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

|  |
| --- |
| **Application Submission** |

All application materials must be delivered to HAND’s office at:

3701 Miracles Blvd, Suite 101

Detroit, MI 48201

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

All application materials must be delivered to HAND’s office by **12:00 PM on August 27, 2019.** Please note the time application materials are due. They are due by **12:00 PM on August 27, 2019.** Applications submitted after this time will not be considered.

|  |
| --- |
| **Scoring Details and Project Ranking** |

All projects will be reviewed and scored on a given point scale. The scoring details are provided in the document “FY2019 Round 2 New Project Request for Proposals”. Policies on how projects will be ranked when submitted to HUD may be found [here](http://www.handetroit.org/continuum-of-care-funding).

Threshold Score

Projects that score less than 70% of the maximum points possible will not be given further consideration for funding. The Detroit Continuum of Care (CoC) reserves the right to reject all proposals or reject portions of any proposal.

|  |
| --- |
| **Submission Format** |

Applications must adhere to the following format when being submitted. Failure to adhered to these formatting requirements may result in parts of the application not being reviewed:

1. **Applications and attachments must be** **one-sided only**.
2. Only the attachments required listed in the “submission checklist” will be reviewed. Any other attachments will not be reviewed.
3. Applications should be secured ONLY with binder clips. Applications should not be stapled together nor submitted in 3-ring binders.
4. The required attachments, as listed in the “submission checklist” should be clearly labeled using the number given.

|  |
| --- |
| **Additional Information** |

For questions or additional information, please contact Amanda Sternberg at [Amanda@handetroit.org](mailto:Amanda@handetroit.org) or 313-964-3666 x104.

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

|  |
| --- |
| **Submission Checklist** |

The following items must be submitted to HAND by **12:00 PM on August 27, 2019.** Only one copy of each item is needed.

Clearly label all attachments, using the attachment number given, even if attachments will not be 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. Do not submit materials that are printed double-sided.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Attached**  **(✓)** | **Not Applicable**  **(✓)** |
| Submission Checklist (this page) | |  |  |
| Completed Application (being on page 3 of this packet) | |  |  |
| Completed Budget Pages | |  |  |
| Completed Match Chart | |  |  |
| **Attachment Number** | **Attachment Description** |  |  |
| #1 | Most recent agency financial audit |  |  |
| #2 | Most recent A-133 audit (if not included in the agency audit in Attachment #1) |  |  |
| SKIP ATTACHMENTS #3 to #8 CONTINUE ATTACHMENT NUMBERING WITH #9 | | | |
|  | **If monitored by HUD since June 2016: (Part III, Question 7)** |  |  |
| #9 | Notification from HUD that project will be monitored |  |  |
| #10 | Monitoring report from HUD |  |  |
| #11 | Organization’s response to monitoring report |  |  |
| #12 | Documentation from HUD that monitoring concern or finding satisfied |  |  |
| #13 | Any other monitoring-related correspondence |  |  |
|  | **If monitored by City of Detroit since June 2016: (Part III, Question 8)** |  |  |
| #14 | Notification from City of Detroit that project will be monitored |  |  |
| #15 | Monitoring report from City of Detroit |  |  |
| #16 | Organization’s response to monitoring report |  |  |
| #17 | Documentation from City of Detroit that monitoring concern or finding satisfied |  |  |
| #18 | Any other monitoring-related correspondence |  |  |
| #19 | Written commitment of match identified (optional) |  |  |
|  | **Signature Page**  *If project has both recipient and sub-recipient(s), it may have more than one signature page.* | | |
| #20 | Signed by Recipient |  |  |
| #20 | Signed by Sub-recipient(s) |  |  |
| All attachments submitted with the project’s FY2019 renewal application may also be reviewed. | | | |

*The Detroit 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:  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: | | |
| 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: | |

|  |
| --- |
| **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.

|  |
| --- |
| **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 FY2018 grant number for the project you are seeking to expand.

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 FY2018 renewal project application for this project.

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

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

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

|  |
| --- |
| **Part II: Reason for Expansion Request & Staff Ratios** |

1. **Reasons for Expansion**: In the table below, select the reason(s) why additional funding is being sought to expand the project. You may select as many as apply. After selecting the reason(s) respond to the additional questions in the box.

|  |  |
| --- | --- |
| 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. 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 services |
|  | **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? |

1. **Rationale for Funding Request:** Referencing all the reasons selected above for the expansion request, explain why additional funding is needed for this project.
2. **Client/Staff Ratio:** Complete parts **a – d** 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. In part “a” indicate the *current* client to staff ratio as is currently exists for this project in terms of staffing FTEs. For example, a client/staff ratio of 20 clients to 1 FTE would mean that one full-time staff (or the equivalent) has a case load of 20 clients. In part “b” indicate what the staff to client ratio will be for the TOTAL project, if this expansion is funded. In part “c” indicate if the staff will be expected to carry a caseload of clients from other programs. Part “d” is optional.
   1. Current project staff to client ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* 1. Staff to client ratio for TOTAL project (current grant + expansion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Will the staff on this project have clients from other programs on their case loads? If so, from what types of programs and approximately how many clients?
  3. Optional: Provide any additional comments on staff/client ratios.

|  |
| --- |
| **Part III: Organizational Experience and Capacity** |

1. **Applicant Experience:** Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. Describe why the applicant, subrecipients, 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)*
   1. Working with and addressing the target population’s identified housing and supportive service needs
   2. Developing and implementing relevant program systems, and/or services;
   3. Identifying and securing matching funds from a variety of sources; and
   4. Managing basic organization operations including financial accounting systems.
2. **Subrecipients:** If this project has or will have a subrecipient(s) clearly describe the distinct roles and responsibilities of both the applicant (ie, recipient) and the subrecipient(s). Also describe how the recipient will monitor the subrecipient for program performance and compliance with regulations. Lastly, indicate in the chart given the amount of funding will be distributed between the recipient and the subrecipient. If this application will not have a subrecipient, respond “N/A”. *(no character limit)*

|  |  |  |
| --- | --- | --- |
| **Budget Lines** | **Amount Requested to be**  **Sub- granted to Subrecipient** | **Amount Requested to be Retained by Recipient** |
| Rental Assistance |  |  |
| Leased Units |  |  |
| Leased Structures |  |  |
| Operations |  |  |
| Services |  |  |
| HMIS |  |  |
| Admin |  |  |
| **TOTAL:**  *Sum of total for subrecipient and recipient should be the same as total request given in the summary budget chart.* |  |  |

1. **Programmatic Capacity:** Describe your organization’s programmatic capacity to expand your current project. In your response, include a response to each of 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.
2. **Administrative Capacity:** Describe the organization’s administrative capacity to expand the grant. In this description, include a response to each of the following:
   1. Provide an overall description of how the organization will ensure the administrative needs of this grant will be met.
   2. How does the organization *currently* ensure accurate and timely payments are made to landlords? Will any part of this process change with the expansion of the project? If so, how? (If this project is not a housing project, respond with “N/A”).
   3. How does the organization *currently* ensure that grant funds are draws at least quarterly from LOCCS? Will any part of this process change with the expansion of the project? If so, how?
   4. How does the organization *currently* ensure timely and accurate submission of the Annual Performance Report (APR)? Will any part of this process change with the expansion of the project? If so, how?
   5. How does the organization *currently* ensure timely and accurate HMIS data entry? Will any part of this process change with the expansion of the project? If so, how?
3. **Current Project Spending:** Review Appendix A of the “FY2019 HUD Continuum of Care Funding Competition Renewal Application and Evaluation Policies and Procedures” to determine the amount of funding expended from the most recently completed grant term of the proposed expansion project, and respond to each of the following:
   1. Indicate the percentage of funds expanded, as given in Appendix A.
   2. If the percentage of funds expended 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.
   3. Describe how the organization will ensure that, if this project is expanded, 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.
4. **Housing First Experience:** Describe how your organization practices Housing First in order to help clients maintain their housing. In your response, specifically address how your project works with tenants who are non-compliant with medication or treatment, who have behavioral concerns, and/or are unwilling to engage in services.
5. **Current Continuum of Care Grant(s):** Respond to both of the following:
   1. List the dates from June 2016 to May 2019 that your agency has been monitored by HUD for a Continuum of Care grant. If this is not applicable, respond “N/A”.
   2. Provide the following attachments for *each* of the dates listed above in “a”. If you are submitting the same number attachment for different monitoring dates, be sure to label the attachments clearly, so that it is clear which attachment corresponds to which monitoring visit.

|  |  |
| --- | --- |
| Attached  (✓) |  |
|  | Attachment #9:  Notification letter or email from HUD that your organization will be monitored |
|  | Attachment #10:  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 #11:  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 #12:  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 #13:  Any other monitoring-related correspondence between your organization and HUD; ***OR***  N/A: No other correspondence to provide |

1. **Current City of Detroit ESG/CDBG Homeless Program Grant:** Respond to all of the following. The response in this section should encompass any type of monitoring from the City of Detroit, including financial monitoring from the Office of the Controller or programmatic monitoring from the Housing and Revitalization Department, and is in inclusive of both on-site or desk monitoring:
   1. State whether the applicant had any unexpended funds from its most recently completed City ESG/CDBG Homeless Program grant, 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”;
   2. List the dates from June 2016 to May 2019 that your agency has been monitored by the City of Detroit for ESG/CDBG Homeless program for your agency currently receives or has received. If this is not applicable, respond “N/A”.
   3. Provide the following attachments for *each* of the dates listed above in “b”. If you are submitting the same number attachment for different monitoring dates, be sure to label the attachments clearly, so that it is clear which attachment corresponds to which monitoring visit.

|  |  |
| --- | --- |
| Attached  (✓) |  |
|  | Attachment #14:  Notification letter or email from the City of Detroit that your organization will be monitored |
|  | Attachment #15:  Monitoring report from the City of Detroit (the report that identifies any concerns or findings); ***OR***  N/A: The City of Detroit has not yet provided our organization with their monitoring report |
|  | Attachment #16:  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 #17:  Documentation from the City of Detroit that a monitoring concern or finding has been satisfied; ***OR***  N/A: City of Detroit has not yet responded to our organization’s response to the monitoring report |
|  | Attachment #18:  Any other monitoring-related correspondence between your organization and City of Detroit; ***OR***  N/A: No other correspondence to provide |

If the applicant organization has not received City of Detroit ESG/CDBG Homeless program funding since 2016, respond “N/A”. Note: HAND will consult with the City of Detroit regarding the responses given in this section.

|  |
| --- |
| **Part IV: New Project Ramp Up** |

1. **Past New Project Ramp Up Experience:** Answer the following questions as it relates to the most recent new CoC grant your agency has been awarded that was awarded in the FY2017 CoC competition or earlier. Do not include projects funded in the FY2018 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 (if applicable)
      3. Reaching full occupancy (if applicable)
   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?
2. **Expansion Grant Ramp Up:** 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)*

|  |  |
| --- | --- |
| **Project Milestone** | **Days from Execution of Grant Agreement**  (indicate N/A if any of the milestones do not apply to the proposed project) |
| New project staff hired, or other project expenses begin |  |
| Participant enrollment in project begins |  |
| Participants begin to occupy units and supportive services begin |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? |  |
| Closing on purchase of land, structure(s) or execution of structure lease? |  |
| Rehabilitation started? |  |
| Rehabilitation completed? |  |
| New construction started? |  |
| New construction completed? |  |

|  |
| --- |
| **Part V: Budget** |

1. **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:
   1. 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 Expansion Grants** |

Expansion projects may only request to expand budget lines that the project is currently funded for. From the list below, check the budget lines that the project currently receives, and complete the budget charts on the following pages to indicate the amount of expansion funding being requested.

\_\_\_ Sponsor-Based Rental Assistance

\_\_\_ Project-Based Rental Assistance

\_\_\_ Tenant-Based Rental Assistance

\_\_\_ Leasing

\_\_\_ Operations

\_\_\_ Supportive Services

\_\_\_ HMIS

\_\_\_ Administration

|  |
| --- |
| **Project Budget and Match Details for Expansion Grants** |

There are four parts to the budget and match detail section, be sure to complete them all:

* Part 1: CoC Budget Summary Chart
* Part 2: Line Item Budget Details and Additional Funding Sources
* Part 3: Match Details
* Part 4: Other funding

*NOTE: The information given in the budget pages must be for the expansion funds being requested only, not the expansion plus the renewal project.*

**Part 1:** **CoC Budget Summary Chart**

Compete the CoC budget summary chart to reflect the total amount of CoC funding being requested.

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

|  |  |  |
| --- | --- | --- |
| Line | **Eligible Costs** | **Amount Requested**  (all requests are for a  1 year term) |
| 1 | Rental Assistance |  |
| 2 | Leased Units |  |
| 3 | Leased Structures |  |
| 4 | Operations |  |
| 5 | Supportive Services |  |
| 6 | HMIS *(sum of lines 5 and 6 may not exceed 50% 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**  *(sum of lines 7 and 8)* |  |
|  | **To Calculate Match Requirement** |  |
| 10 | Subtract from line 9 any amounts in lines 2 or 3. |  |
| 11 | Multiply the amount of line 10 by 25% (.25). **This is the project match requirement.** All budget lines except for leasing (line 2 and 3) require match. The amount given here should the same as given in the match chart below. |  |

**Part 2: Line Item Budget Details and Additional Funding Sources**

Referencing the completed chart in Step 1, complete the detailed budget charts below for the budget lines requested.

|  |
| --- |
| **Rental Assistance Budget Chart** |

Select the type of rental assistance being requested. Reference the CoC Regulations at [24 CFR 578.51](https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.99) for additional details on types of rental assistance.

\_\_\_ Sponsor Based Rental Assistance (SBRA): Note: If requesting sponsor-based rental assistance, the project must have identified a sub-recipient (i.e., sponsor organization) that will own or lease the units. This organization must be identified in Part III, question 2 in the project application.

\_\_\_ Tenant Based Rental Assistance (TBRA)

\_\_\_ Project Based Rental Assistance (PBRA)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Size of Unit** | **# of Units to be Supported by Grant** |  | **FY2018 FMR**  Budget must be calculated using FY2018 FMR rates |  | **12 months** |  | **Rental Assistance Request**  **(1-Year budget):** |
| 0 Bedroom |  | X | *$600* | X | 12 | = |  |
| 1 Bedroom |  | X | *$727* | X | 12 | = |  |
| 2 Bedroom |  | X | *$940* | X | 12 | = |  |
| 3 Bedroom |  | X | *$1,238* | X | 12 | = |  |
| 4 Bedroom |  | X | *$1,337* | X | 12 | = |  |
| **Total units requested:** |  | **Total Rental Assistance Request** | | | | |  |
|  | | | | | | | **↑**  *enter amount in line 1 of summary budget* |

|  |
| --- |
| **Leased Units Budget Chart** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Size of Unit** | **# of Units to be Supported by Grant** |  | *FY2018 FMR, given for reference only* | **HUD Paid Rent Amount**  *(may be at or below FMR)* |  | **12 months** |  | **Leased Units Request**  **(1-Year budget):** |
| 0 Bedroom |  | X | *$600* |  | X | 12 | = |  |
| 1 Bedroom |  | X | *$727* |  | X | 12 | = |  |
| 2 Bedroom |  | X | *$940* |  | X | 12 | = |  |
| 3 Bedroom |  | X | *$1,238* |  | X | 12 | = |  |
| 4 Bedroom |  | X | *$1,337* |  | X | 12 | = |  |
| **Total units requested:** |  | **Total Leased Units Request** | | | | | |  |
|  | | | | | | | | **↑**  *enter amount in line 2 of summary budget* |

|  |
| --- |
| **Leased Structure Budget Chart** |

|  |  |
| --- | --- |
| Structure Name: |  |
| Structure Address: |  |
| City: |  |
| State: |  |
| ZIP |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requested Monthly HUD Paid Rent Amount** |  | **12 months** |  | **Leased Structures Request** |
|  | X | 12 | = |  |
|  | | | | **↑**  *enter amount in line 3 of summary budget* |

|  |
| --- |
| **Operating Detailed Budget** |

Applicants should reference the CoC Program Interim Rule Regulations (§578.55) for details on allowable Operating costs. Be sure to provide adequate detail in the “Cost Description” column so that it is clear how CoC funds would be used. If requesting funds for staffing, be sure to indicate how many FTEs will be supported by the CoC funding.

| **Eligible Costs: Operations** | **CoC Funding** | | **Other Sources of Funding** | | |
| --- | --- | --- | --- | --- | --- |
| **CoC Funding**  *Total CoC Operating must total amount given in summary chart in Step 1* | **Cost Description**  *Provide a description of how CoC funding is used for the given cost. Provide enough detail so that it is clear what the CoC funds are “buying”. For staffing costs, include the amount of FTEs covered by the CoC funding.* | **Other Funding**  *Indicate here what other sources of funding are used to support this cost item. Give the name of the funding source, the amount received, and a description of what the other source(s) of funding are covering. If staffing costs, provide the amount of FTEs covered by the other source of funding.* | **Commitment of Other Sources**  Indicate if the other sources of funding identified are committed or expected. If expected, give the date the agency expects to receive the funds. |
| 1. Maintenance/Repair |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Property Taxes & Insurance |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Replacement Reserve |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Building Security |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Electricity, Gas, Water |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Furniture |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Equipment (lease or buy) |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| **TOTAL CoC OPERATING COSTS**  Enter total in line 4 in the summary chart 🡪 |  |  |  |  |

|  |
| --- |
| **Supportive Services Detailed Budget** |

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. Be sure to provide adequate detail in the “Cost Description” column so that it is clear how CoC funds would be used. If requesting funds for staffing, be sure to indicate how many FTEs will be supported by the CoC funding.

| **Eligible Costs: Supportive Services** | **CoC Funding** | | **Other Sources of Funding** | |
| --- | --- | --- | --- | --- |
| **CoC Funding**  *Total CoC Supportive Services must total amount given in summary chart in Step 1.* | **Cost Description**  *Provide a description of how CoC funding is used for the given cost. Provide enough detail so that it is clear what the CoC funds are “buying”. For staffing costs, include the amount of FTEs covered by the CoC funding.* | **Other Funding**  *Indicate here what other sources of funding are used to support this cost item. Give the name of the funding source, the amount received, and a description of what the other source(s) of funding are covering. If staffing costs, provide the amount of FTEs covered by the other source of funding.* | **Commitment of Other Sources**  Indicate if the other sources of funding identified are committed or expected. If expected, give the date the agency expects to receive the funds. |
| 1. Assessment of service needs |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Assistance with Moving Costs |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Case Management |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Food |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Housing Search and Counseling Services |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Legal services |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Life Skills |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Mental Health Services |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Outreach services |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Substance Abuse Treatment Services |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Transportation |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Utility deposits |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Operating Costs |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| **TOTAL CoC SUPPORTIVE SERIVCES REQUESTED**  Enter total in line 5 in the summary chart 🡪 |  |  |  |  |

|  |
| --- |
| **HMIS Detailed Budget** |

Applicants should reference the CoC Program Interim Rule Regulations (§578.57) for details on allowable HMIS costs. Be sure to provide adequate detail in the “Cost Description” column so that it is clear how CoC funds would be used. If requesting funds for staffing, be sure to indicate how many FTEs will be supported by the CoC funding.

| **Eligible Costs: HMIS** | **CoC Funding** | | **Other Sources of Funding** | |
| --- | --- | --- | --- | --- |
| **CoC Funding**  *Total CoC HMIS must total amount given in summary chart in Step 1* | **Cost Description**  *Provide a description of how CoC funding is used for the given cost. Provide enough detail so that it is clear what the CoC funds are “buying”. For staffing costs, include the amount of FTEs covered by the CoC funding.* | **Other Funding**  *Indicate here what other sources of funding are used to support this cost item. Give the name of the funding source, the amount received, and a description of what the other source(s) of funding are covering. If staffing costs, provide the amount of FTEs covered by the other source of funding.* | **Commitment of Other Sources**  Indicate if the other sources of funding identified are committed or expected. If expected, give the date the agency expects to receive the funds. |
| 1. Equipment |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Software |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| 1. Personnel |  |  |  | \_\_ committed  \_\_ expected (date\_\_\_\_\_) |
| **TOTAL CoC HMIS COSTS**  Enter total in line 6 in the summary chart 🡪 |  |  |  |  |

**Part 3: Match Details**

In the chart below, identify the sources of match for this project and how the match funding will be used. These sources may include the “other sources of funding” given in Step 2, but may also be other/additional sources of funding. 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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Match Source** (Name of source: ex, Medicaid, ABC Foundation, client rent contributions, etc.) | **Match Type (select one)** | **Date of written or expected commitment** | **Match Amount** (Dollar amount, or value of in-kind) | **Amount of commitment being used as match for this project\*** | **How is this match used to support the project?** If the match covers staffing, give the FTEs covered by the match. | **Copy of Written Commitment submitted to HAND as Attachment #19?**  **(🗸 if yes)** | |
|  | 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** | | | | | | |  | |

*Add additional lines to the table as needed.*

\*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 of 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 of an agency’s project applications to ensure no one source is used in total as match for more than one project.

**Part 4: Other Funding Sources**

Other than the “Other Sources of Income” given in Step 2 and the “Match Details” given in Step 3, please indicate any other sources of funding used to support this project. If there are no other sources, then leave this table blank.

| **Other Funding Source** (Name of source) | **Other Funding Source Amount** | **How does this other source of funding support the project?** If the other source covers staffing, give the FTEs covered by the source. | **Actual or expected commitment from the funding source? If expected, give the date the agency expects to receive the funds. (select one)** |
| --- | --- | --- | --- |
|  |  |  | \_\_ committed \_\_ expected (date\_\_\_\_\_) |
|  |  |  | \_\_ committed \_\_ expected (date\_\_\_\_\_) |
|  |  |  | \_\_ committed \_\_ expected (date\_\_\_\_\_) |
|  |  |  | \_\_ committed \_\_ expected (date\_\_\_\_\_) |
|  |  |  | \_\_ committed \_\_ expected (date\_\_\_\_\_) |

Add additional lines to the table as needed.

|  |
| --- |
| **Signature Page (Attachment #20)** |

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. The project will also comply with all other applicable federal, State, and local regulations.

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. The project will adhere to all Coordinated Entry (CAM) policies and procedures.

4) Data submitted with this project application (including, but not necessarily limited data in the APR, Sage, in HMIS, or within the application itself) is complete, accurate, and correct.

5) It is understood that, should this project be eligible for an appeal, no appeal may be made based on having initially submitted incomplete, incorrect, or inaccurate data.

6) 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*](https://static1.squarespace.com/static/5344557fe4b0323896c3c519/t/5cd1b34cdd226b0001239e6f/1557246797495/Detroit+CoC+Funding+Appeals+Policy+%26+Procedures_May2019.pdf) and that any appeals decisions made by the Detroit CoC Board will be final.

7) It is understood that renewal and new projects will be submitted to HUD in accordance with the [*FY2019 Project Ranking Policies*](http://www.handetroit.org/continuum-of-care-funding) and that such project ranking decisions are final.

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 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.

**Relinquishment of CoC Grants**

9) (New Project Applications Only): If the new project funding applied for is awarded by HUD, it is expected that the grant agreement for that project will be executed and the project will be implemented. Failure to execute a grant agreement for new project funding may result in that funding being lost to the CoC. If my agency chooses to not execute a grant agreement for new project funding, that agency must attend a meeting with representatives of the CoC Lead Agency, the City of Detroit, and the CoC board to discuss why the agency is choosing to not accept new project funding. Additionally, the agency will not be allowed to apply for new CoC project funding for five (5) years. The CoC board also reserves the right to take additional action if needed.

10) If at any time my agency decides to voluntarily relinquish a renewal CoC grant, my agency will notify the CoC Lead Agency of this decision in writing as soon as possible, but no less than, at least nine (9) months prior to the end of the current grant term.

11) If my agency voluntarily relinquishes a renewal grant, my agency will work with the CoC Lead Agency, CAM Lead Agency, and other stakeholders as needed to ramp down the project and ensure that clients being served by the project are able to retain or achieve stable housing by the time the grant ends.

12) It is understood that the CoC board will decide how to reallocate any relinquished funds.

**Project Minimum Eligibility Requirements**

13) It is understood that my project will serve clients based only on HUD’s minimum eligibility criteria and the project population as written in the grant application. It is understood that clients will not be excluded from the project unless for the following (check that which applies to the project in question):

\_\_\_ This project is limited to serving a a single-sex population only due to having shared bathing and/or shared sleeping accommodations. This project will comply with the Equal Access requirements and serve persons based on the person’s self-identified gender.

\_\_\_ LIHTC and/or PBV attached to this project have additional eligibility or exclusionary criteria over and above the HUD CoC program criteria. These criteria are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ This project cannot serve persons with a CSC conviction or sex offender registry status due to the project’s proximity to schools, child care centers, etc.

\_\_\_ There are other funder requirements with additional eligibility or exclusionary criteria over and above the HUD CoC program criteria. If this box is checked, please also answer the following:

Name of funding source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility or exclusionary criteria of that funding source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: the CoC Lead may require additional documentation, such as a grant agreement, of other funder eligibility/exclusionary criteria.

**Additional Requirement**

14) It is understood that if my agency has an outstanding balance on HUD assessments due to HAND by the time the application is due to HUD, my project application(s) will not be submitted to HUD for funding via eSNAPS.

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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