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| **Submission Checklist** |

The following items for renewal applications must be submitted to HAND by **by 3:00 PM on June 26.** Clearly label all attachments, using the attachment number given, even if attachments will end up not being numbered 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. Copies of all materials submitted must be single-sided only. Please do not submit materials that are printed double-sided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name** | |  | **Included**  **(✓)** | **Not Applicable**  **(✓)** | **Included with other renewal project application** |
| **Project Name** | |  |
|  | Submission Checklist (this page) | |  |  |  |
|  | Completed Renewal Application  (beginning on page 30 of this packet) | |  |  |  |
| **Attachment Number** | **Attachment Description (ONE per agency)**  *Agencies only need to submit* ***ONE (1)*** *of each of the following, even if they are submitting multiple renewal applications* | |  |  |  |
| #1 | Most recent A-133 audit | |  |  |  |
| #2 | Most recent agency financial audit | |  |  |  |
|  | Participation of homeless/formerly homeless person (Part G) | |  |  |  |
| #3 | Documentation of participation of homeless/formerly homeless person (may have multiple, if project has subrecipient(s)) | |  |  |  |
| #4 | Request for waiver of this requirement submitted to HUD or HUD’s approval of waiver request | |  |  |  |
| **Attachment Number** | **Attachment Description**  *Each individual project application must have the following attachments, as they apply to that project.* | |  |  |  |
| #5 | Copy of most recent APR submitted to HUD via eSNAPS. See Appendix B for details. | |  |  |  |
| #6 | APR generated from ServicePoint for the project under review for the time period of 1/1/2016 – 12/31/2016. See Appendix C for details. | |  |  |  |
|  | **If monitored by HUD since June 2014: (Part B)** | |  |  |  |
| #7 | Notification from HUD that project will be monitored | |  |  |  |
| #8 | Monitoring report from HUD | |  |  |  |
| #9 | Organization’s response to monitoring report | |  |  |  |
| #10 | Documentation from HUD that monitoring concern or finding satisfied | |  |  |  |
| #11 | Any other monitoring-related correspondence | |  |  |  |
|  | **If project had significant project changes (Part C)** | |  |  |  |
| #12 | Written communication to HUD requesting the significant change | |  |  |  |
| #13 | HUD’s written approval of the change requested | |  |  |  |
|  | **Signature Page** *If project has both recipient and subrecipient(s), it may have more than one signature page.* | |  |  |  |
| #14 | Signed by Recipient | |  |  |  |
| #14 | Signed by Subrecipient(s) | |  |  |  |

*The Collaborative Applicant reserves the right to request additional project or organizational information at a later date if needed. Any items not included in the checklist that are requested and submitted at a later date above will not result in points deducted from the application.*

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| **FY2017 Renewal Project Application** |

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| **Part A: General Project Information** |

|  |  |
| --- | --- |
| 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 above  Name: | Phone Number:  Email: |
| Project Name: | |
| Project Address:  Street:  City: State: ZIP:  Check if project provides scattered-site leasing or rental assistance | |
| Project Sub-recipient Organization Name (If different from Applicant): | |
| Project Sub-recipient’s Address (if applicable)  Street:  City: State: Zip: | |
| Contact Person of Project Sub-recipient | |
| Name:  Title: | Phone Number:  Email: |
| **Project Component Type** |  |
| Permanent Housing (PH)  Permanent Supportive Housing  Rapid Rehousing  Transitional Housing (TH)  Supportive Services Only (SSO)  Coordinated Entry/CAM SSO  Non-Coordinated Entry/CAM SSO  HMIS  CoC Planning | |

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| **Part B: HUD Monitoring Findings** |

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| *Any findings may require further review* |

**Question #1**

Has this project been monitored by HUD within the last three years? (Since June 2014)

Yes  No

If “Yes,” include as many of the following that apply asattachments to your application. Check “N/A” if not applicable:

|  |  |
| --- | --- |
| Attached  (✓) |  |
|  | Attachment #7:  Notification letter or email from HUD that your project will be monitored |
|  | Attachment #8:  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 #9:  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 #10:  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 #11:  Any other monitoring-related correspondence between your organization and HUD; ***OR***  N/A: No other correspondence to provide |

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| **Part C: Significant Project Changes** |

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| *Any changes noted may require additional review* |

**Question #1**

Are there any significant changes in the project since the last funding approval?

Yes  No

If “yes” complete the chart below to describe the change:

|  |  |  |
| --- | --- | --- |
|  | **Previous** | **New** |
| Indicate change in the number of persons served |  |  |
| Indicate change in the number of units |  |  |
| Indicate change in project site location |  |  |
| Indicate change in target population |  |  |
| Indicate change in the project sponsor |  |  |
| Indicate change in the component type |  |  |
| Indicate change in the grantee/applicant |  |  |
| Indicate change in the number of beds |  |  |
| Line item or cost category budget changes more than 10% |  |  |
| Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

If “Yes,” include as many of the following that apply asattachments to your application. Check “N/A” if not applicable:

|  |  |
| --- | --- |
| Attached  (✓) |  |
|  | Attachment #12:  Written communication to HUD requesting the significant change |
|  | Attachment #13:  HUD’s written approval of the change requested  N/A: HUD has not yet provided written approval of the requested change |

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| **Part D: APR Information** |

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| *Value = not scored*  *Rationale given for late APR submissions to HUD will be reviewed; grantees should note that future funding competitions may deduct points from overall score for untimely submissions to HUD.* |

**Question #1:**

Complete the box with the information requested.

|  |  |  |  |
| --- | --- | --- | --- |
| Term of most recent APR submitted to HUD: |  |  |  |
|  | *Operating Year Start Date (DD/MM/YY)* | To | *Operating Year End Date (DD/MM/YY)* |
| Date APR submitted to HUD via Esnaps or Sage: |  | | |
|  | *Date (DD/MM/YY)* | | |

**Question #2:**

Was your APR submitted via eSNAPS or Sage to HUD within 90 days for the end of the project term?

Yes  No  Unsure

If “no”, please explain why the APR was not submitted to HUD in a timely fashion, and steps the grantee is taking to ensure timely submission in the future:

**NOTE:** It is recognized that during the summer of 2016, there were technical difficulties with eSNAPS that may have prevented APRs from being submitted on time or, in some instances, at all. If this situation impacted your organization, please make note of it above.

**NOTE:** Grantees should note that going forward, the CoC Lead Agency will be able to view in Sage if an agency has submitted its APR to Sage in a timely fashion. The CoC Lead Agency will also be able to directly view the APRs submitted in Sage.

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| **Part E: Continuous Quality Improvement Process (Optional)** |

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| *Value = not scored* |

**Question #1 (Responding to this question is optional.)**

Agencies *may* provide, in one-half page or less, an explanation or commentary on the project’s performance for the evaluation criteria under review (clients exiting with income & mainstream resources, or housing performance). Agencies may include a description of any steps being taken to implement a continuous quality improvement program. While this question will NOT be scored, an explanation may be included to help reviewers understand any special circumstances that contributed to the project’s performance.

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| **Part F: Financial Performance** |

Question #1

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| *Value = 15 points* |

Complete the chart and answer the questions below. When completing the Project Grant Number section and total grant amount, refer to Appendix B which provides the grant number and grant amount for which spending information is requested. Depending on the term of the project being reported on, a project may be reporting on its FY2014 award or its FY2015 award. Also, note that this may be the same project number for which spending information was submitted in last year’s application.

The information provided here may be verified with the local HUD Field Office and/or via a review of the project’s APR.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | A | B | C |
| Project Name | Project Grant Number | Total grant amount | Total amount drawn down from LOCCS as of 90 days after the end of the most recently completed project term | Percentage of funds expended: [(B/A) x 100] |
|  |  |  |  |  |

Question #2

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| --- |
| *Value = Not Scored* |

If the percentage of funds expended (column C) is less than 95% (if a non-rental assistance project) or less than 90% (if a rental assistance project), provide an explanation why not all funds were expended: *(max 1 paragraph)*

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| **Part G: Consumer Participation** |

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| *Value = up to 5 points for both questions combined*   * *Over the course of CY2016, the organization had no current consumer participation and currently has no plan to incorporate consumer participation = 0 pts* * *Over the course of CY2016, the organization had no current consumer participation, but has a plan in place to incorporate consumer participation = 3 pts* * *Over the course of CY2016, organization had consumer participation and provided documentation of same = 5 pts*   If the project has a recipient and subrecipient(s) points will be awarded based on the extent to which all entities associated with the grant are compliant with this regulation. |

HEARTH regulations require the following of CoC-funded recipient and subrecipients *(24 CFR 578.75(g))*:

“(1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

**Question #1a**

Place a check mark (🗸) in the appropriate box(es) below to signify the extent to which the recipient and sub-recipient(s) are compliant with this policy. If the recipient/sub-recipient is not currently compliant with the regulations, and has not requested a waiver, answer question **1b** below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Recipient/Subrecipient had consumer participation on board or other policy making entity at some point in CY2016  (🗸) | Documentation of such consumer participation is attached  (attachment #3)  (🗸) | **OR** | Waiver for this requirement has been requested and/or approved by HUD and a copy is attached (attachment #4)  (🗸) |
| Project recipient |  |  |  |  |
| Project subrecipient(s):  Subrecipient name: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

*If more than one subrecipient, additional rows may be added to the table. The questions must be answered for each sub-recipient associated with the grant.*

**Question #1b**

Describe, in ½ a page or less, how in the coming year the recipient and/or subrecipient will become compliant with the regulations found at 24 CFR 578.75(g)(1).

Note: Additional follow-up may occur for recipients and/or subrecipients which indicated in past applications a plan to become compliant with this regulation if the recipient/subrecipient indicates in the FY2017 application that they are not yet compliant.

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| **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/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 renewal project application(s) will not be submitted to HUD via eSNAPS for funding.

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