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

**2024 HMIS Renewal Application**

**To qualify as a renewal project and submit a 2024 CoC application,**

**at least one staff member from your agency, including the person who will be completing the grant application, must have attended the**

**Open Meeting on August 16, 2024, at 9:00am.**

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Angie Arthur at [aarthur@homewardiowa.org](mailto:aarthur@homewardiowa.org) no later than **September 6, 2024 at 5 p.m**. in order to be considered.

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Scoring:**

Applications receiving a score of 70% or less will NOT be considered for funding.

1. Provide evidence of Homeward’s review and approval of HUD required policies, and evidence of written procedures outlining the frequency of policy review by Homeward.
2. Provide evidence that all HMIs end users have completed an initial training; that HMIS Participating Agency Agreements and Data Sharing Agreements are on file at ICA; and that all Vendor Agreements comply with HMIS privacy and other related policies.
3. Describe measures taken, reports run and the frequency in which they are conducted to ensure CoC-wide data quality and integrity and that CoC-wide null values are less than 10%.
4. Describe the professional development trainings or conferences offered to ICA staff in the last year (July 1, 2023– June 30, 2024). Include the type of training or name of conference(s) and who attended *(“Staff” is defined as those ICA employees who provide assistance and/or training to Homeward as well as the Des Moines/Polk County CoC/ESG-funded, and non-funded, programs).*
5. Describe the HMIS role in providing tools for Homeward’s responsibilities in setting performance goals, evaluating programs and projects, and monitoring key HEARTH performance goals. Describe methods for assisting Homeward in setting and implementing HUD system performance measures.
6. Provide examples of evaluation of local programs and/or system activities in assisting Homeward in assessing community performance and the needs of persons experiencing homelessness in this community. Provide examples of HMIS data reporting or analysis in supporting Homeward’s planning.
7. Describe the role of the Institute of Community Alliances in the continued implementation and monitoring of the Des Moines/Polk County CoC‘s centralized intake system.
8. Describe how ICA supports data collection for non-HUD funded projects in the Des Moines/Polk County CoC.
9. Provide evidence that the HIC was accurate and posted on the HDX on a timely basis. What is the overall bed coverage rate for the Des Moines/Polk County CoC? If less than 86%, describe steps that will be taken to support the Des Moines/Polk County CoC in increasing the rate.
10. Provide evidence that ICA provides accurate and complete information from the Des Moines/Polk County CoC HMIS to HUD for the Longitudinal System Analysis and that the LSA was submitted to HUD in a timely manner.
11. Describe the trainings and technical assistance offered to end users. Include the types and frequency of trainings and technical assistance.
12. Describe steps taken by ICA to ensure the ease of use of the Des Moines/Polk County CoC HMIS system by provider agencies. Include how provider agencies can run reports independently; the frequency in which the system has been down in the last year and any problems this created for the provider agencies; and the average response time to providers’ requests for information or assistance.
13. Promoting Racial Equity
    1. What percent of the program’s (or organization?) managerial and leadership positions are filled with under-represented individuals (BIPOC, LGBTQ, persons with lived experience)?
    2. How many people on the organization’s board of directors have lived experience of homelessness?
14. 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. Do you anticipate you will have unspent funds at the expiration date of this current contract?☐ **Yes** ☐ **No**

If yes, how much? Please explain the reason for the unspent funds **(2,000 characters)**.

* 1. 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) **and why you had unspent funds.**

**2022 – 2023 (ended in 2023):**

2021 – 2022 (ended in 2022):

2020 – 2021 (ended in 2021):

2019 – 2020 (ended in 2020):

1. Provide the annual HMIS budget delineating federal funds and local match. If CoC funding is decreased, what would the impact on the HMIS? If CoC funding is increased, how would it be used?

**Submit your match letters and in-kind MOU agreements, no later than October 25, 2024 by 5:00pm.**