Application for Joint Component Transitional Housing-Rapid Rehousing

REVISED APPLICATION

This application release date is July 25, 2017
1. The application due date is 4:00 PM on August 16
2. Projects are now allowed to request any of the following budget lines:
   a. Rental assistance
   b. Leasing
   c. Operations
   d. Supportive Services
   e. HMIS
   f. Administrative costs
3. HUD has provided additional information on their expectations for these projects, which is given here.

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 office 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. The Cumberland/Allegany County Continuum of Care (CoC) reserves the right to reject all proposals or reject portions of any proposal.

New Project Type

Applicants for the new joint component TH-RRH project type should note that there is currently little information from HUD on the programmatic requirements for this new project type. HUD has released some additional information on their expectations for these projects, which may be found here.

Additional Information

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

Application for Joint Component Transitional Housing-Rapid Rehousing

Submission Checklist

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

Clearly label all attachments, using the attachment number given, even if attachments will 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. <u>Copies of all materials submitted must be single-sided only. Please do not submit materials that are printed double-sided.</u>

		Attached (✔)	Not Applicable (✔)
	Submission Checklist (this page)		■
	Completed Application (being on page 3 of this packet)		
	Completed Budget Pages		
	Completed Match Chart		
	Completed Leverage Chart		■
Attachment Number	**Attachment Description**		
#1	Most A-133 audit		
#2	Most recent agency financial audit		
SKIP ATTACHMENTS #3 and #4. CONTINUE ATTACHMENT NUMBERING WITH #5			
	If monitored by HUD since June 2014: (Question 19)		
#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		
#10	Eviction prevention policies (Question 20)		
SKIP ATTACHMENT #11. CONTINUE ATTACHMENT NUMBERING WITH #12			
#12	Written commitment of match identified		
#13	Written commitment of leveraging identified		
	<u>Signature Page</u> *If project has both recipient and sub-recipient(s), it may have more than one signature page.*		
#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.

1. **Applicant Experience:** Describe the experience of the applicant and potential sub recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. Describe why the applicant, sub recipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: *(limit: 6,000 characters, with spaces, for entire answer)*
    a. Working with and addressing the target population's identified housing and supportive service needs
    b. Developing and implementing relevant program systems, and/or services;
    c. Identifying and securing matching funds from a variety of sources; and

      d. Managing basic organization operations including financial accounting systems.

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. **Leveraging Experience:** Describe the experience of the applicant and potential sub recipients (if any) in leveraging other Federal, State, local, and private sector funds. Include experience with all Federal, State, local and private sector 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)*

4. **Organization & Management Structure:** Describe the basic organization and management structure of the applicant and sub recipients (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 sub recipients, 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)*

5. **Project Description:** Provide a description of the project that addresses the entire scope of the project, including the following: *(no character limit)*
   a. The target population(s) to be served. If the project is proposing to more narrowly define the target population other than families or individuals provide data and rationale that provides evidence as to why a more narrow target population is necessary;
   b. The plan for addressing the identified needs/issues of the target population(s);
   c. Projected outcome(s);
   d. Coordination with other source(s)/partner(s);
   e. Capacity for assessing need;
The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

6. **Participation in Coordinated Assessment Model (CAM):** Respond to the following:
   a. How did your agency participate in CAM over the past year? "Participation" is defined as sending/receiving referrals to/from CAM, participating in PSH match meetings, attending service provider workgroup meetings or focus groups, or attending other CAM-related meetings.
   b. Describe how this project will work with CAM to solely receive referrals for these units and to help ensure the referrals received are successfully housed.

7. **Landlord Relationships:** Describe how your organization reaches out to, and engages with local landlords to recruit their participation in making their units available to program participants. In your description, explain how your organization maintains an on-going positive relationship and communication with landlords renting to your organization's program participants. *(no character limit)*

8. **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 housing activities within 3 months of receiving the award letter from HUD if funded. *(limit: 3,000 characters, with spaces)*

9. **Obtaining & Maintaining Permanent Housing:** Describe how the project applicant will assist project participants to obtain and 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 maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or sub recipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative. *(no character limit)*

10. **Transitional Housing Component:** Describe how the Transitional Housing component of this project will be implemented. The response should address the following:
    a. The design of the TH portion of the project. Specifically, describe if the TH portion of the project will take place in a site-based project (from which participants would need to vacate either at the end of the project or when they transition to the RRH portion of the project) **OR** if the TH portion of the project will take place in scattered-site units that participants would not have to vacate at the end of the project.
    b. How the TH portion will be made voluntary to participants (ie, how participants could choose to forego the TH portion of the project and only utilize the RRH portion).
    c. How the TH portion will be low-barrier and adhere to Housing First principles.
    d. How participants will be assisted to seamlessly move from the TH to the RRH portion of the project. Note: it is assumed that the maximum length of time a person may reside in the TH-RRH project is 24 months in total.

11. **Increasing Employment/Income:** Describe specifically how participants will be assisted to increase their employment and/or income and to maximize their ability to live independently. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently. *(limit: 3,000 characters, with spaces)*

12. **Current Rapid Rehousing Provider**: Does the applicant or sub recipient currently provide Rapid Rehousing, either in the Cumberland/Allegany County CoC or a neighboring CoC? This could be Rapid Rehousing funded by Continuum of Care dollars, Emergency Solutions Grant dollars, SSVF, or another source of funding.

    ___ Yes
    ___ No

    a. If "yes", and the project is not in the Cumberland/Allegany County CoC, identify which CoC the project is located in:

    b. If "yes", identify what type of funding your current RRH project(s) receive. Select all that apply:

        ___ Continuum of Care (CoC)

___ Emergency Solutions Grant (ESG)
___ Supportive Services for Veteran Families (SSVF)
___ Other (please identify): _____

13. **Housing First Experience in RRH and TH:** Please respond to <u>all</u> parts of this question.
    a. Does your current RRH project follow a "Housing First" model?

    ___ Yes for all of our current RRH projects (regardless of funding source)
    ___ Yes for some, but not all of our RRH projects (regardless of funding source)
    ___ No, none of our RRH projects practice Housing First
    ___ N/A, we do not currently operate any RRH

    b. Does/did your current/former TH project follow a "Housing First" model?

    ___ Yes for all of our current/former TH projects (regardless of funding source)
    ___ Yes for some, but not all of our TH projects (regardless of funding source)
    ___ No, none of our TH projects practice Housing First
    ___ N/A, we do not currently/formerly operate any TH

    c. Describe how your organization currently puts into practice a Housing First model of service delivery. If your organization does not currently practice Housing First, describe how you will implement Housing First. *(no character limit)*

14. **Current/Former Transitional Housing Provider:** Does/did the applicant and/or sub recipient currently or formerly provide Transitional Housing either in the Cumberland/Allegany County CoC or a neighboring CoC? This could have been a project funded by either Continuum of Care funding or other funding.

    ___ Yes
    ___ No

    a. If "yes", and the project is not in the Cumberland/Allegany County CoC, identify which CoC the project is located in:

    b. If "yes", identify what type of funding your current/former TH project(s) receive(d). Select all that apply:

    ___ Continuum of Care (CoC)
    ___ Other (please identify): _____
    ___ Other (please identify): _____
    ___ Other (please identify): _____

    c. If "yes", describe which target population(s) the TH project(s) are/were targeted to. If the applicant and/or sub recipient has/had more than one TH project, please identify all subpopulations served by the TH projects:

15. **Enrolling Clients in Medicaid:** Describe the specific activities that are in place to enroll clients in Medicaid.

16. **Linking Participants to Mainstream Resources:** Describe how your organization assists clients with accessing mainstream resources that help them to achieve greater stability and integration into the community.

17. **Past Outcomes for RRH projects:** Describe successes and outcomes the applicant and sub recipient have had in:
    a. Assisting tenants of their current RRH project(s) to remain stably housed or to move to other permanent housing; AND
    b. Assisting tenants of their current RRH project(s) with increasing their income and employment (includes employment income or benefits)

    The response should include data specific to the outcome (eg, *"XX% of persons in project remained stably housed over the last project term")*.

18. **Past Outcomes for TH projects:** Describe successes and outcomes the applicant and sub recipient have had in:
    a. Assisting tenants of their current/former TH project(s) to remain stably housed or to move to other permanent housing; AND
    b. Assisting tenants of their current/former TH project(s) with increasing their income and employment (includes employment income or benefits)

    The response should include data specific to the outcome (eg, *"XX% of persons in project remained stably housed over the last project term")*.

19. **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 organization has been monitored by HUD within the last three years (since June 2014), complete the following table and attach the required documents. If the organization has not been monitored since June 2014, respond "N/A".

Attached (✓)	
	Attachment #5: Notification letter or email from HUD that your organization will be monitored
	Attachment #6: Monitoring report from HUD (the report that identifies any concerns or findings); *OR* ☐ 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*

	☐ 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** ☐ 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** ☐ N/A: No other correspondence to provide

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

20. **Eviction Prevention:** Describe how the project will prevent evictions. Provide a copy of the organization's eviction prevention policies as Attachment #10. If the organization does not have eviction prevention policies, describe how the organization will develop such policies. *(no character limit)*

21. **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. Also answer this question:
    a. Projects are not required to request funds for supportive services. If the applicant chooses to not request funds for supportive services, please demonstrate how the applicant will fund the supportive services necessary to allow project participants to obtain and maintain housing. Applicants that are requesting supportive services funding may respond to this question with "N/A".

Budget Pages for Transitional Housing-Rapid Rehousing

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

(✓)	
	Tenant-Based Rental Assistance
	Leasing
	Operating
	Supportive Services
	HMIS
	Administrative Costs

Note: A project may request both tenant-based rental assistance and leasing or tenant-based rental assistance and operations, however, these funds may not be used in the same structure.

All budget terms are limited to 1 year.

Tenant Based Rental Assistance Budget Chart

Size of Unit*	# of Units to be Supported by Grant		FY2017 FMR Budget must be calculated using FY2017 FMR rates		12 months		Rental Assistance Request
SRO		X	$434	X	12	=	
0 Bedroom		X	$578	X	12	=	
1 Bedroom		X	$701	X	12	=	
2 Bedroom		X	$911	X	12	=	
3 Bedroom		X	$1,207	X	12	=	
4 Bedroom		X	$1,300	X	12	=	
Total units requested:		**Total Tenant-Based Rental Assistance Request (1-Year budget):**					
							↑ *enter amount in line 1 of summary budget*

Leasing Budget Chart

Size of Unit*	# of Units to be Supported by Grant		FY2017 FMR, given for reference only	HUD Paid Rent Amount *(may be at or below FMR)*		12 months		Leasing Request
SRO		X	$434		X	12	=	
0 Bedroom		X	$578		X	12	=	
1 Bedroom		X	$701		X	12	=	
2 Bedroom		X	$911		X	12	=	
3 Bedroom		X	$1,207		X	12	=	
4 Bedroom		X	$1,300		X	12	=	
Total units requested:		Total Leasing Request (1-Year budget):						
								↑ *enter amount in line 2 of summary budget*

Operating Budget Chart

Applicants should reference the CoC Program Interim Rule Regulations (§578.55) for details on allowable costs.

Eligible Costs	Quantity Description *For staffing costs requested, indicate the number of FTEs included in the request.*	Annual Amount Requested *(may only request 1 year)*
1. Maintenance/Repair		
2. Property Taxes & Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, Water		
6. Furniture		
7. Equipment (lease or buy)		
Total Annual Amount Requested (1-year budget)		
		↑ *enter amount in line 3 of summary budget*

Supportive Services Budget Chart

TH-RRH projects 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. If selected for funding, the CoC may negotiate specific eligible costs.

Eligible Costs	Quantity Description *For staffing costs requested, indicate the number of FTEs included in the request.*	Annual Amount Requested
1. Annual assessment of service needs		
2. Assistance with Moving Costs *(limited to truck rental and/or hiring a moving company)*		
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 *(eligible cost only if not included in rental/leasing agreement)*		
Total Supportive Services Request (1-year budget)		
		↑ *enter amount in line 4 of summary budget*

HMIS Budget Chart

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

Eligible Costs	Quantity Description *For staffing costs requested, indicate the number of FTEs included in the request.*	Annual Amount Requested
1. Equipment		
2. Software		
3. Personnel		
Total Annual Amount Requested (1 year budget)		
		↑ *enter amount in line 5 of summary budget*

Summary Budget

Line	Eligible Costs	Amount Requested (all requests are for a 1 year term)
1	Tenant-Based Rental Assistance	
2	Leasing	
3	Operating	
4	Supportive Services	
5	HMIS *(Sum of lines 4 and 5 should not exceed 30% of line 6.)*	
6	**Sub-Total Amount Requested** *(add lines 1 through 5)*	
7	**Administrative Costs** *(Up to 7% of line 6)*	
8	**Total Assistance + Admin Requested** *(add lines 6 and 7)*	
	To Calculate Match Requirement	
9	Multiple the sum of lines 1,3,4,5, and 7 by 25% (.25). This is the match requirement. Leasing (line 2) does not require match.	
10	**Total Match** *(should the same as given in the match chart below, and be greater than or equal to line 9)*	

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.

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

Additional Funding Detail		
In this table, provide details on the sources of additional funding, as given in the chart above. *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.*		
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)**
		__ actual __ expected
		__ actual __ expected
		__ actual __ expected
		__ actual __ expected
		__ actual __ 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 (be as specific as possible)	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 to HAND 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 10 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 *(be as specific as possible)*	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 to HAND 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.				
				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 sub recipient agency or his/her authorized representative. If a project has a more than one sub recipient, this page may be duplicated with each sub recipient 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 (attached), 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 (attached) 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.

9) It is understood that if my agency has any outstanding assessments due to HAND as of July 31, 2017, my new project application(s) will not be submitted to HUD via eSNAPS for funding.

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

                                                                                   _____

Name Printed: