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| **Application for Rapid Rehousing** |

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| **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.

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| **Scoring Details** |

All projects will be reviewed and scored on a given point scale. The scoring details are provided in the document “FY2019 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.

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| **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.

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| **Additional Information** |

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

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| **Domestic Violence Bonus Funding or Permanent Housing Bonus Funding** |

Applicants will be asked to indicate if they are applying for Domestic Violence Bonus Funding or Permanent Housing Bonus Funding. A comparison of these two types of new funding is given below:

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| --- | --- | --- |
|  | Domestic Violence Bonus | Permanent Housing Bonus\* |
| Amount of Funding Available | $2,519,559 | $403,827 |
| Number of RRH projects that may be submitted to HUD | Limited based on amount of funding available and quality of all new projects received. | Limited based on amount of funding available and quality of all new projects received. |
| Population to be served | Limited to serving persons fleeing/attempting to flee domestic violence, which may include persons fleeing human trafficking. See the New Project RFP for details on this target population. | May serve for individuals, families, or youth coming from the streets or shelter. May also serve persons fleeing or attempting to flee domestic violence. |
| Renewal Project expansion eligibility | No | Yes |
| Ranking position | Will be ranked at the bottom of the CoC’s ranking list. | Placement depends upon application score and amount of Permanent Housing Bonus funding available. |
| Eligible for renewal in subsequent competitions? | Yes | Yes |

*\*Permanent Housing Bonus may not be combined with Domestic Violence Bonus funding*

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| **Application for Rapid Rehousing** |

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| **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 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. 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 (being on page 4 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 and #4. CONTINUE ATTACHMENT NUMBERING WITH #5 | | | |
| #5 | Eviction prevention policies (Question 16) |  |  |
| #6 | Project termination policies (Question 16) |  |  |
| #7 | Copy of current lease or sub-lease in use by a current program participant, with participation information redacted (Question 17) |  |  |
| SKIP ATTACHMENT #8. CONTINUE ATTACHMENT NUMBERING WITH #9 | | | |
|  | **If monitored by HUD since June 2016: (Question 22)** |  |  |
| #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: (Question 23)** |  |  |
| #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) |  |  |

*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 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: | |

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| **Type of New Project Funding Requested** |

Indicate which type of new project funding is being requested. Reference the chart above for differences in these types of funding.

\_\_\_\_ Domestic Violence Bonus

\_\_\_\_ Permanent Housing Bonus

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| **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 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. **Current Rapid Rehousing Provider**: Does the applicant or subrecipient currently provide Rapid ReHousing, either in the Detroit 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

If “yes”, and the project is not in the Detroit CoC, identify which CoC the project is located in:

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Subrecipients:** If this project 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 Sub- granted to Subrecipient** | **Amount Retained by Recipient** |
| Rental Assistance |  |  |
| 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. **Leveraging Experience:** Describe the experience of the applicant and potential subrecipients (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 subrecipient 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)*
2. **Organization & Management Structure:** Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.*(limit: 3,000 characters, with spaces)*
3. **Project Description:** Provide a description of the project that addresses the entire scope of the project, including the following: *(no character limit)*
   1. Provide an overall description of the project describing the housing and supportive services that will be provided.
   2. The target population(s) to be served. If applying for Domestic Violence Bonus funding, refer to the New Project RFP which identifies eligible persons to be served with this funding. Provide data and rationale to explain why this target population was chosen;
   3. The plan for addressing the identified needs/issues of the target population(s);
   4. Projected outcome(s);
   5. Coordination with other source(s)/partner(s);
   6. The reason CoC funding is needed;

The narrative is expected to describe the project at full operational capacity. The description should be consistent with and refer to other parts of this application.

1. **Domestic Violence Bonus Applicants Only:** Applicants applying for Domestic Violence Bonus funding must answer the following. Applicants not applying for Domestic Violence Bonus funding should respond “N/A” to this section. *(no character limit)*
   1. Describe your agency’s experience working with the target population identified in question 6 above.
   2. Describe how your agency will ensure the target population receives necessary legal services.
   3. Describe how your agency will ensure the safety and privacy of the persons who will be served.
2. **Project Timeline:** 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. Also, complete the project milestones chart given. *(limit: 3,000 characters, with spaces, excluding chart)*

|  |  |
| --- | --- |
| **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? |  |

1. **Participation in Coordinated Assessment Model (CAM):** Respond to the following:
   1. 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 attending other CAM-related meetings.
   2. 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.
2. **Relationships with Landlords:** Describe how your organization forms and maintains positive relationships with landlords. In your response, be sure to address the following: *(no character limit)*
   1. The number of landlords your organization currently works with to house people experiencing homelessness.
   2. How your agency identifies and recruits new landlords.
   3. How many and what type of landlord relationship building events your agency held in 2018.
   4. How your agency ensures clear, on-going communication between landlords and program staff.
   5. Other efforts the agency makes to maintain a positive relationship with landlords.
   6. Indicate the average length of time (in days) from program entry date to housing move-in date for clients in 2018.
3. **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 subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.**Domestic Violence Bonus applicants: In your response, identify the unique barriers faced by persons fleeing domestic violence in obtaining/maintaining housing and how your agency will address those barriers.** *(no character limit)*
4. **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. **Domestic Violence Bonus applicants: In your response, identify the unique barriers faced by persons fleeing domestic violence in increasing employment/income and how your agency will address those barriers.** *(limit: 3,000 characters, with spaces)*
5. **Use of Peer Supports:** Describe how your agency incorporates the use of peer support specialists in the delivery of services. In your response, specifically address the following: *(no character limit)*
   1. How are peer support specialists used as part of the service team to enhance supports and services provided to clients?
   2. Training provided to peer support specialists.
   3. Describe the supervision process for peer support specialists.
6. **Client to Staff Ratio:** Complete parts **a - c**  below to indicate the expected client to staff ratio for this project. “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 based on the client’s needs and desires. These are the staff who often have the title “case manager”, although organizations may use other titles. In part “a” indicate the expected client to staff ratio will be 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 if the staff will be expected to carry a caseload of clients from other programs. Part “c” is optional.
   1. Expected client to staff ratio for this project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   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 client/staff ratios.
7. **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 projects works with tenants who are non-compliant with medication or treatment, who have behavioral concerns, and/or are unwilling to engage in services.
8. **Eviction Prevention and Program Termination:** Describe how the project will prevent evictions and prevent program termination. Provide a copy of the organization’s eviction prevention (Attachment #5) and program termination policies (Attachment #6). If the organization does not have these policies, describe how the organization will develop such policies. *(no character limit)*
9. **Lease Obligations:** Tenants in RRH should have a lease that is identical to that of a person not being served by RRH. The lease should have no service requirements nor limits on length of stay as long as the terms of the lease are met. Please respond to the following:
   1. **Current RRH providers:** Submit a copy of a lease agreement for a client who is currently residing in one of your RRH projects as Attachment #7. **ALL CLIENT IDENTIFYING INFORMATION MUST BE REDACTED WHEN SUBMITTING THIS INFORMATION**. This lease will be reviewed to determine the extent to which it meets the standards given above.
   2. **New RRH providers:** For applicants that do not currently operate RRH, describe how, if funded, you will develop lease or sub-lease agreements that meet the standards given above.
10. **Past Housing Outcomes:** Describe successes and outcomes the applicant and subrecipient have had in assisting people with accessing and maintaining permanent housing. In your response, provide specific data that gives the percentage of people served over the course of 2018 who obtained and/or maintained permanent housing.
11. **Past Income/Employment Outcomes:** Describe successes and outcomes the applicant and subrecipient have had in assisting people with increasing their income and employment (including increasing the amount of benefits such as SSI/SSDI). In your response, provide specific data that gives the percentage of people served over the course of 2018 who increased their employment or income over the course of 2018.
12. **Enrolling Clients in Medicaid:** Describe the specific activities that are in place to enroll clients in Medicaid.
13. **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.
14. **Current Continuum of Care Grant(s):** Respond to both of the following:
    1. 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”;
    2. 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”.
    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.

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| 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 |

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

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.

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| 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.

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”.

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| **Project Budget and Match Details for RRH** |

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

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

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

Compete the CoC budget summary chart to reflect the total amount of CoC funding being requested. After completing this chart, move on to Step 2.

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

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| Line | **Eligible Costs** | **Amount Requested**  (all requests are for a  1 year term) |
| 1 | Tenant Based Rental Assistance |  |
| 2 | Supportive Services |  |
| 3 | HMIS  *(sum of lines 2 and 3 may not exceed 50% of line 4)* |  |
| 4 | **Sub-Total Amount Requested**  *(add lines 1 through 3)* |  |
| 5 | **Administrative Costs**  *(Up to 7% of line 4*) |  |
| 6 | **Total Assistance + Admin Requested**  *(sum lines 4 and 5)* |  |
|  | **To Calculate Match Requirement** |  |
| 7 | Multiply the amount of line 6 by 25% (.25). **This is the project match requirement.** All budget lines 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.

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| **Tenant-Based Rental Assistance Budget Chart** |

Tenant Based Rental Assistance (TBRA) is the only type of rental assistance Rapid Rehousing projects may request. 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Size of Unit** | **# of Units to be Supported by Grant** |  | **FY2018 FMR**  Budget must be calculated using FY2018 FMR rates |  | **12 months** |  | **Tenant Based 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* |

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| **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 2 in the summary chart 🡪 |  |  |  |  |

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| **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 3 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 7 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: |  |  |  |