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| **Application for Permanent Supportive Housing or Rapid Rehousing Expansion**  |

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| **Submission Checklist**  |

The following items must be submitted to HAND by **3:00 PM on August 25, 2017.** Only one copy of each item is needed.

Clearly label all attachments, using the attachment number given. If an attachment does not apply, place a (**✓**) in the “Not Applicable” column. Only one copy of each attachment is required. Copies of all materials submitted must be single-sided only. Please do not submit materials that are printed double-sided.

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|  |  | **Attached****(✓)** | **Not Applicable****(✓)** |
|  | Submission Checklist (this page) |  |  |
|  | Completed Application (beginning on page 5 of this packet) |  |  |
|  | Completed Budget Pages  |  |  |
|  | Completed Match Chart |  |  |
| **Attachment Number** | **Attachment Description** |  |  |
| #1 | Written commitment of match identified  |  |  |
|  | **Signature Page** *If project has both recipient and sub-recipient(s), it may have more than one signature page.* |  |  |
| #2 |  Signed by Recipient |  |  |
| #2 |  Signed by Sub-recipient(s) |  |  |

*The Detroit CoC reserves the right to request additional project or organizational information at a later date if needed.*

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| **Applicant Contact Information** |

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| Applicant Organization’s Name:  |
| Project Applicant Address:Street:City: State: ZIP: |
| Contact Person of Project Applicant |
| Name:Title: | Phone Number:Email: |
| Contact information for Project Applicant Executive Director (if different from above) |
| \_\_ information same as aboveName:  | 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:Title: | Phone Number:Email: |

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| **Part I: Current Grant Information** |

**1.** Select which type of current CoC grant you are seeking to expand:

\_\_\_ Permanent Supportive Housing (PSH): Scattered Site

\_\_\_ Permanent Supportive Housing (PSH): Project Based

\_\_\_ Rapid Rehousing (RRH)

**2.** Give the name and current grant number for the project you are seeking to expand. This will be either the FY2015 or the FY2016 grant number.

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Give the number of units/beds for which this project is currently funded. This must be the same information as what is given in question 4B (Housing Type and Location) of the renewal project application for this project.

Total number of units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of beds dedicated to the chronically homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part II: Reason for Expansion Request** |

1. Select the reason(s) why additional funding is being sought to expand the PSH or RRH project. You may select as many as apply. After selecting the reason(s) respond to the additional questions.

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| Place an “X” in the column next to each reason for why the project is requesting expansion funding. Then answer the additional questions for each reason selected. |
|  | **To increase the number of homeless persons served**Give the number of *additional* units/beds this project is requesting:Total number of *additional* units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total number of *additional* beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Note: All of the units in a PSH expansion project will be required to serve the DedicatedPLUS populations. This means these units may serve any of the populations given in the description of DedicatedPLUS above. Projects should note, however, that referrals for these units will still be made in accordance with the CoC’s prioritization policies.  |
|  | **To provide additional supportive services to homeless persons**If this is a reason for expansion, also indicate if the expansion will: \_\_\_ Increase number of and/or expand variety of supportive services provided; AND/OR\_\_\_ Increase frequency and or intensity of supportive servicesIn addition to selecting one or both of the above, also provide a reason for why the supportive services need to be increased from the current grant: |
|  | **To bring existing facilities up to state/local government health and safety standards**If this is selected as a reason for expansion, describe the following:* The work needed to be done to bring the facilities up to health and safety standards
* The total estimated cost of the work
* The estimated timeline for the work to be completed
* All the sources of funding that will be used to complete the work
 |
|  | **Replacing the loss of nonrenewable funding (private, federal, other excluding state/local government)**If this is selected as a reason for expansion, describe the following:* What is the source of non-renewable funding (should indicate that funds are not controlled by the state or local government)?
* What were those funds used for? What types of services did they support?
* Why are the project funds non-renewable?
* On what date will the non-renewable funds expire?
* What steps were taken to obtain other funding sources?
* Why are CoC Program funds necessary to continue operating the project?
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| **Part III: Organizational Capacity** |

1. Complete parts a – c below to indicate the current staff/client ratio for this project and what the staff/client ratio will be if the project is expanded. This question will help reviewers understand the approximate size of client caseloads managed by front line staff. “Staff” in this question refers to the staff person who is the client’s primary point of contact once s/he is housed. This is the staff person who works with the client to help ensure s/he remains housed (for PSH projects) or transitions to permanent housing (for RRH projects) by providing an array of direct services as needed for the client. These are the staff who often have the title “case manager”, although organizations may use other titles.
	1. Current project staff to client ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Example: As response of “1 to 20” would mean that each staff has a caseload of 20 clients.*

* 1. Staff to client ratio under proposed expansion (current grant + expansion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Optional: Provide any additional comments on staff/client ratios.
1. Describe your organization’s capacity to expand your current project. In your response, please include the following:
	1. Describe how many, if any, additional staff will be hired for the expansion grant. Describe if these staff will be case management staff, administrative staff, other types of staff, or a combination. The timeline for the hiring process will be given below, in Part IV.
	2. If no additional case management (front line) staff will be hired with the expansion portion of this grant, describe how the organization will ensure that the additional clients that will be served via the expanded portion of the project will receive the services needed to help the clients move into or maintain housing.
	3. Describe the organization’s administrative capacity to expand the grant. Describe how the organization will ensure that the administrative needs of the grant will be met, which include, but are not necessarily limited to, overall management of the grant, timely and accurate rental payments to landlords, timely reporting to HUD and HAND, and HMIS data entry.
2. One of the factors that will be taken into consideration for expanding grants is the extent to which current grants are able to fully expend their funds. If the grant being expanded had any funds left unspent from its most recently completed grant term (the FY14 or FY15 term), describe how the organization will ensure that at least 95% of the entire grant (if not requesting rental assistance) or 90% of the entire grant (if requesting rental assistance) will be expended. “Entire grant” means the combined total of the current grant plus the expansion, as both projects will be combined into one grant agreement.
3. Please answer the following questions as it relates to the most recent *new* CoC grant your agency has been awarded that was awarded in the FY2015 CoC competition or earlier. Do not include projects funded in the FY2016 competition, as those projects are likely to just now be getting under contract.
	1. Identify the name of the project and funding year of the most recent new CoC grant awarded your agency.
	2. Describe the timeline for the implementation of this grant. Specifically, after receiving the completed grant agreement from HUD, how long did the following take:
		1. The hiring of additional staff
		2. Leasing up/moving in the first client
		3. Reaching full occupancy
	3. What challenges, if any, did your agency encounter with ramping up this new project? What steps will be taken to prevent those same challenges if your expansion project is funded?

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| **Part IV: Project Schedule** |

1. 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 6 months of receiving the award letter from HUD if funded. *(limit: 3,000 characters, with spaces)*

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| **Expansion Request Budget** |

Select which of the following budget lines you are requesting for your expansion project, and then complete the budget charts below.

|  |  |
| --- | --- |
|  | Sponsor-Based Rental Assistance |
|  | Tenant-Based Rental Assistance |
|  | Leasing |
|  | Operations |
|  | Supportive Services |
|  | HMIS |

Budget Restrictions

The following budget lines cannot be combined

* Rental Assistance + Leasing = Not Allowed
* Rental Assistance + Operating = Not Allowed

Please be mindful of the budget lines in your current grant, so that you do not request a budget line with this expansion that would conflict.

Permanent Supportive Housing Projects

PSH projects may select any of the above budget lines.

Rapid Rehousing Projects

RRH projects may only select the following:

* Tenant-Based Rental Assistance
* Supportive Services
* HMIS

Based on the budget option being requested, complete the following budget charts below.

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| **Sponsor Based Rental Assistance Budget Chart**  |

Note: If requesting sponsor-based rental assistance, the project must have identified a sub-recipient that will own or lease the units. This organization must be identified on page 5.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Sponsor-Based Rental Assistance Request (1-Year budget):** |  |
|  | **↑***enter amount in line 1 of summary budget* |

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| **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 2 of summary budget* |

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| **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 3 of summary budget* |

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| **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
 |  |  |
| 1. Property Taxes & Insurance
 |  |  |
| 1. Replacement Reserve
 |  |  |
| 1. Building Security
 |  |  |
| 1. Electricity, Gas, Water
 |  |  |
| 1. Furniture
 |  |  |
| 1. Equipment (lease or buy)
 |  |  |
| **Total Annual Amount Requested (1-year budget)** |  |
|  | **↑***enter amount in line 4 of summary budget* |

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| **Supportive Services Budget Chart** |

PSH 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.

|  |  |  |
| --- | --- | --- |
| **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
 |  |  |
| 1. Assistance with Moving Costs *(limited to truck rental and/or hiring a moving company)*
 |  |  |
| 1. Case Management
 |  |  |
| 1. Food
 |  |  |
| 1. Housing Search and Counseling Services
 |  |  |
| 1. Legal services
 |  |  |
| 1. Life Skills
 |  |  |
| 1. Outreach services
 |  |  |
| 1. Transportation
 |  |  |
| 1. Utility deposits *(eligible cost only if not included in rental/leasing agreement)*
 |  |  |
| **Total Supportive Services Request (1-year budget)** |  |
|  | **↑***enter amount in line 5 of summary budget* |

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| **HMIS Budget Chart** |

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

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| --- | --- | --- |
| **Eligible Costs** | **Quantity Description***For personnel costs requested, indicate the number of FTEs included in the request.* | **Annual Amount Requested***(may only request 1 year)* |
| 1. Equipment
 |  |  |
| 1. Software
 |  |  |
| 1. Personnel
 |  |  |
| **Total Annual Amount Requested (1-year budget)** |  |
|  | **↑***enter amount in line 6 of summary budget* |

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| **Summary Budget for Requested CoC Funding** |

|  |  |  |
| --- | --- | --- |
| Line | **Eligible Costs** | **Amount Requested**(all requests are for a 1 year term) |
| 1 | Sponsor-Based Rental Assistance |  |
| 2 | Tenant-Based Rental Assistance |  |
| 3 | Leasing |  |
| 4 | Operations |  |
| 5 | Supportive Services |  |
| 6 | HMIS *(sum of lines 5 and 6 may not exceed 30% of line 7)* |  |
| 7 | **Sub-Total Amount Requested***(add lines 1 through 6)* |  |
| 8 | **Administrative Costs** *(Up to 7% of line 7*) |  |
| 9 | **Total Assistance + Admin Requested** |  |
|  | **To Calculate Match Requirement** |  |
| 10 | Multiple the sum of lines 1, 2, 4, 5, 6, 7 and 8 by 25% (.25). This is the match requirement. Leasing costs (line 3) do not require match. |  |
| 11 | **Total Match***(should the same as given in the match chart below, and be greater than or equal to line 10)*  |  |

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| **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)** | **(E)** | **(F)** |
| **Eligible Costs** | **CoC Funding Request***(must be same as in summary chart above)* | **Matching Funds for this expansion***(must be the same as in the matching chart below)* | **CoC Funding Request for current grant***(this* *must be the same* *amount of the current renewal project)* | **Matching Funds for current grant** *(these are the funds used to match your current grant)* | **Additional Funding** *(these are funds in addition to match; also complete table below)* | **Total***(sum across the rows)* |
| Acquisition/Rehabilitation/New Construction |  |  |  |  |  | $ |
| Rental Assistance |  |  |  |  |  | $ |
| Leasing |  |  |  |  |  | $ |
| Operations |  |  |  |  |  | $ |
| Supportive Services |  |  |  |  |  | $ |
| HMIS  |  |  |  |  |  | $ |
| Administrative Costs |  |  |  |  |  | $ |
| **Total** *(sum columns A - E)* | $ | $ |  |  | $ |  |
| **GRAND TOTAL*****(sum of column F)*** | $ |

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| **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 include matching funds here; information on matching funds should be given in the chart on the next page.* |
| **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)*

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| **Match Chart** |

In the chart below, identify the sources of match for this project. Applicants may add more lines to the table 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 #1?****(🗸 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 11 in summary budget chart** |  |  |

\*An agency may split up a source of match 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 the $10,000 as match for Project A and all of the $10,000 as match for Project B). HAND will be reviewing the matching sources across all an agency’s project applications to ensure no one source is used in total as match/leverage for more than one project.

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| **Signature Page (Attachment #2)** |

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), in accordance with the CAM policies and procedures for that project type.

4) The data submitted with this application (in both the APR submitted to HUD via Sage 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 Detroit CoC Board are found in the [Appeals Policy](http://www.handetroit.org/continuum-of-care-funding/), and that any appeals decisions made by the Detroit 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](http://www.handetroit.org/continuum-of-care-funding/) and that such project ranking decisions are final.

7) It is understood that should the Detroit 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 Detroit CoC Board.

8) It is understood that the Detroit 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.

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| Signed:  |  | Date:  |  |
|  | *(Executive Director or authorized representative)* |  |  |
|  |  |  |  |
| Name Printed: |  |  |  |