**IA-502 Des Moines/Polk County CoC**

**Special NOFO to Address Unsheltered Homelessness**

**SSO – Coordinated Entry (Centralized Intake)**

**To qualify as a new project and submit an application, at least one staff member from your agency must have attended the**

**Open Meeting on August 24, 2022, at 2:00 p.m.**

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Angie Arthur at aarthur@homewardiowa.org no later than

**September 9, 2022 at 5:00 p.m.** in order to be considered.

**Organization:** Primary Health Care **Contact Name:** Click here to enter text. **Email:** Click here to enter text.

**Contact telephone #:** Click here to enter text.

**Project Name:** Click here to enter text.

**Project Type:** Choose an item.

**Requested amount:** Click here to enter text.

**GRANT TERM: 3 years**

**Applicants are STRONGLY URGED to review:**

* ***Section V. Eligibility Information* of the** [**Special NOFO to Address Unsheltered and Rural Homelessness**](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/Unsheltered-and-Rural-Homelessness-NOFO-FR-6500.pdf)**, beginning on page 17, before starting their application.**
* **First time applicants for HUD’s CoC funding are also STRONGLY URGED to review** [**24CFR 578 Subpart D and Subpart F**](https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml) **before completing Sections I through V of this application.**

**PLEASE NOTE:** The wording of questions in this project application may not be the exact wording found in comparable questions of Exhibit 2 when it is uploaded to e-SNAPS. Therefore, read the questions in Exhibit 2 carefully before using the answers provided in this application.

1. **Project Description**
	1. Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this application. **(2,000 characters)**.
2. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA **(2,000 characters)**.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. If your project includes multiple structures, you will complete one column for each structure. Non-applicable fields can remain blank, or you can enter “0” or “NA.”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestone** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **Begin hiring staff or expending funds** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Begin program participant enrollment** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Closing on purchase of land, structure(s), or execution of structure lease** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Start rehabilitation** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Complete rehabilitation** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Start new construction** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Complete new construction** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |

3. If this project will have a specific subpopulation focus, place an “x” in the blank before each criterion that applies to your proposed project:

[ ]  Chronic Homeless [ ]  Veterans [ ]  Youth (under 25)

[ ]  Families with Children [ ]  Domestic Violence (recent or past)

[ ]  Substance Abuse [ ]  Mental Illness [ ]  HIV/ AIDS

[ ]  Households with No Minor Children

4. Will the coordinated entry process cover the CoC’s entire geographic area?

 [ ]  **Yes** [ ]  **No**

5. Will the coordinated entry process be affirmatively marketed and be easily accessible by program participants seeking assistance?

[ ]  **Yes** [ ]  **No**

6. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. **(2,000 characters)**.

7. Will the centralized intake process use a comprehensive, standardized assessment process?

[ ]  **Yes** [ ]  **No**

8. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services. **(2,000 characters)**.

9. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? [ ]  **Yes** [ ]  **No**

Please describe **(2,000 characters)**.

# Supportive Services:

1. Describe efforts to identify and enroll all Medicaid-eligible participants. Describe opportunities for Medicaid-financed services, including case management, tenancy supports, behavioral health services and mental health supports**. (2,000 characters)**

2. The project has staff (or contract with another agency who has staff) who participated in a SOAR training? [ ]  **Yes** [ ]  **No**

 If yes, please complete the following table for each SOAR-trained staff person.

|  |  |  |
| --- | --- | --- |
| Staff Person | Title | Year |
| Click to enter text |  Click to enter text  |  Click to enter text  |
|  Click to enter text  |  Click to enter text  |  Click to enter text  |
| Click to enter text |  Click to enter text  |  Click to enter text  |

#

3. Collaboration with Local School Districts:

(a) For projects serving families with dependent children and single adults 21 years old or younger, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided under subtitle B of title VII of the Act (42

 U.S.C. 11432, et seq.) and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? [ ]  **Yes** [ ]  **No**

 **ATTACH A COPY OF YOUR POLICY TO THE APPLICATION**

(b) For projects serving families with dependent children and single adults 21 years old or younger, does the applicant have a designated staff person responsible for ensuring that children are enrolled in school and connected with the appropriate services with the community, including early childhood education programs such as Head Start, Part C

of the Individuals with Disabilities Act, and subtitle B of title VII of the Act (42 U.S.C.

 11432, et seq.) services? [ ]  **Yes** [ ]  **No**

 **Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

# Project Administration:

1. Describe your organizations experience in effectively utilizing federal funds and performing the activities proposed in your application. (**2,000 characters)**

2. Describe the organization’s experience in leveraging Federal, State, local and private sector funds. (**2,000 characters)**

3. Applicants with a history of HUD CoC/ESG Project Administration:

1. Does the applicant have any existing/history of HUD CoC or ESG grants with any monitoring or audit findings (A-133 or general accounting-level audit) in the **last three years?** [ ] **Yes**  [ ] **No**

If yes, please explain each finding and any applicable corrective action that has been or will be taken. (**2,000 characters)**

1. Are/were funding draws from Line of Credit Control System (LOCCS) completed **monthly** for this project? [ ] **Yes** [ ]  **No**
2. Did you have unspent HUD funds at the expiration of grant terms in any of the pervious years listed below? [ ]  **Yes** [ ]  **No**

If yes, how much? (Enter zero if all funds were spent & N/A if it does not apply)

2020 – 2021 (ended in 2021): Click here to enter text.

2019 – 2020 (ended in 2020): Click here to enter text.

2018 – 2019 (ended in 2019): Click here to enter text.

2017 – 2018 (ended in 2018): Click here to enter text.

1. Is/did the applicant participate in HMIS or DVIMS? [ ]  **Yes** [ ]  **No**

5. Will it be feasible for the project to be under grant agreement by September 15, 2024?

[ ]  **Yes** [ ]  **No**

1. **Project Evaluation/Client Input**
	1. Describe the evaluation plan for this project. Also, describe how your agency incorporates outcome data into a quality improvement process for this project and for the agency. **(2,000 characters)**
	2. Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback? [ ]  **Yes** [ ]  **No**
	3. Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving? [ ]  **Yes** [ ]  **No**
	4. Will the program present customer feedback to the Board of Directors?

[ ]  **Yes**[ ]  **No**

* 1. Is there a person with lived experience involved in your agency’s decision-making process?

[ ] **Yes** [ ] **No**

If yes, please describe **(2,000 characters)**

# Budget/Cost Effectiveness

* 1. Will funds requested in this new project application replace state or local government funds? ☐ **Yes** ☐ **No**

**2. Supportive Services:** The supportive services listed are based on the eligible supportive services in 24 CFR 578.53; however, SSO-CE projects should only request funds in eligible cost categories that are directly related to carrying out the CoC’s coordinated entry process (e.g., staff costs for conducting assessments). Costs that are not directly related to carrying out the CoC’s coordinated entry are ineligible.

Enter the quantity and total budget request for each supportive services cost in the chart below. The request entered should be equivalent to the cost of one year of the relevant supportive service. Enter the quantity in detail (e.g., 1 FTE Coordinated Entry Specialist Salary + benefits) for each supportive service activity for which funding is being requested. Please note that simply stating 1FTE is NOT providing “Quantity AND Detail”

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description** | **Annual Assistance Requested** |
| Assessment of Service Needs | Click to enter text | Click to enter text |
| Assistance with Moving Costs | Click to enter text | Click to enter text |
| Case Management | Click to enter text | Click to enter text |
| Child Care | Click to enter text | Click to enter text |
| Education Services | Click to enter text | Click to enter text |
| Employment Assistance | Click to enter text | Click to enter text |
| Food | Click to enter text | Click to enter text |
| Housing/Counseling Services | Click to enter text | Click to enter text |
| Legal Services | Click to enter text | Click to enter text |
| Life Skills | Click to enter text | Click to enter text |
| Mental Health Services | Click to enter text | Click to enter text |
| Outpatient Health Services | Click to enter text | Click to enter text |
| Outreach Services | Click to enter text | Click to enter text |
| Substance Abuse Treatment Services | Click to enter text | Click to enter text |
| Transportation | Click to enter text | Click to enter text |
| Utility Deposits | Click to enter text | Click to enter text |
| Operating Costs | Click to enter text | Click to enter text |
| **Total** |  | Click to enter text |

**3. Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Annual CoC Request**  | **Grant Term** | **Total CoC Request for Grant Term** |
| Leased Units | Click to enter text | 3 Years | Click to enter text |
| Leased Structures | Click to enter text | 3 Years | Click to enter text |
| Rental Assistance | Click to enter text | 3 Years | Click to enter text |
| Supportive Services | Click to enter text | 3 Years | Click to enter text |
| Operating | Click to enter text | 3 Years | Click to enter text |
| HMIS | Click to enter text | 3 Years | Click to enter text |
| **CoC Request (subtotal lines 1-6)** |  |  | Click to enter text |
| Administration (up to 10% of CoC Request) |  |  | Click to enter text |
| **Total Request Plus Admin (subtotal lines 7 & 8)** |  |  | Click to enter text |
| Cash Match |  |  | Click to enter text |
| In-Kind Match |  |  | Click to enter text |
| **Total Match** |  |  | Click to enter text |
| **Total Budget** |  |  | Click to enter text |

**4. Cash and/or In-Kind Match (Must be >25% of total grant request)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Source** | **Name of Source** | **Amount** |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |

# Submit your match letters and in-kind MOU agreements, no later than October 12, 2022 at 5:00 p.m. to Angie Arthur at aarthur@homewardiowa.org.

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Angie Arthur at aarthur@homewardiowa.org no later than **September 9, 2022 at 5:00 p.m.** in order to be considered.

# SUBMISSION SUMMARY

 2022 UnshelteredProject Application

 Attachment: Admittance Policy

 Attachment: Termination and Termination Appeal Policy

 Attachment: Provision of Educational and Related Services Policy