

2019 FRCoC Application for VHSP Funding Coordinated Assessment/Entry

Application Information

Type of Application (select one):

- Renewal (requesting level or reduced funding for existing project)
 X Renewal with Expansion (requesting increased funding for existing project)

Applicant

Legal Name: Micah Ecumenical Ministries

Type of Applicant: X Non-Profit Housing Authority PDC Unit of Local Government

EIN/TIN: 20-4044884

Address: PO Box 3277, Fredericksburg, VA 22402

Application Contact

Name: Meghann Cotter

Title: Executive Servant-Leader

Phone: 540-479-4116 x13

Email: Meghann@dolovewalk.net

Line-Item Budget

Please complete line-item budget below. Budget amounts should reflect the VHSP request only. Other funding sources will be included on the Spending Plan (required attachment).

Note: Renewal projects can apply for renewal HMIS and Administration amounts up to the grantee's total FY19 HMIS and Administration amounts regardless of 5% and 3% caps. HMIS and Administration amounts across all FY20 project applications shall not exceed total FY19 HMIS and Administration amounts.

Expansion projects can apply for an HMIS expansion up to the amount where the combined renewal/expansion HMIS request is 5% of the combined renewal/expansion project subtotal and an Administration expansion up to the amount where the combined renewal/expansion Administration request is 3% of the combined renewal/expansion project subtotal.

	Renewal Amount	Expansion Amount
Coordinated Entry/Assessment		
Hardware/Software		
Maintenance		
Occupancy Costs		
Salaries	\$3,123	\$4,774
Supplies		
Travel		
Utilities		
Other (specify)		

Subtotal	\$3,123	\$4,774
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		
Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		
Total	\$3,123	\$4,774

Match

Please indicate sources of match. Match must equal 25% of requested amount and must be spent on eligible VHSP expenses, but does not need to be of the same VHSP Category as the request. Match must be from local or private sources. If the project is requesting partial or full waiver of the match requirement, please explain. (See Page 14 of the Virginia Homeless and Special Needs Housing Funding Guidelines for full explanation of the match requirement.)

Type	Source	VHSP Category	Amount
Choose an item.	Mary Washington Hospital	Choose an item.	\$1,974
Choose an item.		Choose an item.	
Choose an item.		Choose an item.	

Narrative Responses

Provide a description that addresses the entire scope of the proposed project. Specifically, how will the project staff and operate a coordinated assessment process that aligns with the FRCoC Coordinated Entry Policies & Procedures? (Character Limit: 3,000)

Since the launch of the FrCoC's one number process in November, Micah's role has shifted to helping its highly vulnerable street population access the system either by calling or directly screening through universal assessment tool. This is being done mainly by volunteers who are not here everyday and staff who would ideally be more singularly focused on street outreach activities. Challenges with this approach have included a lack of consistent staffing to make connections and follow up, amidst many other urgent needs that are happening in the hospitality center. This has resulted in incomplete or redundant information being passed on to the central intake system or people have simply not been connected at all. Without the consistency of an onsite coordinated assessment representative, we remain ill-equipped to support the community's messaging about the new way of accessing community's homeless services. Ideally, our capacity would support helping people who regularly walk into our lobby without an understanding of the new system to understand the FrCoC's new system and commitment to preventing homelessness, reducing returns to homelessness and shortening the length of time people are on the street or in a shelter.

If renewal funding is being requested, explain how the project continues to meet a community need. If expansion funding is being requested, explain how the additional funds will increase system capacity and justify the community need for additional capacity. Be sure to use data to justify your response. (Character Limit: 3,000)

Renewal and expansion funds requested through this application would allow us to dedicate staffing to the most vulnerable of our homeless population, who frequently do not have phones, cannot be found in consistent locations and struggle to navigate basic systems without support. Our objective would not be to duplicate the one number system, but compliment the community system by meeting those who struggle the most where they are and with what they need. Examples of this support would include helping them make the phone call, taking a coordinated assessment online when the community designated person is otherwise not available or the person has challenges that would keep them from screening over the phone. The role of this person would also be the community coordinated assessment person's designated point of contact for finding street people when shelter beds come available. She/he would also help problem-solve what's next in the system after an unsuccessful shelter stay lands them back on the street and there are no longer shelter options available. More than 700 different people (60-70 a day) connect with Micah during the year. The majority are seriously mentally ill, intellectually disabled or struggling with addiction, which complicates their ability to access community systems. Often, it can be a struggle just to get them through the doors of Micah and participating on a path to housing. As Micah's hospitality center is also the home of the community's street outreach endeavors, direct access to a person who can help them navigate central intake will also enhance these individuals ability to be prioritized for services.

Is there any unresolved monitoring or audit findings for any grants operated by the applicant or potential subrecipients? If yes, please explain. (Character Limit: 1,000)

Yes No

Attachments (once per agency)

Organizational Certifications and Assurances
Board of Director Listing(s)