

## **2021 FRCoC Supplemental Application for CoC Program Funding Permanent Supportive Housing; Rapid Re-Housing; Joint Transitional Housing & Rapid Re-Housing**

*Please complete a separate application form for each permanent supportive housing, rapid re-housing, and joint transitional housing & rapid re-housing project.*

### **Application Information**

**Name of Renewal Project in e-snaps:**

**Name of New or Expansion Project in e-snaps:**

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

- Follow the Housing First model
- 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)
- Adhere to established community program standards
- Collect data through HMIS or a comparable database

### **Application Questions**

#### **HUD/CoC Priorities**

**1. Community Need.**

If renewal funding is being requested, explain how the project continues to meet a community need. If new/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 support the demonstrated need. (Character limit: 3,000)

**2. Leveraging Mainstream Resources.**

Describe how the project leverages mainstream resources to support clients as they prepare to move-on from project involvement. Provide project and organization level examples. (Character limit: 3,000)

**3. Leveraging System Partnerships.**

Describe how the project leverages partnerships within the homelessness response system to limit duplication of services. (Character limit: 3,000)

**4. Leveraging Housing Resources. (RRH/PSH only)**

- a. Does the project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG programs (e.g., private organizations; State or local government, including using HOME funding provided through the American Rescue Plan; Public Housing Agencies, including using a set aside or limited preference; Faith-based organizations; or Federal programs other than the CoC or ESG programs)?

Yes  No

b. If yes, describe how the project leverages other housing subsidies or subsidized units that are not funded through the CoC or ESG programs for project participants.

c. Will these non CoC or ESG housing units provide:

i. at least 25 percent of units of the project (PSH) or

ii. at least 25 percent of participants served by the program (RRH)?

Yes  No

d. Does the project have letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support the project? (If yes, must be attached)

Yes  No

**5. Leveraging Healthcare Resources. (RRH/PSH only)**

a. Does the project utilize healthcare resources to help individuals and families experiencing homelessness? Sources of health care resources include:

i. Direct contributions from a public or private health insurance provider to the project.

ii. Provision of health care services by a private or public organization tailored to the program participants of the project.

Yes  No

b. If yes, describe how the project partners with healthcare resources to offer assistance to those experiencing homelessness.

c. Is the value of assistance being provided at least:

i. in the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or

ii. an amount that is equivalent to 25 percent of HUD CoC Program funding being requested for the project will be covered by the healthcare organization.

Yes  No

d. Does the project have a written commitment (e.g. formal written agreements with value of commitment and dates the healthcare resources will be provided) for the assistance being offered? (If yes, must be attached)

Yes  No

## **Coordinated Entry and Accessibility**

**6. Use of Coordinated Entry System.**

Does the project utilize the CoC's coordinated entry system as the only source of referrals? If no, explain the reasons why and the alternative process used for referrals (DV providers, explain your comparable coordinated entry system). (Character limit: 3,000)

Yes  No

**7. Housing First.**

a. Does the project quickly move participants into permanent housing without preconditions or extra steps required to be met?

Yes  No

b. Mark the following statements that the project follows:

This project does not screen out for reasons related to income (Having too little or no income).

This project does not screen out for active or history of substance use (including requirements for participation in treatment once enrolled, sobriety or intention to become/remain sober).

This project does not screen out for having a criminal record.

This project does not screen out for having a history of domestic violence (e.g. lack of protection order, period of separation from abuser, or law enforcement involvement, etc.).

This project does not screen out based on an individual's "housing readiness" or "motivation to change" or any other similar criteria.

This project does not screen out based on previous rental history (evictions, damages, etc.).

c. Mark the following statements that the project follows:

This project does not terminate program participants for failure to participate in supportive services.

This project does not terminate program participants for failure to make progress on a service plan.

This project does not terminate program participants for loss of income or failure to improve income.

This project does not terminate program participants for domestic violence.

This project does not terminate program participants for any other activity not covered in a lease agreement typically found in the project's geographic area.

**8. Racial Barriers.**

a. Within the past year, has your agency assessed whether there are racial disparities in the provision or outcome of homeless assistance for your project/agency?

Yes  No

*b. If yes, please check the box that best describes the results of the assessment:*

People of different races or ethnicities are more/less likely to receive assistance.

People of different races or ethnicities are more/less likely to achieve a positive outcome from assistance.

No racial disparities in the provision or outcome of assistance.

Results are inconclusive for racial disparities.

c. If yes, describe the steps the agency has taken or will take to eliminate any barriers to participation found.

## Project Performance

### 9. Exits to permanent housing.

a. How many households exited the project in the last fiscal year?	
b. Of those households who exited the project, how many exited the project to a permanent housing destination?	
c. Percentage of exits to permanent housing --- (b/a)*100	

### 10. Rapid Placement in Permanent Housing.

For those exiting to permanent housing, what is the average number of days between project entry and housing move-in?	
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Describe the systems in place to ensure that households experiencing homelessness are moved quickly to permanent housing and remain stably housed. Be sure to include data demonstrating the outcomes of these systems. Describe any challenges experienced during COVID-19 that may have impacted the ability to rapidly return households to permanent housing. Include any information on the severity of barriers experienced by program participants that prevented rapid placement in permanent housing. (Character limit: 3,000)

### 11. Income growth.

Percentage of participants maintained or increased their employment income while in project	
Percentage of participants maintained or increased their benefit income while in project	

Describe specifically the strategies used to assist participants with increasing their employment and/or income and with maximizing their ability to live independently. Be sure to include data demonstrating the outcomes of these strategies. Describe challenges experienced during COVID-19 that may have impacted the ability for participants to increase their income. (Character limit: 3,000)

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

	Renewal	New/Expansion
Number of FTE Case Managers Dedicated to Project (could be fraction)		
Ideal Caseload for 1 FTE Case Manager		
Average Length of Stay for Project Participants		
Average Financial Assistance Cost per Household (RRH/PSH Only)		
Shelter Beds for Households without Children (Joint TH/RRH Only)		
Shelter Beds for Households with Children (Joint TH/RRH Only)		
Shelter Units for Households with Children (Joint TH/RRH Only)		

**13. Cost effectiveness.**

What is the project's cost per permanent exit?	
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Describe how project cost per permanent exit above was calculated. (Character limit: 1,000)

Describe any challenges experienced during COVID-19 that may have impacted average cost per permanent exit. Include any information on the severity of barriers experienced by program participants that prevented placement in permanent housing. (Character limit: 3,000)

## **Program Operations and Administration**

**14. Organizational Capacity.**

Provide evidence of organizational capacity to include governance, leadership, experience, and financial management. (Character limit: 3,000)

**15. Staff Capacity.**

Provide a description of project staff capacity to include experience and training. If any staff dedicated to the project are also dedicated to other projects, explain the breakdown of hours by project. (Character limit: 3,000)

**16. Prior Experience.**

Describe experience in utilizing federal funds, performing proposed eligible activities, and serving proposed target population. (Character limit: 3,000)

**17. Findings.**

Are 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

**18. Spending Rates.**

If renewal/expansion project -- Was the project able to fully expend 100% of the funds initially contracted (through HUD or LC HSD) for this project for the grant term that most recently ended? If no, how much was left unspent? Explain the reason(s) for not expending 100% of funds. (Character limit: 1,000)

Yes  No

## **Attachments (each project)**

Project Policies & Procedures

Project Job Descriptions (must be housing-focused)

**RENEWAL/EXPANSION PROJECTS:** Copy of APR report generated from HMIS or comparable database.

## **Attachments (once per agency) \*not needed if participated in Organizational Review this year.**

Spending Plan

Board of Director Listing(s)  
Org Chart  
990 (if applicable)  
Profit and Loss Statement (prior year and most recent YTD)