2019 FRCoC Application for VHSP Funding
Outreach; Emergency Shelter Operations; Rapid Re-Housing; Targeted Prevention

Please complete a separate application form for each outreach, emergency shelter operations, rapid re-housing, and targeted prevention project.

Application Information

Type of Project (select one):
☐ Outreach
☐ X Emergency Shelter Operations
☐ Rapid Re-Housing
☐ Targeted Prevention

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
Outreach		
Case Management		
Limited Support Services		
Other (specify)		
Subtotal		
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		
Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		
Total		

	Renewal Amount	Expansion Amount
Emergency Shelter Operations		
Case Management	$27,115	$8,935
Limited Support Services		
Maintenance		
Rent		
Security		
Supplies		
Utilities		
Other (specify)		
Subtotal	$27,115	$8,935
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		$1,802
Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		**$1,081**
Total	**$27,115**	**$11,818**

	Renewal Amount	Expansion Amount
Rapid Re-Housing		
Housing Search & Placement		
Housing Stabilization Case Management		
Housing Stabilization Financial Assistance		
Housing Stabilization Services		
Rent Arrears		

Rent Assistance		
Service Location Costs		
Veteran Housing Stabilization Financial Assistance		
Veteran Rent Arrears		
Veteran Rent Assistance		
Subtotal	$249,058	$50,000
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		
Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		
Total	**$249,614**	**$52,325**

	Renewal Amount	Expansion Amount
Targeted Prevention		
Housing Search & Placement		
Housing Stabilization Case Management		
Housing Stabilization Financial Assistance		
Housing Stabilization Services		
Rent Arrears		
Rent Assistance		
Service Location Costs		
Subtotal		
HMIS (up to 5% of subtotal)		
Computer Costs		
Fees and Licenses		
HMIS Staffing		
Training		
Other (specify)		
Administration (up to 3% of subtotal)		
Administration		
Total		

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 Found.	Choose an item.	$9,100
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. (Character Limit: 3,000)

The Residential Recovery Program is an eight-bed shelter that serves homeless exiting the hospital in need of temporary or terminal care. The facility, located at 1512 Princess Anne Street in Fredericksburg, offers 24-hour supervision, round-the clock referral capability, nutritious meals, dedicated care coordination, transportation and a health care hub for the homeless. Entering patients must be homeless, have an identified medical or mental health need and be referred by a physician. Referrals include basic demographics, doctor's orders for medications, discharge instructions and a prescribed amount of time the physician believes the patient needs to stay. Upon arrival, staff assesses patient needs, begins enrollment with a primary care provider (i.e. Moss Clinic, Fredericksburg Christian or the Community Health Clinic) and obtains initial prescriptions. Medication is managed by staff during the person's time in the program. Each person receives initial length of stay based on recommendation of discharging agency. Within the first week, the health services navigator works with the patient to develop goals he/she hopes to accomplish during his/her stay. Goals typically include compliance with appointments, enrollment with RACSB, substance abuse treatment, and applying for charity care and other benefits. Most enrollment applications are completed on site. Potential disability cases are proactively supported in applying for social security through an expedited process available to homeless individuals. Patients identified with mental health issues are connected with an internal PATH (Partners Assisting in Transitions from Homelessness) outreach worker who streamlines their entry into the Rappahannock Community Services Board (RACSB). Through Micah's Hospitality Center, participants may access a community-based eligibility worker who helps with food stamp and Medicaid applications. A Veteran's Administration representative comes once a week to connect eligible people to housing vouchers, assistance programs and medical benefits. DMV has also started visiting the center each month, and a volunteer is available each week to help clients access free phones. Because program stays average 30-45 days at the most, the discharge process starts at intake, when housing barriers are assessed and clients are asked to begin thinking about where they will go when they leave. The most support is available to people identified as chronically homeless or highly vulnerable, who are prioritized through a community process, then assigned for housing location, financial support and case management through the local rapid-rehousing or permanent supportive housing programs. Those with higher chance of self resolving (i.e. fewer barriers, less disability, have income) are helped with housing search, identifying a roommate, if necessary, and may be supported with first month's rent and deposit. They may also be supported identifying alternate arrangements, such as a treatment program, shelter or the home of friends/family. Regardless of where a person is discharged, they remain connected to the agency's larger network of services when they leave.

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. (Character Limit: 3,000)

Renewal funding for the Residential Recovery program includes the existing share (.75 FTE) of the Health Services Navigator position, the primary case manager on site. It also seeks the remaining .25 FTE for the portion of this position's salary that is currently dependent on "found" money (i.e. fundraising, grant writing etc.). Expansion of this funding would offer more security to this as a full-time position. Reliance on finding new resources for the balance of this job, puts the position at risk of reduction or elimination. It is important for the residential recovery program to maintain two professional staff at all times due to the high needs of those being referred to the program. In addition, having two people allows flexibility in transporting guests to appointments and assisting them with necessary tasks in the community. As a program licensed through the state Department of Behavioral Health and Developmental Services, credentialed staff must be available 24-hours a day, 7 days a week. As part of the Micah team, staff at the respite house are frequently intervening regarding the health needs of those in our housing program and day center, which additionally pulls on their time. In the last six months, we have also made respite staff responsible for 6 permanent supportive housing beds for those who have come through the program in need of longer-term support. No additional staff was added to address this need, but the added responsibility makes it even more imperative that the program maintain full staffing. We have also requested an expansion for HMIS and administration to support the data entry and management responsibilities associated with this program, up to and including making sure referrals to respite are captured appropriately.

Please indicate the breakdown of household types targeted by this project:

	Renewal	Expansion
Households with Children	%	%
Households without Children	100%	100%
Total	**100%**	**100%**

Certify that the project will adhere to the *FRCoC Coordinated Entry Policies & Procedures,* including the following requirements of the document:

☐ X   Follow the Housing First model

☐ X   Participate in the FRCoC Coordinated Entry Process and/or the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)

☐ X   Adhere to established project standards (including *FRCoC Rapid Re-Housing Policies & Procedures*)

☐ X   Collect data through HMIS or a comparable database

What percentage of households will be served through the Victim Service Coordinated Entry Process (including coordinated assessment for shelter/prevention and prioritization for rapid re-housing)?

	Renewal	Expansion
Households Served through Victim Service Coordinated Entry Process	0%	0%

Provide the following data. These numbers will be used to calculate anticipated number of households served by the project.

	Renewal	Expansion
Number of FTE Case Managers Dedicated to Project (could be fraction)	.75	.25

Ideal Caseload for 1 FTE Case Manager	8
Average Length of Stay for Project Participants	45 days
Average Financial Assistance Cost per Household (RRH/Prevention Only)	
Shelter Beds for Households without Children (Shelter Operations Only)	8
Shelter Beds for Households with Children (Shelter Operations Only)	0
Shelter Units for Households with Children (Shelter Operations Only)	

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   ☐ X No

Attachments (once per agency)

Organizational Certifications and Assurances
Board of Director Listing(s)