



**2017 COC PROGRAM COMPETITION  
RENEWAL PROJECT APPLICATION  
HOUSING PROJECTS**

<b>AGENCY PROFILE</b>	
Legal Name of Agency	County of Kent
Project Name	Shelter Plus Care TRA_CR 2017
Contact Person	Darrell K. Singleton II
Title	Community Development Manager
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Phone	616-632-7422

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: James Saalfeld	Title: Chairperson
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**

1a. 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.)

TRA program served a total of 104 households during the operating year. Housing stability measures were exceeded by 12% despite an extremely low vacancy rate in our community. Strong relationships have been developed with private landlords allowing leases to be negotiated and rents to be maintained within FMR. In addition, we have partnered with MSHDA to graduate several Shelter Plus Care participants to a MoveUp voucher which opened up program slots within the project to serve additional persons in need. Shelter Plus Care served 11 additional Veterans during the operating year which contributed to the goal of ending Veteran Homelessness in Kent County. These accomplishments were achieved using Housing First, Strengths Based practices.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions.

Number of Units	Number of Stayers	Number of Leavers
93	178	36

2. Has the project had any significant changes since the last funding approval

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

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		
<input type="checkbox"/>	Other: <a href="#">Click here to enter text.</a>		

If change was made include as many of the following that apply as attachments to your application:

Attached	
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(check)	
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change

**SECTION I: Project Effectiveness**

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	2	0	<a href="#">Click here to enter text.</a>
Chronically Homeless	33	0	93
Families	43	0	0
Youth	<a href="#">Click here to enter text.</a>	0	0
Domestic Violence	0	0	0

4. Low Barrier

To earn points as Low Barrier, the project must answer affirmatively to all the following questions

<b>Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:</b>	
Having too little or not enough income	Yes
Active substance use or history of substance abuse	Yes
Having a criminal record (other than for state-mandated restrictions)	Yes
Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant)	Yes

5. Housing First

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

<b>Does the project work to ensure that participants are NOT terminated from the program due to the following:</b>	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes
Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement typically found in the project's geographic area.	Yes

Does the project quickly move participants into permanent housing?	Yes
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6. Did the project take 100% of all referrals from Coordinated Entry in the past grant year? (Or community process if Category 4 homelessness) (Verified by HMIS Staff, next year verified by HMIS Reports) Yes

**Efficient Use of Funding**

7. What was the project’s utilization rate? (Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units. New Projects will only use average of last two quarters in the operating year.) 96%

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

a. Total amount authorized within eLOCCS	\$894,363.00
b. Remaining balance in eLOCCS	\$91,501.55 (will be drawn)
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	\$0.00

9. Were drawdowns made to eLOCCS at least quarterly? (Demonstrated in eLOCCS attachment)  
Yes

**HMIS Participation**

10. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (APR Q06):

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
6	5	3	2
Total the numbers above, divide by 16, multiply by 100 for a percent: 100			

**HUD Monitoring**

11. a. Does the recipient have any HUD monitoring findings in any of the agency’s projects? No

If yes, 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**

**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.

**Impact on Homelessness**

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

<input checked="" type="checkbox"/>	The project would close and 214 individuals would immediately become homeless if it were to not be funded.
<input type="checkbox"/>	Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness.
<input type="checkbox"/>	Loss of funding would negatively impact services and resources but not a clear loss of housing options.
<input type="checkbox"/>	Loss of funding would minimally impact the number of housing options or resources available.

13. Is this project the only CoC funded project with dedicated beds to a particular target population?  
*Answered by Funding Review based on all submitted applications*

14. This year, funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available, would this project be a good candidate to add additional funding to and how might it be used?

Yes, additional funding would allow us to serve more households in this very high demand program

**Serving High Need Populations**

15. What percentage of the households served met “hard to serve” criteria defined as having zero income at Start/entry? (APR 23. Add values for No Income and divide by Total in last row):

30%

16. What percentage of the households served met “hard to serve” criteria defined as having two (2) or more physical or mental health conditions known at Start/entry (APR 13.a.2. add totals for one, two and three or more conditions, then divide by total):

100%

17. What percentage of the households served were chronically homeless? (APR Q26a. divide total chronically homeless by total households):

21%

## Section II. Project Performance

### Performance Data

18. Length of Stay

a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days (APR 22a.1)

91%

b. Rapid Re-Housing: Calculate the percentage of participants that took 30 days or less from project entry to lease up (CAPER 22C)

n/a

c. Transitional Housing: Calculate the average length of project stay in days (APR 22b)

n/a

19. Exits to Permanent Housing

a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to permanent housing destinations. (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b. + Stayers 5.a.8/ [Total Served 5.a.1. – Excluded Q23.a. + Q23.b.]

96%

b. Rapid Re-Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

n/a

c. Transitional Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

n/a

20. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income with in the project contract year? APR 19a.1

13%

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a.1*

56%

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a.2*

0%

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a.2*

40%

**Financial Information**

**PROJECT BUDGET**

<b>Activity</b>	<b>Requested Funds</b>	<b>% of Requested Funds</b>	<b>Other Funding</b>	<b>Total Project Cost</b>
Acquisition	0	0 %		
New Construction	0	0 %		
Rehabilitation	0	0 %		
Leasing	0	0 %		
Rental Assistance	\$838,740	94 %		
Supportive Services	0	0 %		
Operating Costs	0	0 %		
HMIS	0	0 %		
Project Administration (limited to 7%)	\$55,623	6 %		
<b>Total Project Cost</b>	<b>\$846,135.00</b>			<b>\$894,363.00</b>

**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.

**Match must be at least 25% of total funding requested.**

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)
Kent Together	Cash	Planned/Pending	07/18	\$150,000.00	16.77%	Yes
Donations	Cash	Committed	07/18	\$25,000.00	2.80%	Yes
State of Michigan – PSH Funds	Cash	Planned/Pending	07/18	\$75,000	8.39%	Yes
	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
<b>Total leveraged from other sources</b>				<b>\$250,000.00</b>	<b>28%</b>	

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 Orientation 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/2015gen\\_sec](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/2015gen_sec) to ensure eligibility.

Agency: [REDACTED] County of Kent

Acknowledged By: [REDACTED] Darrell Singleton II

Title: Community Development Manager

Date: 8/17/2017