B: The return of a person to ES, SH, TH and PH projects after exiting to a permanent housing destination. |
| CLIENT UNIVERSE | All persons who exited (i.e. system leavers) from project to a permanent housing destination during the previous reporting period. | |

The percentage of persons who exit project to a Permanent Housing Destination and return to homelessness within 2 years.

|  |  |  |
| --- | --- | --- |
| METRICS | A: The return of a person to ES, SH, and TH projects after exiting to a permanent housing destination. | B: The return of a person to ES, SH, TH, and PH projects after exiting to a permanent housing destination. |
| CLIENT UNIVERSE | All persons who exited (i.e. system leavers) from project to a permanent housing destination during the fiscal year two years prior to the current reporting period.  NOTE: (e.g., if the current reporting period is FY 2015 then look back to persons who exited to permanent housing destinations in FY 2013.) | |

Also note that the Funding Review Committee recommends the shift to a consistent calendar year report across all projects in future competitions.