

Application for Supportive Services Only for Coordinated Entry

Application Submission

All application materials must be delivered to HRDC's office at:

125 Virginia Avenue
Cumberland, MD 21502

Mailed, emailed or faxed application packets will not be accepted.

All application materials must be delivered to HRDC's Administrative Offices by 4:00 PM on August 16, 2017. Please note the time application materials are due. They are due by **4:00 PM on August 16, 2017**. Applications submitted after this time will not be considered.

Scoring Details

All projects will be reviewed and scored on a given point scale. The scoring details are provided in the document "FY2017 New Project Request for Proposals".

Threshold Score

Projects that score less than 70% of the maximum points possible will not be given further consideration for funding. HAND reserves the right to reject all proposals or reject portions of any proposal.

Additional Information

For questions or additional information, please contact Courtney Thomas at cthomas@alleganyhrdc.org or 301-783-1720

Definitions

For the purposes of this application, the following definitions apply.

Navigation Activities

Navigation activities are defined as:

- Communicating with the CAM Lead Agency appointment time slots for navigation.
- Assessing consumers for PSH eligibility (ie, presence of a disability). Completing a Housing Choice Voucher pre-application and CAM HMIS referral for consumers with no disability.
- Developing a client-centered Individualized Housing Assistance Plan (IHAP) and monitoring plan bi-weekly until consumer is matched to a PSH provider.
- Providing community resources and referrals to address barriers identified in the IHAP and providing direct assistance in accessing these resources.
- Providing in-person case management and supports coordination to assist consumers with obtaining necessary documentation.
- Explaining to consumers PSH prioritization process as outlined in PSH Match Policy & Procedures.
- Providing consumers with bi-weekly PSH match status updates following the bi-weekly PSH match meetings.

- Ensuring consumer's Verification of Homelessness is within 30 days, prior to PSH match.
- Providing necessary support to consumer following PSH match to facilitate successful placement into permanent housing.
- Communicating with PSH Coordinator when a consumer should be moved to "inactive" status on PSH Prioritization list.
- Completing VI-SPDATS and full SPDAT Assessments for individuals or families to determine housing need and begin development of housing plan.
- Completing required data entry into the Homeless Management Information System (HMIS).
- Working collaboratively with the CAM Lead Agency and other partners to deliver effective and efficient coordinated entry services.

Call Center Activities

Call center activities are defined as:

- Working with shelters to determine bed availability.
- Receiving incoming calls from people experiencing homelessness or a housing crisis.
- Conducting a pre-screening to determine housing crisis.
- Working with callers to attempt to divert them from shelter.
- Assisting households with accessing a shelter bed.
- Using provided scripts for various types of calls.
- Providing referrals to identified outreach workers for callers and following up with outreach workers as given in established protocol.
- Providing referrals to prevention services for callers who are at-risk of homelessness.
- Providing referrals to other resources as appropriate.
- Completing required data entry into the Homeless Management Information System (HMIS).
- Working collaboratively with the CAM Lead Agency to deliver effective and efficient coordinated entry services.

Assessment Activities

Assessment activities are defined as:

- Conducting the VI-SPDAT and/or full-SPDAT¹ assessments for individuals and families in accordance with the given assessment protocol.
- Entering the results of the assessment into the appropriate data collection tool, either HMIS or other data collection tool established by the CAM Lead Agency.
- Communicating the results of the assessments to appropriate parties.
- Participating in SPDAT consult groups for continuous quality improvement in utilizing the tool.
- Completing required data entry into the Homeless Management Information System (HMIS).
- Working collaboratively with the CAM Lead Agency to deliver effective and efficient coordinated entry services.

¹ VI-SPDAT: Vulnerability Index Service Prioritization Decision Assistance Tool; SPDAT: Service Prioritization Decision Assistance Tool. These are the common assessment tools used in the Cumberland/Allegany County CoC to help determine housing needs.

Housing First

For the purposes of the activities to be funded by the SSO for Coordinated Assessment, Housing First is defined as:

- Every attempt is made to place people into permanent housing as quickly as possible and without preconditions or service requirements.
- People are not screened out of the coordinated assessment process because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.

Application for Supportive Services Only (SSO) for Coordinated Entry

Submission Checklist

The following items must be submitted to HRDC by **4:00 PM on August 16, 2017**. Only one copy of each item is needed.

Attachments Required for All Projects		
The following attachments are required for all projects. Only one copy is needed.		
	Attached (✓)	Not Applicable (✓)
Submission Checklist (this page)	✓	✓
Completed Application (being on page 5 of this packet)	✓	✓
Completed Budget Pages	✓	✓
Completed Match Chart	✓	✓
Completed Leverage Chart	✓	✓

Clearly label all attachments, using the attachment number given, even if attachments end up not being number sequentially due to an attachment not being applicable. If an attachment does not apply, place a (✓) in the “Not Applicable” column. Only one copy of each attachment is required.

Attachment Number	Attachment Description	Attached (✓)	Not Applicable (✓)
#1	Most recent A-133 audit		
#2	Most recent agency financial audit		
SKIP ATTACHMENTS #3 and #4. CONTINUE ATTACHMENT NUMBERING WITH #5			
	<u>If monitored by HUD since June 2014: (Question 12)</u>		
#5	Notification from HUD that project will be monitored		
#6	Monitoring report from HUD		
#7	Organization’s response to monitoring report		
#8	Documentation from HUD that monitoring concern or finding satisfied		
#9	Any other monitoring-related correspondence		
SKIP ATTACHMENTS #10 and #11. CONTINUE ATTACHMENT NUMBERING WITH #12			
#12	Written commitment of all match identified		
#13	Written commitment of all leveraging identified		
	<u>Signature Page</u> <i>If project has both recipient and sub-recipient(s), it may have more than one signature page.</i>		
#14	Signed by Recipient		
#14	Signed by Sub-recipient(s)		

The Cumberland/Allegany County CoC reserves the right to request additional project or organizational information at a later date if needed.

Applicant Contact Information

Applicant Organization's Name:	
Project Applicant Address: Street:	
City:	State: ZIP:
Contact Person of Project Applicant	
Name:	Phone Number:
Title:	Email:
Contact information for Project Applicant Executive Director (if different from above)	
__ information same as above	
Name:	Phone Number:
	Email:
Project Name:	
Project Address: Street:	
City:	State: ZIP:
Project Sub-recipient Organization Name (If applicable):	
Project Sub-recipient's Address	
Street:	
City:	State: Zip:
Contact Person of Project Sub-recipient	
Name:	Phone Number:
Title:	Email:

Application Questions

Applicants should fully respond to the following questions. Please note some questions have specific character limitations. These limits must be adhered to as these are the character limits in eSNAPS. Questions without a character limit must be answered as succinctly as possible. The entire application, exclusive of the submission checklist page, applicant contact information page, and budget pages, should not exceed 10 pages.

- 1) Understanding of CAM:** Concisely describe your understanding of the Coordinated Assessment Model (CAM).
- 2) Collaborative Application:** If this is a collaborative application, please clearly describe the distinct roles and responsibilities of each entity identified in the application. If this is not a collaborative application, respond "N/A". *(no character limit)*

3) **Activities:** The chart below gives the key activities the CoC is seeking to fund with this SSO grant. Place an (X) next to the activities your organization is proposing to carry out with these funds. Reference above for a definition of these activities.

Requesting funds for these activities (X)	Activities	Proposed number of FTE(s) with requested funds
	Navigation	
	Call Center	
	Assessment	

- 4) **Experience:** Referencing the selection(s) made in the chart above, describe your organization’s experience in carrying out the activities/staff roles for which funds are being requested. A response must be provided for each type of activity requested. If you are not requesting funds for a particular activity, respond “N/A”. Reference above for a definition of these activities.
- a. **Navigation activities:** Describe your organization’s experience providing navigation services.
 - b. **Call Center Activities:** Describe your organization’s experience providing call center services for persons who are homeless or at-risk of homelessness and who are calling seeking assistance for their housing needs.
 - c. **Assessment Activities:** Describe your organization’s experience conducting assessments using the CoC’s common assessment tools, the VI-SPDAT and full SPDAT.
- 5) **Housing First:** Describe how your organization will incorporate a Housing First model of service into each of the activities for which funding is being requested. Reference above for a definition of Housing First.
- 6) **Service Coordination:** Describe your organization’s experience in coordinating services and working collaboratively with other providers in the community so that clients may access resources to help them achieve greater housing stability.
- 7) **Additional Skills/Resources:** Describe any additional skills or resources that your agency would contribute to the Coordinated Assessment process in Cumberland/Allegany County, if selected.
- 8) **Leveraging Experience:** Describe your organization’s experience (and that of any sub-recipients) in leveraging other Federal, State, local, and private funds. Include experience with all Federal, State, local and private funds. If the applicant and sub-recipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds." *(limit: 3,000 characters, with spaces)*
- 9) **Organization & Management Structure:** Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant. *(limit: 3,000 characters, with spaces)*

10) Project Schedule: Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will be ready to begin activities within 6 months of receiving the award letter from HUD if funded. *(limit: 3,000 characters, with spaces)*

11) Obtaining & Maintaining Permanent Housing: Describe how the project applicant will assist project participants to obtain and/or remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and/or maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the activities for which funds are being requested. Any established arrangements and coordination with landlords and/or other homeless services providers should be detailed in the narrative. *(limit: 1,000 characters, with spaces)*

12) Current Continuum of Care Grant(s) Issues: Respond to both of the following:

- a. State whether the applicant had any unexpended funds from its most recently completed HUD Continuum of Care grant(s), including how much was unexpended and steps being taken to ensure all funds are expended for future grants. If there were no unexpended funds, respond “N/A”;
- b. If the project has been monitored by HUD within the last three years (since June 2014), complete the following table and attach the required documents. If the project has not been monitored since June 2014, respond “N/A”.

Attached (✓)	
	Attachment #5: Notification letter or email from HUD that your project will be monitored
	Attachment #6: Monitoring report from HUD (the report that identifies any concerns or findings); OR <input type="checkbox"/> N/A: HUD has not yet provided our organization with their monitoring report
	Attachment #7: If monitoring report identified concerns, findings, or other items requiring a response, provide your organization’s response to these items; OR <input type="checkbox"/> N/A: The monitoring report did not contain any items requiring our organization’s response
	Attachment #8: Documentation from HUD that a monitoring concern or finding has been satisfied; OR <input type="checkbox"/> N/A: HUD has not yet responded to our organization’s response to the monitoring report
	Attachment #9: Any other monitoring-related correspondence between your organization and HUD; OR <input type="checkbox"/> N/A: No other correspondence to provide

If the applicant organization does not currently receive HUD Continuum of Care funding, respond “N/A”.

13) Budget: Submit the appropriate budget charts for this project using the charts below. The budget pages do not count towards any page or character limit.

Budget Pages for SSO for Coordinated Assessment

Select the budget line items being requested and complete the corresponding budget charts.

(✓)	
	Supportive Services
	HMIS

- All budget terms are limited to 1 year.

Supportive Services Budget Chart

Applicants may only request the supportive services costs identified below. Applicants should reference the CoC Program Interim Rule Regulations (§578.53(e)) for details on allowable costs.

Eligible Costs	Quantity Description <i>For staffing costs requested, indicate the number of FTEs included in the request.</i>	Annual Amount Requested
1. Annual assessment of service needs		
2. Assistance with Moving Costs <i>(limited to truck rental and/or hiring a moving company)</i>		
3. Case Management		
4. Food		
5. Housing Search and Counseling Services		
6. Legal services		
7. Life Skills		
8. Outreach services		
9. Transportation		
10. Utility deposits <i>(eligible cost only if not included in rental/leasing agreement)</i>		
Total Supportive Services Request (1-year budget)		
		↑ <i>enter amount in line 1 of summary budget</i>

HMIS Budget Chart

Applicants should reference the CoC Program Interim Rule Regulations (§578.57) for details on allowable costs.

Eligible Costs	Quantity Description <i>For staffing costs requested, indicate the number of FTEs included in the request.</i>	Annual Amount Requested
1. Equipment		
2. Software		
3. Personnel		
Total HMIS Request (1-Year budget)		
		↑ <i>enter amount in line 2 of summary budget</i>

Summary Budget

Line	Eligible Costs	Amount Requested <i>(all requests are for a 1 year term)</i>
1	Supportive Services	
2	HMIS	
3	Sub-Total Amount Requested <i>(add lines 1 and 2)</i>	
4	Administrative Costs <i>(Up to 7% of line 3)</i>	
5	Total Assistance + Admin Requested <i>(add lines 3 and 4)</i>	
To Calculate Match Requirement		
6	Multiple line 5 by 25% (.25). This is the match requirement.	
Identify Sources of Match		
7	Cash Match Organization is Contributing	
8	In-Kind Match Organization is Contributing	
9	Total Match <i>(sum line 7 and 8; should be greater than or equal to line 6)</i>	

Total Project Budget

In the chart below, provide the total budget for this project. These are costs that are used to directly support the implementation of the requested project.

	(A)	(B)	(C)	(D)
Eligible Costs	CoC Funding Request <i>(must be same as in summary chart above)</i>	Matching Funds <i>(must be the same as in the matching chart below)</i>	Additional Funding <i>(these are funds in addition to match; also complete table below)</i>	Total <i>(sum across the rows)</i>
Acquisition/Rehabilitation/ New Construction				\$
Rental Assistance				\$
Leasing				\$
Operations				\$
Supportive Services				\$
HMIS				\$
Administrative Costs				\$
Total (sum columns A - C)	\$	\$	\$	
GRAND TOTAL <i>(sum of column D)</i>				\$

Additional Funding Detail		
In this table, provide details on the sources of additional funding, as given in the chart above. <i>NOTE: These are sources of funding over and above the CoC funding request and the match requirements. Do not including matching funds here; information on matching funds should be given in the chart below.</i>		
Name of Funding Source (ie, XYZ Foundation, private donations, etc)	Amount of actual/expected commitment	Actual or expected commitment from the funding source? (select one)
		<input type="checkbox"/> actual <input type="checkbox"/> expected
		<input type="checkbox"/> actual <input type="checkbox"/> expected
		<input type="checkbox"/> actual <input type="checkbox"/> expected
		<input type="checkbox"/> actual <input type="checkbox"/> expected
		<input type="checkbox"/> actual <input type="checkbox"/> expected

(add rows as needed)

Match Chart

In the chart below, identify the sources of match for this project. Applicants may add more lines to the tables if needed. Applicants that provide written commitments of match with their project applications will receive more points.

Applicants should reference the CoC Program Interim Rule Regulations (§578.73) for details on match.

Name of source <i>(be as specific as possible)</i>	Type of commitment	Type of source	Date of written or expected commitment	Value of written commitment	Amount of commitment being used as match for this project*	Copy of Written Commitment submitted as Attachment #12? (✓ if yes)
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
Total (should equal line 9 in summary budget chart						

*An agency may split up a source of match/leverage among more than one project. For example, if an agency receives \$10,000 in private donations that it wants to use as match for Project A and Project B, it may divide this \$10,000 up as \$6,000 for Project A and \$4,000 for Project B. An agency may not, however, use the total amount of this source for each project (ie, it may not use all of the \$10,000 as match for Project A and all of the \$10,000 as match for Project B). The CoC will be reviewing the matching and leveraging sources across all of an agency’s project applications to ensure no one source is used in total as match/leverage for more than one project.

Leverage Chart

In the chart below, identify the sources of leverage for this project. Applicants may add more lines to the table if needed. Applicants that are able to demonstrate leverage in the amount of at least 200% of their budget request will receive more points.

Applicants should only include leverage for which they have a written commitment at the time of application. The CoC is requiring these written commitments to be submitted to HRDC with the project application. If selected for funding, these written commitments will need to be uploaded into eSNAPS with the project application.

Name of source <i>(be as specific as possible)</i>	Type of commitment	Type of source	Date of written or expected commitment	Value of written commitment	Amount of commitment being used as leverage for this project*	Copy of Written Commitment submitted as Attachment #13? (✓ if yes)
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
	Choose an item.	Choose an item.				
				Total		

*An agency may split up a source of match/leverage among more than one project. For example, if an agency receives \$10,000 in private donations that it wants to use as match for Project A and Project B, it may divide this \$10,000 up as \$6,000 for Project A and \$4,000 for Project B. An agency may not, however, use the total amount of this source for each project (ie, it may not use all of the \$10,000 as match for Project A and all of the \$10,000 as match for Project B). The CoC will be reviewing the matching and leveraging sources across all of an agency's project applications to ensure no one source is used in total as match/leverage for more than one project.

Signature Page (Attachment #14)

This page is to be signed by the Executive Director of the recipient and subrecipient agency or his/her authorized representative. If a project has a more than one subrecipient, this page may be duplicated with each subrecipient signing the page.

My signature below affirms the following:

- 1) If awarded Continuum of Care funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care Program Interim Rule 24 CFR Part 578.
- 2) The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with the HMIS Data Standards and HMIS Policies & Procedures.
- 3) The funded project will participate in the Coordinated Assessment Model (CAM), once the phase that relates to the type of project being funded has been implemented.
- 4) The data submitted with this application (in both the APR submitted to HUD via eSNAPS and any data generated from HMIS) is complete, accurate, and correct.
- 5) It is understood that, should this project be eligible for an appeal, no appeal may be made on the basis of having initially submitted incomplete, incorrect, or inaccurate data. It is understood that details on the criteria and process for which my agency may submit an appeal to the Cumberland/Allegany County CoC Board are found in the [Appeals Policy](#), and that any appeals decisions made by the Cumberland/Allegany County CoC Board will be final.
- 6) It is understood that renewal and new projects will be submitted to HUD in accordance with the [FY2017 Project Ranking Policies](#) and that such project ranking decisions are final.
- 7) It is understood that should the Cumberland/Allegany County CoC Board decide to reallocate a renewal project in part or in whole to fund new project(s), such a decision is final and cannot be appealed to the Cumberland/Allegany County CoC Board.
- 8) It is understood that the Cumberland/Allegany County CoC Board is responsible for making decisions on which new and renewal projects are submitted to HUD each year as part of the annual CoC competition, and that the ultimate decision in whether or not a project is funded is made by HUD. It is further understood that 24 CFR §578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD's policies and procedures, is the final recourse that may be taken for the project.

Signed: _____ Date: _____
(Executive Director or authorized representative)

Name Printed: _____