2022 FRCoC Supplemental Application for CoC Program Funding
SSO-Coordinated Entry

Application Information

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

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. **24 Hour Access.**
   Is the project able to provide 24-hour access to the coordinated assessment process? If not, how will the project partner with other community providers to ensure 24-hour access? Attach MOUs for any partnerships. (Character Limit: 3,000)

3. **Diversion.**
   Describe the strategies used to ensure that persons accessing the homelessness response system are diverted whenever ever possible. (Character Limit: 3,000)

4. **Leveraging System Partnerships.**
   Describe how the project leverages mainstream resources. Provide project and community level examples. (Character Limit: 3,000)

Coordinated Entry and Accessibility

5. **Alignment with Coordinated Entry Policies and Procedures.**
   Explain how the project will staff and operate a coordinated assessment process that aligns with the *FRCoC Coordinated Entry Policies & Procedures.* (Character Limit: 3,000)

6. **Housing First: Low Barrier.**
   Describe how this project ensures that it does not screen people out based on severity of needs and vulnerabilities (including having too little or little income; active or history of substance abuse; having a criminal record with exceptions for state-mandated restrictions; history of domestic violence). Provide specific policies or examples to demonstrate these strategies. (Character Limit: 3,000)

7. **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

8. **HMIS or Comparable Database**
   Does the project utilize HMIS or a comparable database for data collection of project participants?
   ☐ Yes ☐ No

Program Operations and Administration

9. **Organizational Capacity.**
   Provide evidence of organizational capacity to include governance, leadership, experience, and financial management. (Character Limit: 3,000)

10. **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)

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

12. **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

1. **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
RENEWAL/EXPANSION PROJECTS: Copy of APR report generated from HMIS or comparable database.

Attachments (once per agency) *Not required 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)