Human Services Coalition

 Ithaca/Tompkins County Continuum of Care (NY-510)

Renewal Project Application Instructions

**Project Information**

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| --- | --- |
| Project Name | Please include your agency’s name and project type when creating the project name. (For example, Homeless Alliance RRH for family) |
| Total HUD request | Total HUD request amount: Indicate the amount of funding requested on an annual basis. Application is generally on an annual renewal basis. |
| Project Type | Select one of the following options:*Rapid Rehousing*—Short term to medium term rental assistance program with case management. Targeting medium acuity clients based on coordinated assessment. *Permanent Supportive Housing for Chronically Homeless (CH) Person*-- Long term rental assistance with case management for people who have disability. Dedicated beds for CH. When there is no CH identified system wide, program will target high acuity clients based on coordinated assessment.Transitional Housing Joint tranis |
| Recipient Organization and Contact information | The contact person listed will be seen as the person responsible for the grant and will be used as the only contact person during the application process. |
| Project Overview | For residential program, please provide number of units, beds and population composition based on **annual projection**. |

**Project Narrative**

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| --- | --- |
| **1.Program summary** | The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. |
| **2. Unmet need** | Use local data to show the unmet need for the proposed target population. If local data is not available, state or national numbers could be used as reference. |
| **3. Experience** | Describe why the applicant, sub-recipients, and partner organizations (e.g., developers, key contractors, subcontractors, and service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population’s identified housing and supportive service needs; 2) with your current experience, what outcome you reach with your target population. Please list all outcomes measures that your program currently uses and your most recent performance. |
| **4. Funding management experience** | 1) identifying and securing matching funds from a variety of sources; 2) managing basic organization operations including financial accounting systems; and 3) include experience with all Federal, State, local and private sector funds. |
| **5. Time Frame** | Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program if it is selected for a funding award.  |
| **6-7. Coordinated Entry and Housing First** | CoC funded programs are required to use Coordinated entry. All programs funded through the CoC should follow the referral process described in the CoC Written Standards. Clients are prioritized based on CoC coordinated assessments. All CoC funded programs are highly recommended to use the Housing First and low barrier approach. Only programs with ALL boxes checked in Question 6 are considered as using the Housing First approach.  |
| **8. SOAR** | SOAR stands for SSI/SSDI Outreach, Access, and Recovery. Its intent is to improve the success rate on SSI/SSDI applications. The CoC is required to have staff trained on the SOAR model. For more information, contact the Continuum of Care Coordinator, Tierra Labrada at 607-273-8686 or tlabrada@hsctc.org |
| **9. Education services** | Select “Yes” ,“No” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” |
| **10 Children are enrolled in school** | Select “Yes”, “No” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select “N/A.”  |

**Attachments**

Required: Application, Proof of 501(c)(3) status, most recent audited financial statement, client satisfaction surveys (if applicable)

**Optional attachments include proof of Site Control, Zoning Compliance etc. for new projects that are proposing new construction.**

**Human Services Coalition of Tompkins County**

**Ithaca/Tompkins Continuum of Care NY-510**

# FY2017 Local HUD Continuum of Care Competition

***Renewal Project Application***

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| --- |
| **A. Project Information** |
| **Project Name:** |
| **Total HUD Request: $****Total amount of funds available in Tier I: $174,647 Tier II: $34,492** |
| **Project Type:**  |

|  |
| --- |
| **B. Recipient Organization Information** |
| **Organization Name:** |
| **Director:**  |
| **Address:** |
| **City:**   **Zip Code:**  |
| **Telephone:**   **Fax Number:** |
| **Are there Sub-Recipient Organizations for this project?** [ ] **Yes** [ ] **No****If yes, which organization(s)?**  |

|  |
| --- |
| **Application Contact Person Information** |
| **Name:** |
| **Telephone: E-Mail:** |

**C. PROJECT OVERVIEW**

**# of Units:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per bed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of Beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed number of households by composition and sub-population annual served**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Households | Households with at least one adult and one child | Adult Households without children | Households with only children | Total |
| **Total Number of households** |   |   |   |   |
|  **Total Number of Adults** |   |   |   |   |
|  **Total Number of Children** |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Units **Dedicated** to the Following Sub-populations | Households with at least one adult and one child | Households Without children | Households With Only children | Total |
| Chronically Homeless Non-Veterans |  |  |  |  |
| Chronically Homeless Veterans |  |  |  |  |
| Adults with Substance Abuse |  |  |  |  |
| Person With HIV/AIDS |  |  |  |  |
| Severely Mentally Ill |  |  |  |  |
| Victims of Domestic Violence |  |  |  |  |
| Physical Disability |  |  |  |  |
| Developmentally Disabled |  |  |  |  |
| Persons not represented by listed sub-population\_(please specify) |  |  |  |  |

**SECTION D: PROJECT NARRATIVE**

1. Provide a description that addresses the entire scope of the proposed project.
2. Describe the unmet need for the target population in the proposed community.
3. If currently operating a similar project or serving a similar population, please provide Annual Performance Review (APR) from the current projects.
4. Describe any changes in your Federal, State, local, and private sector funds.
5. Do you participate in the CoC Coordinated Entry System? [ ]  Yes [ ]  No
6. Does your project use Housing First approach:

Does the project ensure that participants are NOT screened OUT based on the following items?

 Having too little or no income [ ]

 Active or history of substance abuse [ ]

 Having a criminal record with exceptions for state-mandated restrictions [ ]

 History of domestic violence [ ]

Does the project ensure that participants are not terminated from the program for the following reasons?

 Failure to participate in supportive service plan [ ]

 Failure to make progress on a service plan [ ]

 Loss of income or failure to improve income [ ]

 Being a victim of domestic violence [ ]

Any other activity not covered in a lease agreement typically found in the project’s geographic area. [ ]

1. Do you currently have staff who is [SOAR](https://soarworks.prainc.com/) trained? [ ]  Yes [ ]  No If “No”, are you planning on training staff on SOAR and when will they be trained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are the proposed project policies and practices consistent with the laws related to
providing education services to individuals and families? [ ]  Yes [ ]  No [ ]  N/A
3. Will the proposed project have a designated staff person to ensure that the
children are enrolled in school and receive educat­­ional services, as appropriate? [ ]  Yes [ ]  No [ ]  N/A
4. Have you encountered any unexpected problems or setbacks since your last project application that the CoC should know about? If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have clients complete Client Satisfaction Surveys? [ ]  Yes [ ]  No [ ]  N/A If yes, please attach the most recent results from the surveys.

**Attachments: *(Please check and submit the following that apply to your project application)***

 [ ] Application

 [ ] Proof of 501(c)(3) status

 [ ] Most recent audited financial statement

 [ ]  Other attachments; i.e. - proof of Site Control, Zoning Compliance, etc. if applicable

 [ ] Client satisfaction survey results

 [ ] Annual Performance Review

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the Project Selection Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant
* Applicant understands that HSC as the CoC lead for Tompkins County coordinates the local application process and it is necessary to begin the process before HUD releases the 2016 Notice of Funding Availability (NOFA). Any changes that need to be made by the projects will supersede this document.
* Applicant agrees to participate fully in Client Track this community’s Homeless Management Information System (HMIS).
* Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is requested for.
* Project agrees to participate in the Coordinated Entry system, which includes the use of a Common Assessment tool, when fully implemented in the CoC.
* Applicant understands that HUD CoC funded homeless projects are monitored by HSC as the CoC lead for Tompkins County. This can include an annual site visit (including monitoring of client files), annual submission of the applicant’s most recent APR submitted to HUD, and submission of the most recent audited financial statement.
* If awarded funding, the applicant agrees to inform the CoC when the following occur:
	+ The organization has staff vacancies for a duration of time that could affect the projected number of participants served, or result in HUD funds not being fully expended.
	+ There are changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD.
	+ There is an increase/decrease of other funding to the project that could affect the projected number of participants served, services provided, ability to meet matching or leveraging requirements, etc.
	+ There are significant delays in the start-up of a new project.

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| --- | --- |
| **Name:**(please type) |  |
| **Title:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Signature:**(if application is scanned) |  |
| **Electronic signature authorization:** | [ ]  I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above.  |
| **Date:** |  |

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