



FY2019 HUD COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	Inner City Christian Federation
Project Name	ICCF PSH 2019
Project Start Date	December 1, 2020
Contact Person	Deanna Rolffs
Title	Vice President Housing and Family Services
Address	920 Cherry SE, Grand Rapids, MI 49503
Email	drolffs@iccf.org
Phone	616.336.9333 x303

Check one:

- Permanent Supportive Housing
- Rapid Re-Housing
- Transitional Housing
- Joint Transitional Housing / Rapid Re-Housing

Renewal Application Option (check one):

- Standard Renewal (no change from FY17)
- Consolidation (must complete Renewal applications for each project and New Project Application for consolidated project)
- Expansion (must complete New Project Application in addition)

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: Ryan VerWys	Title: President/CEO
Date of Board/Local Planning Body Authorization:	
Date of Anticipated Board/Local Planning Body Authorization:	9/25/2019

All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding. **For each data-related question below, domestic violence service providers may use data generated from a comparable database to HMIS.**

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.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. (1000 word limit)

ICCF manages 23 Permanent Supportive Housing (PSH) units for chronically homeless families. A system was designed whereby the Coordinated Assessment process would provide the most vulnerable in this population with an assessment, evaluation and referral. Applicants are then forwarded to MSHDA for approval of a Project Based Voucher (PBV). As units became available, ICCF requested approved applicants for final approval and lease up. No additional requirements were set by ICCF beyond those determined by MSHDA. All 23 units are leased. ICCF staff engages with all households periodically to assess current status and offer services that may be desired. In the previous grant year, ICCF served 91 persons in PSH.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions. If the renewing project has not yet started, indicate the planned number of units per county.*

County	Number of Units	Number of Stayers	Number of Leavers
Kent	23	80	11
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

*Attach additional forms as needed to list all counties.

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 checked="" type="checkbox"/>	Line item or cost category budget changes more than 10%	50% Support Services, 50% Operations	Changed to \$4324 Operations, the rest, \$30,000 for support services
<input type="checkbox"/>	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)			
<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 checked="" 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	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronically Homeless	23	Click here to enter text.	Click here to enter text.
Families	Click here to enter text.	Click here to enter text.	Click here to enter text.
Youth	Click here to enter text.	Click here to enter text.	Click here to enter text.
Domestic Violence	Click here to enter text.	Click here to enter text.	Click here to enter text.

4. Low Barrier

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

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
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
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5. 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: (Table Continues on Following Page)	
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 but found in the project's geographic area.	Yes
Does the project quickly move participants into permanent housing?	Yes

6. All recipients of HUD CoC Program funding are required to participate in Coordinated Entry. Did the project take 100% of all referrals from Coordinated Entry (or community process if Category 4 homeless) in the past grant year or will it once the grant year begins? (Verified by HMIS reports) Yes

7. What is the prioritization process for households referred to this project? How is it determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. (500 word limit)

ICCF follows the current practice of our CoC's coordinated entry in collaboration with Salvation Army's HAP. ICCF shares information regarding vacancies. HAP sends referrals. ICCF verifies referral, supports the participant with proper MSHDA and HUD documentation for PSH. If there are no Chronically Homeless families available from HAP for referral, HAP requested that ICCF complete paperwork with HAPs signature stating that they are sending ICCF the next most vulnerable family. This is why our Chronic Homeless and Disabled participants are lower than expected; we can't keep units vacant for more than 8 weeks per MSHDA's requirement.

Efficient Use of Funding (If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

8. What was the project's utilization rate? (Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units.) The average is 21. There are 23 total units. This equals 91.3% utilization rate.

9. Expenditure of Funds: Use last **completed** HUD FY year.

a. Total amount authorized within eLOCCS	100% , \$36,425
b. Remaining balance in eLOCCS	\$0
c. Percentage recaptured	\$0

Divide answer b. by answer a. and multiply by 100	
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10. Were drawdowns made to eLOCCS at least quarterly? (*Demonstrated in eLOCCS attachment*)

Yes

HMIS Participation (*If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency*)

11. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (*APR Q06; use data from alternative system if DV program*):

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.
0	0	0	0
Total the numbers above, divide by 16, multiply by 100 for a percent: Click here to enter text.			

HUD Monitoring

12. 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.

Ellen Chung visited ICCF the week of August 19-23 for our first PSH audit in the history of our program. No results are available at this time. She will be sending the report to us within the next month.

b. Has your organization been monitored by HUD in the past three (3) years? **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 entity that finding or concern has been satisfied, and any other relevant documentation.

Impact on Homelessness

13. 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 82 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.

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

15. Funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available:

Would this project accept additional funds? Yes No

How would additional households be served with these funds?

Additional funds would support additional families to be housed according to PSH best practices and CoC guidelines. More families could move from homelessness to permanent housing.

Serving High Need Populations *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

16. What percentage of the households served met “hard to serve” criteria defined as having zero income at start/entry? *(APR 18. Add values for No Income and divide by Total in last row):*

12 individuals have No Income. $12/23 = 52\%$

17. 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 two and three or more conditions, then divide by total):*

Eight individuals have two or more or three or more conditions as mentioned. This totals 35% of our PSH participants.

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

6 of 26 housed were chronically homeless. This equals 23% of households served. This number is low because HAP did not have chronically homeless families to refer to ICCF upon lease up. Additionally when there is a vacant unit, if HAP does not have a chronically homeless family to refer, HAP refers the next most vulnerable family. ICCF remains dedicated to serving chronically homeless families in 100% of units; referrals of chronic families allow this lease-up to occur.

Section II. Project Performance

Performance Data *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

19. Length of Stay **(Joint TH/RRH projects – complete either option B or C below)**

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

100% remained in project more than 180 days.

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 (CAPER 22b)

N/A

20. Exits to Permanent Housing **(Joint TH/RRH projects – complete either option B or C below)**

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.]

$9+0+80/[91]=97.8\%$

97.8 remained in project or exited to permanent housing destination

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.]

[Click here to enter text.](#)

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.]

[Click here to enter text.](#)

21. 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

4 individuals, or 17% gained income from start

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

0%

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*

0%

Financial Information

PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		%		
New Construction		%		
Rehabilitation		%		
Leasing		%		
Rental Assistance		%		
Supportive Services	30,000	79 %		
Operating Costs	4324	11 %		
HMIS		%		
Project Administration (limited to 7%)	3395	9 %	e-SNAPs allowed for 10% admin, therefore, we entered 9%	
Total Project Cost	37,719			

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. Documentation of match must be provided with the 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)
Steelcase Foundation	Cash	C/PP	04/18	10,000	26.5%	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
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%.	Yes/No
Total leveraged from other sources				10,000	26.5	

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 disqualification of the application. *Please number all attachments in accordance with the list below.*

All projects must include:

#1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet completed a full year. Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

#2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance

#3: Project Application submitted in *e-snaps*

#4: Documentation of all match

Each applicant must include one of the following two (#5):

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 (#6):

A: Organization's response to any findings

B: Documentation from HUD (or other entity) that finding or concern has been satisfied

C: Any other relevant documentation

D: Written communication to HUD requesting the significant change indicated in question 2.

E: 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 V.C.1.f. of the FY 2017 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 V.B.3. of the FY 2017 General Section.
- Compliance with Fair Housing and Civil Rights*. See Section V.C.1.a. of the FY 2017 General Section.
- Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section V.C.1.d. of the FY 2017 General Section.
- Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section V.C.1.c. of the FY 2017 General Section.
- Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section V.C.15. of the FY 2017 General Section.
- Prohibition Against Lobbying Activities*. See Section V.C.15. of the FY 2017 General Section.
- HUD Habitability Standards inspections* on all units, at a minimum.
- Participation in HUD-Sponsored Program Evaluation*. See Section V.C.5. of the FY 2017 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 V.C.11 of the FY 2017 General Section.
- Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section V.C.13. of the FY 2017 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.

Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs (24 CFR Parts 5, 91, 92, 93, 200, 247, 547, 576, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983).

Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:

https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps to ensure eligibility.

Agency: Inner City Christian Federation

Acknowledged By: Deanna Rolffs

Title: VP Housing and Family Services

Date: 8/23/2019