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

**2024 Continuum of Care Application**

**Letter of Interest – New Project**

**OVERVIEW**

To assist in planning for the 2024 HUD Continuum of Care Application process, Homeward is implementing a Letter of Interest (LOI) process. The LOI process allows Homeward the opportunity to review prospective new applications to fill specific gaps in the local continuum using HUD Continuum of Care (CoC) CoC or DV bonus funds or through reallocation of existing program funds.

If your organization is considering submitting a new project application for the 2024 CoC Program Competition, you must submit a *non-binding* LOI by email to Angie Arthur at [aarthur@homewardiowa.org](mailto:aarthur@homewardiowa.org) **no later than April 24, 2024 at 12:00 PM.** LOI’s submitted after this deadline **WILL NOT** be accepted and the organization **WILL NOT** be considered for submitting a full project application for 2024 HUD CoC funds.

**NEW PROJECTS**

1. Applications for new projects, as described in sections A and B below, will be considered for the 2024 CoC Program Competition.
2. Priorities for new projects funded through the CoC Bonus:

1. Permanent Supportive Housing (PSH) for chronically homeless individuals and families.
2. Priorities for new projects funded through Reallocation:
3. Permanent Supportive Housing (PSH) for chronically homeless individuals and families.
4. To verify if your project is eligible, please review the 2023 HUD CoC NOFO:

<https://www.hud.gov/sites/dfiles/SPM/documents/Continuum_of_Care_Competition_and_Noncompetitive_YHDP.pdf>

1. To be eligible for consideration, new projects must:

(1) Propose to serve homeless adults or homeless families coming directly from the streets or emergency shelters.

(2) Provide scattered-site leasing (units or structures cannot be owned by applicant) or tenant-based rental assistance or, if the applicant can provide a deed or long-term lease demonstrating site control for a building or units where evidence of site control exceeds the requested grant term, and where building or units are ready to be occupied no later than **3 months** after award of funds, the applicant may instead request operating costs or project-based rental assistance.

(3) Be submitted by a project applicant that is in good standing with HUD, which means that the project applicant does not have any open monitoring findings or history of slow expenditure of grant funds;

(4) Demonstrate a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.

(5) Demonstrate a connection to mainstream service systems.

(6) Demonstrate that the type, scale, and location of the housing, as well as the type and scale of the supportive services, fit the needs of program participants.

(7) Demonstrate that program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs.

(8) Be a current participant or agree to participate in the Des Moines/Polk County coordinated assessment system.

(9) Provide a 25% match (cash or in-kind contributions) for all non-lease grant funds for which the applicant has applied.

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:

(a) Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings.

(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources.

(c) Project applicants must demonstrate they will be able to meet all timeliness standards per §578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project if the request is made by an existing recipient that HUD finds to have significant problems related to capacity, performance, or unresolved auditing or monitoring related to one or more existing grants or does not routinely draw down funds from e-LOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

1. The expected grant amount for the CoC Bonus will be up to five percent (5%) of the DSM/Polk CoC’s Final Pro Rata Need (FPRN), which totaled $334,353 in 2023.
2. Funds for one PSH project (Anawim Consolidated grant) will be voluntarily reallocated in the 2024 CoC program competition. The amount of additional funds available for new project applications as a result of the reallocation will be $1,536,474.00.
3. The project being reallocated serves 63 chronically homeless families and 66 chronically homeless individuals. The new project being created using the CoC Bonus and reallocated funds must serve this same number of families (63), and 62 individuals in order to include funding for adequate case management services and prevent the fewest current program participants from losing their housing.
4. New project applications will be ranked by Homeward’s Grant Committee along with the current renewal project applications. Projects will be prioritized and ranked as described in the *2024 CoC Program Competition Priorities and Ranking.*

**Letter of Interest – New Project**

**ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | | | | | |
| **Address:** | Click here to enter text. | | | | | | |
| **City:** | Click here to enter text. | **State:** | Click here to enter text. | **Zip:** | Click here to enter text. | |
| **Phone:** | Click here to enter text. | **Fax:** | Click here to enter text. | **Email:** | | Click here to enter text. | |

**CONTACT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Contact Person:** | | | Click here to enter text. | | |
| **Phone:** | Click here to enter *text.* | | | **Email:** | *Click here to enter text.* |
| **Agency Director:** | | Click here to enter text. | | | |
| **Phone:** | Click here to enter text. | | | **Email:** | Click here to enter text. |

**PROJECT SUMMARY**

|  |  |
| --- | --- |
| **Project Name:** | Click here to enter text. |
| **Program Type/Population Served (Choose one):** RRH for adults  RRH for families | |
| **Unit Configuration (Indicate number of units in front of each unit type below):** | |

**#** 0 BR **#** 1 BR **#**  2 BR  **#** 3 BR  **#**  4 BR  **#** TOTAL

Project Description (type of housing – scattered site or project-based; strategies to be used in assisting hard-to-serve populations secure housing; scope of services to be provided and specific partners who will provide services; strategies for assisting participants in accessing mainstream resources; and timetable for implementing the project) – 2,000 characters (excluding spaces)

Organization Experience and Capacity (organization’s previous experience in operating a similar project; challenges faced and specific strategies used to overcome challenges in implementing or operating a similar project; organization’s ability and qualifications to operate the proposed project - identify key members of the project operations team and briefly describe their relevant experience and duties) – 3,000 characters (excluding spaces)

**Project Budget Worksheet**

|  |  |
| --- | --- |
| **Line Item**  (Review [**24 CFR 578**](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578) for program overview & eligible expenses) | **Total Assistance Request**  **for 1 Year Grant Term** |
| 1a. Leased Units | $0 |
| 1b. Leased Structures | $0 |
| 2. Rental Assistance | $0 |
| 3. Supportive Services | $0 |
| 4. Operations | $0 |
| 5. HMIS | $0 |
| **6. Subtotal Assistance Requested (lines 1a.- 5)** | **$**0 |
| 7. Administration (up to 10% of line 6) | $0 |
| **8. Total Assistance plus Admn. (total lines 6 and 7)** | **$**0 |
| 9. Cash Match | $0 |
| 10. In-Kind Match | $0 |
| **11. Total Match (lines 9 and 10)** – must equal 25% of line 8 | **$**0 |
| **12. Total Budget (lines 8 and 11)** | **$**0 |

**Cash and/or In-Kind Match**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Cash (check)** | **In-kind (check)** | **Signed MOU or Agreement for in-kind amounts prior to a HUD grant agreement (Check if Yes)** |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| **TOTAL** | **$**0 |  |  |  |

**ELIGIBILITY**

Centralized Intake Verification – This project will accept referrals exclusively from the DSM/Polk County Centralized Intake System and follows all policies and procedures of the DSM/Polk County Centralized Intake System.

Yes No

Housing First Verification – This project will follow the DSM/Polk CoC’s Housing First Evaluation (see attached).

Yes No

Are there any unresolved City of Des Moines or HUD monitoring findings, or outstanding audit findings related to this organization? Yes No If “Yes,” briefly describe.

**Person completing the Letter of Interest:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Title

*I certify, on behalf of my organization, that all information contained in this Letter of Interest is accurate and true to best of my knowledge and belief and is consistent with my organization’s records. I understand and acknowledge that presenting false information or failing to provide accurate and complete information as required could have a negative impact on my organization’s application potentially including, but not limited to, rejection of my organization’s grant application.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/CEO/President Date

**Letter of Interest Submission:** Please submit this LOI by email to Angie Arthur at [aarthur@homewardiowa.org](mailto:aarthur@homewardiowa.org) **no later than April 24, 2024at 12:00 PM**. LOI’s submitted after this deadline **WILL NOT** be accepted and the organization **WILL NOT** be considered for submitting a full project application for 2024

# Housing First Evaluation

All CoC-funded projects, except for HMIS and SSO-CI projects, **must operate as a Housing First model**. Please complete the checklist below by checking the box in front of each of the criteria that applies to your project.

* 1. Will/Does the project require a background screening prior to project entry (excluding sexual offender check for site-based projects with legal requirements)?
     + **Yes** ☐ **No**
  2. Will/Does the project prohibit persons with certain criminal convictions from entering your project (excluding registered sexual offender for site-based projects with legal requirements)?
     + **Yes** ☐ **No**
  3. Will/Does the project require participants to be clean and sober prior to project entry and/or during project stay?
     + **Yes** ☐ **No**
  4. Will/Does the project require alcohol/drug tests on participants suspected of being under the influence?
     + **Yes** ☐ **No**
  5. Will/Does a positive alcohol/drug test result in termination from the project and/or require participant to participate in substance abuse treatment and/or detox to resume project services?
     + **Yes** ☐ **No**
  6. Will/Does the project require participants to have a mental health evaluation prior to project entry?
     + **Yes** ☐ **No**
  7. Will/Does the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance *(excluding those who present a danger to self or others*) as a condition of services?
     + **Yes** ☐ **No**
  8. Will/Does the project require participants to have income at time of project entry?
     + **Yes** ☐ **No**
  9. Will/Does the project require participants to obtain an income as a condition of remaining in the project?
     + **Yes** ☐ **No**
  10. Will/Does the project require participants to participate in supportive services (such as vocational training, employment preparation, budgeting or life skills classes; not including required case management meetings) as a condition of continued services?
      + **Yes** ☐ **No**
  11. Will/Does the project require participants to be ‘progressing’ in their goals in order to remain in the project?
      + **Yes** ☐ **No**
  12. Will/Does the project require participants to sign a services plan agreement to receive your services? *(Please note a service plan is not the same as a housing plan.)*
      + **Yes** ☐ **No**
  13. Will/Does the project exclude or refuse project entry based on race, color, religion,

national origin, disability, sex, sexual orientation, gender identity and/or gender expression?

* + - **Yes** ☐ **No**
  1. Will/Does the project include any requirements, outside of those typically found in a lease Agreement in Polk County *(applicable to housing projects)*?
     + **Yes** ☐ **No** ☐ **N/A**
  2. Will/Do project participants have to travel to the agency’s office(s) to receive the majority of their services, including case management, after they are housed *(applicable to scattered-site housing projects)?*
     + **Yes** ☐ **No** ☐ **N/A**
  3. Will/Does the project exclude any dependent children in the household, based on age and/or gender, from remaining with the household at the project *(applicable to projects serving families)*?
     + **Yes** ☐ **No** ☐ **N/A**
  4. Will/Does the project prohibit any member(s) of a household *(as defined by the household),* based on age, gender, biological relationship and/or marital status, from residing together at the project?
     + **Yes** ☐ **No** ☐ **N/A**
  5. Will/Does the project exclude any family composition type: single dad, single mom, same gender couples, opposite-gender couples, multi-generational, and non-romantic groups who present for services as a family? *(applicable to projects serving families)*?
     + **Yes** ☐ **No** ☐ **N/A**
  6. Will/Does project require project participants to be “placed” in accordance with their sex assigned at birth and/or “perceived” gender; and/or require participant to “prove” their gender identity prior to receiving services?
     + **Yes** ☐ **No**
  7. Will/Do the project exclude participants who do not have a form of identification?
     + **Yes** ☐ **No**

# INCLUDE WITH THIS LOI ONE COPY OF YOUR ADMITTANCE POLICY, ONE COPY OF YOUR TERMINATION POLICY AND ONE COPY OF YOUR TERMINATION APPEAL PROCESS.