



## FY2021 HUD COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	Inner City Christian Federation
Project Name	ICCF Renewal PSH Application FY 2021
Project Start Date	11/1/2021
Contact Person	Berniz Constanza Terpstra
Title	Vice President of Housing and Family Services
Address	415 Franklin Street SE, Suite 100 Grand Rapids, MI 49507
Email	bterpstra@iccf.org
Phone	616-336-9333 ext 303

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 FY2020)
- Consolidation (must complete Renewal applications for each 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:	10/16/2021

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 focus populations and preferences as specified and/or allowed by the Notice of Funding Opportunity (NOFO) 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)

*Provide access to food and clothing pantry, served 16 unduplicated households between Nov 2020-October 2021. Resident may access the pantry 1 time per week.*

*-Provide access to money management classes, held via Zoom or in person at ICCF Community Center between the months of April to September 2021. Topics include: Making a spending plan, Looking to buy a Home, Top 10 Credit Tips, Every Penny Counts, and Protecting your identity.*

*-Provide assistance with MSHDA forms and annual requirements, be available for admin services for residents with barriers to printing/scanning/ mailing capabilities*

*-Develop individualized development plan with residents that are engaged in case management: review needs across multiple sectors (employment, health, mental health, transportation, education, etc.) and assist with developing goals and tracking milestones/barriers to that goal*

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.

Please provide project start and end date: November 1, 2019 to October 31, 2020

Planned Number of Households Served	Actual Number of Households Served	Number of Stayers	Number of Leavers
23	35	21	14

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

Yes       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 focus population		

<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
	Line item or cost category budget changes more than 10%		
	Other:		

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 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	0	0	
Chronically Homeless	23	20	
Families	23	20	
Youth	0	0	
Domestic Violence	0	0	

#### 4. Housing First

a. 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Active substance use or history of substance use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Having a criminal record (other than for state-mandated restrictions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

b. Does the project ensure that participants are not terminated from the program for the following reasons?	
Failure to participate in supportive services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Failure to make progress on a service plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Loss of income or failure to improve income	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

c. In addition to the answers above, does the project follow a “Housing First” Approach? Please describe. (500 word limit)

*ICCF values providing services that follow best practices and that align well with our community's standards. The services we hope to provide will be consistent with the U.S. Department of Housing and Urban Development’s (HUD) Housing First Model. According to this model, finding permanent affordable housing should be the primary priority when assisting families experiencing homelessness. Permanent Supportive housing fits this model well because it eliminates some of the barriers families face when looking for stable housing. For example, it will give families the opportunity to save, while providing them with financial assistance for a new apartment (one month’s rent, security deposit, any utility arrangements which may prevent the turn-on of utilities, etc.). ICCF has a long standing commitment to serving families in Permanent Supportive Housing (PSH) using the Housing First model ensuring that families have their basic needs met before attending to anything less critical. We have developed 46 units of PSH that serve individuals who have experienced homelessness, both families and young adults. We believe that securing permanent housing is the foundation to thrive and that access to housing is essential. ICCF provides supportive services, although, it is not a requirement to access housing. Additionally, applicants can enter the program without income, it is not contingent on sobriety, nor rental history or criminal convictions.*

*ICCF staff are trained using evidence-based practices such as client engagement, motivational interviewing, and trauma-informed care.*

5. Supportive Services

Does the project include the following supportive service activities?	
Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

6. Describe how the project aligns with the objectives and goals outlined in the [CoC Compass](#). (500 word limit; not scored.)

*The project aligns with the CoC Compass mission to make homelessness “rare, brief, and non-recurring throughout Kent County” by working with chronically homeless individuals in the county to immediately house them (“rare, brief”) and provide the education, skills, and support so that they are equipped to have stable housing for life (“non-recurring”). The project aligns with the beliefs laid out in the CoC Compass through emphasizing engagement, relationships, equity, and no pre-conditions to housing. Our resources (people, infrastructure, data, partners, funding) and our activities (counseling, case management, data management, property care) are utilized in service of outcomes including those laid out in the Compass: preventing homelessness, bringing more individuals and families into secure housing, reducing recurrence of homelessness, and having equity central to all goals.*

7. 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  No

8. Describe the training applicant and sub-applicant staff have undergone or will undergo as well as agency policies or procedures related to diversity, equity, and inclusion as it pertains to service provision. (500 word limit)

*All staff at ICCF are encouraged to pursue different opportunities for professional development, especially regarding equity and inclusion. In order to move the needle forward in housing equity, it's important that ICCF's staff are given opportunities to learn and reflect on how we can always continuously grow and learn in this area. Some of our team's recent trainings include but are not limited to the following:*

*Professional's of Color Conference*

*Transformational Leadership Program via Urban Core Collective*

*Trauma-Informed Care Training*

*LEDA Summit on Race and Equity*

*Fair Housing Luncheon and Workshop Series*

*The 4th Annual HIV & Housing Summit*

*Smaller local DEI workshops*

*In addition, ICCF's Leadership Team has taken a major step in continuing our commitment to racial justice by hiring staff to come in from Race and Faith to provide organization-wide consulting on anti-racism and DEI. So far, they have conducted focus group interviews, a survey, and one-on-one interviews with our staff to gather information about how our organization is doing in these areas. They will then provide us with feedback and ideas on how to improve.*

**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)

9. What was the project's utilization rate? (Average of Quarterly Point- in-Time Counts in APR 8b divided by total contracted units.) 85%

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

a. Total amount authorized within eLOCCS	<b>\$37,719</b>
b. Remaining balance in eLOCCS	\$4,295.39
c. Percentage recaptured <i>Divide answer b. by answer a. and multiply by 100</i>	<b>11.38%</b>

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

Yes  No

**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)

12. 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 18, multiply by 100 for a percent: 0%			

**HUD Monitoring**

13. a. Does the recipient have any HUD monitoring findings in any of the agency’s projects?

Yes  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.

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 entity that finding or concern has been satisfied, and any other relevant documentation.

**Impact on Homelessness**

14. Which population(s) does the project serve? *(not scored, taken into consideration in a tie score situation)*

Chronically homeless	<input checked="" type="checkbox"/>	Families	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Youth (18-24)	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>		

Scope of Project		Annual Households Served	
Total units	23	Households with at least one adult and one child	23
Total beds	70	Adult households without children	0

**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)*

15. 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 third to last row):*

63%

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

35%



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

21%

18. What percentage of the households served were families experiencing homelessness? (APR Q8a. divide total households with adults and children by total households):

92%

## 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 add the number of leavers staying 181 days or more and divide by total number of leavers)

0

b. Rapid Re-Housing: Calculate the percentage of participants that took 60 days or less from project entry to lease up (APR 22c add the number of persons who moved in in 60 days or less and divide by total persons moved into housing)

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

**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 positive housing destinations. ([Total persons exiting to a positive housing destination [APR 23c.] + total number of stayers [5a.9.]] divided by [total persons served [APR 5a.1] - Total persons whose destinations excluded them from the calculation [APR 23.c.]])

100%

b. Rapid Re-Housing: Calculate the percentage of participants who exited to positive housing destinations (APR 23c)

c. Transitional Housing: Calculate the percentage of participants who exited to positive housing destinations (APR 23c)

21. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income within the project contract year? *APR 19a1 row 1, last column*

7%

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a1 row 3, last column*

33%

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a2 row 1, last column*

0%

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a2 APR 19a1 row 3, last column*

25%

**Financial Information**

**PROJECT BUDGET**

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition	\$	%	\$	\$
New Construction	\$	%	\$	\$
Rehabilitation	\$	%	\$	\$
Leasing	\$	%	\$	\$
Rental Assistance	\$	%	\$	\$
Supportive Services	\$ 38,304	38	\$ 61,696	\$ 100,000
Operating Costs	\$	%	\$ 50,000	\$ 50,000
HMIS	\$	%	\$	\$
Project Administration (limited to 7%)	\$	%	\$	\$
<b>Total Project Cost</b>	\$ 38,304	25%	\$ 111,696	\$ 50,000

**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)
ICCF General Operations	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input checked="" type="checkbox"/> C <input type="checkbox"/> PP	11/21	\$9,576	%25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> In Kind	<input type="checkbox"/> C <input type="checkbox"/> PP		\$	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total leveraged from other sources</b>				<b>\$ 9,576</b>	<b>% 25</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 disqualification of the application. *Please submit each document as a separate attachment numbered 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

### General Administration Requirements and Terms for HUD Financial Assistance Awards

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.

*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 2 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Affirmatively Furthering Fair Housing.* See Section 1.b of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Compliance with Fair Housing and Civil Rights.* See Section 1.a. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)."* See Section 1.d. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Economic Opportunities for Low- and Very Low-income Persons (Section 3).* See Section 1.c. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Accessible Technology.* See Section 1.e. of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct.* See Section 14 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards *Ensuring the Participation of Small Disadvantaged Businesses, and Women Owned Business.* See Section 3 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Equal Participation of Faith-based Organizations in HUD Programs and Activities.* See Section 4 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Real Property Acquisition and Relocation.* See Section 5 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*OMB Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.* See Section 7 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Eminent Domain.* See Section 11 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Accessibility for Persons with Disabilities.* See Section 12 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Participation in HUD-Sponsored Program Evaluation.* See Section 6 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

,ii! *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. Yes

• *Drug-Free Workplace*. See Section 8 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

!! *Safeguarding Resident/Client Files*. See Section 9 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards *Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section 10 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

*Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), Coe 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. No

*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.No

*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)*. See Section 6 of the General Administrative Requirements and Terms for HUD Financial Assistance Awards

iiii! Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Opportunity for the 2021.c ontinuum of Care Program Competition FR-6500-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the General Administrative Requirements and Terms for HUD Financial Assistance Awards, found at: <https://www.hud.gov/program/offices/sprn/gmomgmt/grantsinfo/fundingopps> to ensure eligibility.

Agency: Inner City Christian Federation

Acknowledged By:  RYAN VERWEYS

Title: Cfu

Date: 10/11/21