Permanent Housing BONUS Funds - RUBRIC
New Project Application FY2017 Competition

Total Points Received:	
Total Points Possible • ***310 for RRH/PSH*** • ***345 for expansion***	
Percentage of the Total:	
Name of Reviewer	

Agency Name	
Project Name	
Grant Amount Requesting	
Grant Period	
Project Type (PSH, RRH, Expansion)	
If expansion, name of PH renewal project:	

Form Instructions

- Fill out each section of the scoring making notes as needed.
- The total points possible is the maximum amount for each parameter. Scorer can award anywhere from zero to the maximum amount based on the how the applicant met the requirements as described.
- Do not forget to sub-total each section.
- At the end of the form, there is a place to enter each sub-total to then calculate the total.

Points should be awarded based on:

- quality and substance of each answer,
- sufficiently addressing all parts of the question,
- providing detail, and
- demonstrating understanding of requirements, priorities, and purpose.

***If an applicant marked "no" on a required question, the application will be denied.**

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Scoring

A. Experience of Applicant, Sub-recipient(s), and other Partners

Parameter	Points Possible	Points Received	Notes
Experience of applicant & potential sub-recipients in effectively utilizing federal funds and performing activities proposed in application, given funding and time limitations.	10		
Explanation as to why the applicant is an appropriate entity to receive funding for this project type.	5		
Concrete examples that illustrate experience in: (1) working with and addressing the target population's identified housing needs, (2) develop and implement relevant systems and services, (3) identify and secure match, and (4) manage basic organization operations.	10		
Experience in leveraging other Federal, state, local and private sector funds.	5		
Basic organization and management structure. Must include evidence of internal and external coordination and an adequate accounting system.	10		
Explanation of any areas of concern – monitoring, audit findings, past experience or performance with other grants (including, but not limited to COC and ETH)	5		
Subtotal	**45**		

B. Project Description

Parameter	Points Possible	Points Received	Notes
Description of proposed project including: (1) a clear picture of the target population to be served, (2) plan for addressing needs/issues, (4) project outcome(s), and (5) coordination with other source(s) and partner(s).	15		
Description of estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.	10		
Compliance with required participation in coordinated entry.	*Required		
Description of understanding and knowledge of coordinated entry, written standards, and order of priority. Must include how that knowledge will be incorporated into the operation of the project.	10		

Compliance with housing first.	*Required		
Description of understanding and knowledge of housing first with clients at entry and while enrolled. Must include how that knowledge will be incorporated into the operation of the project.	10		
Subtotal	**45**		

C. Expansion Project Only – if applicant is not applying for expansion, skip and go to section D. Supportive Services for Participants

Parameter	**Points Possible**	**Points Received**	**Notes**
Identification of expanding people or services	5		
Description of reasoning for the request. Max points can only be awarded if data is used to support the request.	10		
Based on the information provided in the application, is this an effective and efficient use of funds in an area with a data proven need? Will this expansion of a current grant further the goal of ending homelessness? If yes, award max points. If no, award 0 points.	20		
Subtotal	**35**		

D. Supportive Services for Participants

Parameter	**Points Possible**	**Points Received**	**Notes**
Description as to how participants will be assisted to obtain and remain in permanent housing. Must include: (1) how the applicant will take into consideration the needs of the target population and their current barriers, (2) how those needs and barriers will be addressed through the case management services, and (3) how appropriate units will be identified and coordination with landlords and other homeless service providers.	10		
Description of how participants will be assisted to increase their employment and/or income. Must include the supportive services that will be provided to help project participants locate employment, access social security and other mainstream resources.	10		

Thoroughness of explanation of supporting services including who, how they will be accessed, and how often.	5		
Will the project make available regular or as requested transportation assistance to attend mainstream benefit appointments, employment training, or jobs? *Yes = 5 pts. No = 0 pts.*	5		
Will the project use a single application form for 4 or more mainstream programs? *Yes = 5 pts. No = 0 pts.*	5		
Will the project follow-up with program participants to ensure that they have applied, are receiving, and when necessary renewing their mainstream benefits? *Yes = 5 pts. No = 0 pts.*	5		
Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency (through a formal or informal relationship)? *Yes = 5 pts. No = 0 pts.*	5		
Subtotal	**45**		

E. Outreach for Participants

Parameter	**Points Possible**	**Points Received**	**Notes**
Percentage of persons who will be served by the proposed project – reflecting HUD priorities and BOS priorities, coordinated entry, order of priority	10		
Description of street outreach plan	10		
Description of affirmative outreach	10		
Subtotal	**30**		

F. Standard Performance Measures

Parameter	**Points Possible**	**Points Received**	**Notes**
Housing Stability: Percentage of clients exiting to permanent housing. This should reflect HUD and BOS priorities.	5		
Income Measures: Percentage of clients maintain or increase total income OR percentage of clients (18-61) maintain or increase earned income. This should reflect HUD and BOS priorities. The measure selected should be reflective of project type.	5		
Subtotal	**10**		

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G. Budget

Parameter	Points Possible	Points Received	Notes
Complete explanation of budget – including leasing and/or rental assistance	15		
Cost effective description of services, including amount of funding for project type and needs of prospective project participants (i.e. number of units, FMR, rent reasonableness, community need)	15		
Subtotal	**30**		

H. Match

Parameter	Points Possible	Points Received	Notes
Description of match (in kind and/or cash), including type of commitment and source	10		
Meets the requirement for 25% match requirement	*required		
Subtotal	**10**		

I. Demonstration of Organization and Fiscal Capacity

Parameter	Points Possible	Points Received	Notes
Overall assessment given length agency existed, length of time providing housing services, and level of turnover in management.	15		
Description of experience administering other federal dollars *(if none – must receive 0 points)*	10		
Description of experience administering other state dollars *(if none – must receive 0 points)*	10		
Overall adherence to fiscal requirements such as segregating funds and financial audits	*required		
Subtotal	**35**		

J. Appendix 1 - RRH

If applying for Rapid Re-housing or expansion of RRH only, if applicant is not applying for RRH, skip and go to next section regarding PSH.

Parameter	Points Possible	Points Received	Notes
Description of the how people meeting the chronic homeless definition will be served in the community	15 RRH		

Description of how people scoring over 7 (individual) and over an 8 (family) will be served in the community	15 RRH		
Description of the evidence used to support RRH instead of PSH in the community – including whether the evidence described actually supports this decision	15 RRH		
Description of the difference between the ESG funded RRH already in operation in the community and the proposed COC funded RRH. This description must include differences in population, priorities, eligibility, and/or process.	15 RRH		
Subtotal	**60 RRH**		

Appendix 1 - PSH

If applying for Permanent Supportive Housing or expansion of PSH only, if applicant is not applying for PSH, skip and go to next section.

Parameter	**Points Possible**	**Points Received**	**Notes**
Description of outreach methods specific to ensure all eligible chronic homeless persons are identified for the project. This should not be a "wait and see" approach.	15 PSH		
Description of collaboration with medical providers (those licensed to diagnose and treat) to ensure timely documentation of disability verifications for at least one adult in each household. Description should include what has already been done as well as the detailed plan of who is going to what moving forward.	15 PSH		
Description of effective exit strategy to help program participants move on from the project when they no longer want or need the level of intensive case management that PSH can provide. This can include transition in place, section 8, other subsidized assistance but description should be detailed in the agency's relationship with other providers.	15 PSH		
Description of need, use of data to support request. This answer should draw a connection from the project description, to units and beds requested, to services provided, and the target population identified and supportive with data.	15 PSH		
Subtotal	**60 PSH**		

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K. Required Attachments

Parameter	Points Possible	Points Received	Notes
Most recent fiscal year agency audit including management letter	*required		
Letter of support from at least 2 different agencies within the local continuum of care	*required		
Letters of match (in-kind and/or cash) totally at least 25% of request (minus leasing dollars)	*required		
Subtotal	***required**		

Total Points Possible

Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH)

Section Subtotal	Points Possible	Points Received	Notes
Experience of applicant, sub-recipient, and other partners	45		
Project description	45		
Expansion Only	0	0	NA
Supportive services for participants	45		
Outreach for Participants	30		
Standard performance measures	10		
Budget	30		
Match	10		
Demonstration of organization and fiscal capacity	35		
Appendix I	60		
TOTAL	**310**		

Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) Expansion

Section Subtotal	Points Possible	Points Received	Notes
Experience of applicant, sub-recipient, and other partners	45		
Project description	45		
Expansion Only	35		
Supportive services for participants	45		
Outreach for Participants	30		
Standard performance measures	10		
Budget	30		
Match	10		
Demonstration of organization and fiscal capacity	35		
Appendix I	60		
TOTAL	**345**		

Permanent Housing BONUS Funds
New Project Application FY2017 Competition

Overview: The WI Balance of State CoC Board of Directors will consider applications for Permanent Housing Bonus Projects for the following two types of programs:

- New Permanent Supportive Housing Projects dedicated to serving 100% chronically homeless families and individuals;
- New Rapid Re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, youth up to age 24, and includes persons fleeing domestic violence situations (paragraph 4 of the homeless definition) **note: compliance with COC Written Standards is required, see document for additional eligibility criteria.*

If the Board approves the permanent housing BONUS application, the agency will be required to complete a new project application in *e-snaps*. If awarded by HUD, the new project will start following technical submission. There is no guaranteed project start date.

Due Date: Applications and required attachments are due **Friday, August 18, 2017** to wiboscoc@gmail.com. **Please submit your application as a .pdf file.**

Review Process: Each application will be reviewed by the COC Director, in consultation with the Board of Directors. A final decision will be made by **Friday, August 25, 2017**. Selected applicants will work with the COC Director to submit a new project application in *e-snaps*. The new and renewal project submission deadline into *e-snaps* is **Monday, August 28, 2017.**

The selected project applicant will be required to:

(1) Complete a new project application in *e-snaps*;
(2) Agree to have the new project application completed in *e-snaps* be reviewed by the COC Director
(3) Agree to have the approved project ranked in the COC priority ranking as a new project.

Note:

- Only applications selected for the CoC competition by the Board of Directors will be included with the collaborative application.
- Submitting a project in the COC Competition does not guarantee the project will be funded by HUD.

Contact: The contact for this application process is Carrie Poser, COC Director. Her email address is: carrie.poser@wibos.org or 715-598-3301.

Please Note: *This application was designated according to its understanding of the NOFA for the FY2017 Competition. Completion of this form in no way absolves agencies from reading the NOFA themselves. The Balance of State is not responsible for any omissions or misinterpretations of the NOFA. If applicants wish to supply additional material that they believe is in line with the NOFA, they should feel free to do so.*

Pertinent details regarding this grant: All applicants must read the *Notice of Funding Availability (NOFA) for the Fiscal Year 2017 Continuum of Care Program Competition FR-6100-N-25* to ensure that their application meets all of the required HUD Guidelines and that their application meets the Project Eligibility Threshold and Project Quality Threshold, which can be found on page 28-37 of the FY 2017 NOFA.

- Total BONUS funds available is equal to 6% of the CoC's Final Pro Rata Need (FPRN). The BONUS funds available to the WI Balance of State CoC is: **$551,342**
- Match requirements can be found at 24 CFR 578.73 and are the responsibility of the applicant.
- New project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.
- New projects must use HMIS.
- All applicants must meet statutory deadlines regarding the obligation of grant funds by September 30, 2019, as stated in the FY 2016 HUD Appropriations Act.
- Project Applicant must be in good standing with HUD – defined as no open findings or history of slow expenditure of grant funds.
- Demonstrate a connection to mainstream service systems
- Demonstrate a plan for rapid implementation of the program

Eligible Applicants: Eligible project applicants for CoC Program Competition are identified in Section V.B. of the NOFA, specifically 24 CFR 578.15, 24 CFR 5.100). Tribes, tribal housing authorities, and for-profit entities are ineligible.

Eligible Permanent Housing Types: The Balance of State COC Board has agreed that potential applicants may apply for BONUS funds to create one of the following permanent housing projects. In the NOFA FY2017, there were additional options available to COC's. In review and with consideration to Balance of State COC data, these additional options would not further the COC's efforts to end homelessness at this time. As such, on the following three project types will be considered:

- Permanent Supportive Housing: 100% of the beds are dedicated to chronic homelessness. This includes individuals and families who have a qualifying disabling condition AND homeless and living in a place not meant for human habitation, emergency shelter, or safe have for 1 year or continuously or over a period of 4 occasions in the past three years for a total of 12 months or more.

- Rapid Rehousing: Serving homeless individuals and families, including unaccompanied youth, who meet the following criteria:

- Residing in a place not meant for human habitation;
- Residing in an emergency shelter;
- Persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;
- Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

- Permanent Housing Expansion: Funds to expand existing eligible renewal permanent housing (PSH or RRH) projects that will increase the number of units in the project, or allow the recipient to serve additional persons. Expansion projects must indicate how the new project application will expand units, beds, services, persons served. Note: if the renewal project application seeking to be expanded is not conditionally selected for funding by the Balance of State COC or HUD, the expansion project application will be denied.

  Eligible expansion reason include:
  - Increasing the number of persons experiencing homelessness served, and/or
  - Providing additional supportive services to persons experiencing homelessness.

  Project applicants cannot use an expansion project to providing existing program participants with the same housing and services funded by the COC Program that they are currently receiving; rather, the project must serve new program participants or provide existing program participants with an expanded variety of services. COC Program funds cannot be used to replace state or local funds previously used, or designated for use, to assist persons experiencing homelessness.

New Project Grant Terms: The initial grant term for new project applications may be 1-year, 2-years, 3-years, 4-years, 5-years, or 15 years. However the following exceptions apply:

1. Any new project that requests tenant-based rental assistance may request a 1-year, 2-year, 3-year, 4-year, or 5-year grant term.
2. Any new project that requests leasing-either leasing costs only or leasing costs plus other costs (e.g., supportive services, HIMS.)-may only request up to a 3-year grant term.
3. Any new project that requests project-based rental assistance or sponsor-based rental assistance, or operating costs may request up to a 15-year grant term; however, the project applicants may only request up to 5 years of funds. Funding for the remainder of the term is subject to availability and applicants must apply for additional funds at such time and in such manner as HUD may require.
4. Any new project that requests operating costs, Supportive Services Only, HMIS, and project administration may request 1-year, 2-year, 3-year, 4-year or 5-year grant terms in with funding for the same number of years.
5. Any new project that requests new construction, acquisition, or rehabilitation must request a minimum of a 3-year grant term and may request up to a 5-year grant term.

6. If an applicant requests funds for new construction, acquisition, or rehabilitation in addition to requesting funds for operating, supportive services, or HIMS, the funding will be for the 3 years required, and the grant term will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. ***(If you choose this type of project, please see the NOFA for additional information regarding this option.)***

Definition of Chronically Homeless: According to 24 CFR 578.3 and 24 CFR 91.5, chronically homeless means:

1. A homeless individual with a disability (as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
2. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
3. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place not meant for human habitation, a safe haven, or in an emergency shelter.
4. Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
    a. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and was living in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility, or
5. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who was living in a place not meant for human habitation, a safe haven, or an emergency shelter, including a family whose composition has fluctuated while the head of household has been homeless.

According to 24 CFR 583.5, disability means:

1. A condition that:
    a. Is expected to be long-continuing or of indefinite duration;
    b. Substantially impedes the individual's ability to live independently;
    c. Could be improved by the provision of suitable housing conditions; and
    d. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
2. A development disability, as defined by 24 CFR 583.5
3. The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agency for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

HUD Threshold Requirements: HUD will review all projects to determine if they meet the following threshold requirements on a pass/fail standards. If HUD determines that the applicable standards are not met for a project, the project will be rejected.

Project Eligibility Threshold

- Projects must meet the eligibility requirements of the COC program as described in 24 CFR part 578 and provide evidence of eligibility required (e.g. nonprofit documentation).
- Project applicants and sub-recipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer federal funds. Demonstrating capacity may include a description of the applicant/sub-recipient experience with similar projects and with successful administration of COC program funds or other federal funds.
- Projects must submit the required certifications as specified in the FY2017 NOFA.
- Subject to the qualifications below, the population to be served must meet program eligibility requirements as described in the Act and 24 CFR part 578, and the project application must establish eligibility of project applicants. This includes the following additional criteria for certain types of projects:
    - The only persons who may be served by permanent supportive housing beds are persons experiencing chronic homelessness as defined in 24 CFR 578.3 including individuals, families, and unaccompanied youth.
    - Rapid Rehousing projects created through BONUS funds may serve individuals and families, including unaccompanied youth, who meet the following criteria:
        - Residing in a place not meant for human habitation;
        - Residing in an emergency shelter or coming directly from the streets;
        - Persons who qualify under paragraph (4) of the definition of homelessness, including persons fleeing or attempting to flee domestic violence situations;
        - Receiving services through a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- The project must be cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
- Project appliances must agree to participate in HMIS. Victim service providers must use a comparable database that meets the needs of the local HMIS.

Project Quality Threshold

HUD will review all new project applicants to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participations and the community.

To be considered as meeting project quality threshold, new project applications created through reallocation must receive at least **3 out of the 4 points** available for the criteria below. New project applications that do not receive at least 3 points will be rejected.

- Whether the type of housing and number and configuration of units will fit the needs of the project participants (1 point);

- Whether the type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing – this includes all supportive services, regardless of funding source (e.g. child care, case management, life skills) (1 point);

- Whether the specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) (1 point);

- Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention) (1 point).

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. All new projects must meet all of the following criteria:

- Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the COC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings;
- For expansion project applications, project applicants must articulate the part of the project that is being expanded. Additionally, the project applicants must demonstrate that they are not replacing other funding sources;
- Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate they have met all project renewal threshold requirement of the FY2017 NOFA.
- HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUDs finds to have significant issues related to capacity, performance, unresolved audit or monitoring findings related to one or more existing grants, or does not routine drawdown funds from eLOCCS at least once per quarter.
- HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

The Balance of State COC requires each new project to meet the following criteria:

1. **Housing First philosophy and low barrier to entry:** Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

2. **Coordinated Entry:** Project applicants are required to comply with the policy and procedures, written standards, and order of priority for the specific project type requested. Participation includes but is not limited to: pre-screen, assessment, referral, follow-up.

3. **Adherence to HUD's Homeless Policy and Program Priorities:** Project applicants are required to comply with HUD's homeless policy and program priorities as listed in the NOFA FY2017, Section II, A.

4. **Balance of State COC:** Project applicants are required to comply with the Balance of State COC bylaws, governance charter, and other policy and procedure manuals as approve by the Board or membership. This includes, but is not limited to:
   - Committee participation
   - Actively involved in the Point-in-Time overnight street/known location count twice a year
   - Active involvement in their local continua of care
   - Attendance at quarterly Balance of State meetings (at time of application, documented attendance at 2 of the last 4 meetings is required).

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PERMANENT HOUSING BONUS APPLICATION

Agency Name: _____

Project Name: _____

Service Area(s) – including county and local continua: _____

_____

Grant Amount Requesting:_____

Grant Period: _____

Information pertaining to grant periods:

- New project that requests tenant-based rental assistance may request a 1, 2, 3, 4, or 5 year grant term.
- New project that requests leasing (leasing costs only or leasing plus other, such as supportive services) may only request 1, 2, or 3 year grant term.
- New projects that request project-based or sponsor-based rental assistance or operating costs may request up to 5 years of funds.
- New projects that request operating costs, HMIS, and admin may request 1, 2, 3, 4, or 5 year grant terms for the same number of years
- New projects that request new construction, acquisition, or rehabilitation must request a minimum of 3 year grant term and may request up to 5 year grant term.
    - **NOTE:** If the applicant requests funds for new construction, acquisition, or rehab in addition to requesting funds for operating, supportive services, or HMIS, the funding will be for the 3 years requested and the grant time will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. HUD will require recordation of the HUD-approved use and repayment covenant (24 CFR 578.81).

Project Type (PSH, RRH, Expansion): _____

If Expansion, name of the permanent housing renewal project (PSH or RRH): _____

_____

<u>Instructions:</u>
It is your responsibility to complete each question with sufficient detail, completely and thoroughly.

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A. EXPERIENCE OF APPLICANT, SUB-RECIPIENT(S) AND OTHER PARTNERS

1. Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

2. Describe why the applicant, sub-recipients and partner organizations (e.g. developers, key contractors, sub-contractors, service providers) are the appropriate entities to receive funding.

3. Provide concrete examples that illustrate your experience and expertise in each of the following: (1) working with and addressing the target population's identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.

4. Describe the experience of the applicant and potential sub-recipients (if any) in leveraging other Federal, State, local and private sector funds. Include experience with all Federal, State, local and private sector funds. If the applicant and sub-recipient have no experience leveraging other funds, include the phrase "no experience leveraging other Federal, State, local or private sector funds."

5. Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system that will be utilized to administer the grant. Include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

   Are there any unresolved monitoring or audit findings for any HUD grants (including ETH operated by the applicant or potential sub-recipients (if any): ☐ YES ☐ NO

   If applicable, describe the unresolved monitoring or audit findings and what plans or strategies have been implemented to resolve the findings:

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B. PROJECT DESCRIPTION

1. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including:
   a. a clear picture of the target population(s) to be served,
   b. the plan for addressing the identified needs/issues of the CoC target population(s),
   c. project outcome(s) and
   d. coordination with other source(s)/partner(s).

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

2. 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 begin operating within the requirements described in the FY2017 CoC Program NOFA and CoC Program interim rule if you are selected for a funding award.

3. Will your project participate in a CoC Coordinated Entry System: ☐ YES ☐ NO

   Please describe your current understanding and knowledge of the Coordinated Entry system as a requirement of the BOS. Include how this knowledge will be incorporated into the operation of the proposed project.

   Please describe your understanding and knowledge of the written standards specific to the proposed project type and order of priority. Include how this knowledge will incorporated into the operation of the project.

4. <u>If PSH (or expansion of PSH)</u>, will your project have a specific population focus other than chronically homeless: ☐ YES ☐ NO
   If yes, explain:

   <u>If RRH (or expansion of RRH)</u>, will your project have a specific population focus: ☐ YES ☐ NO
   If yes, explain:

5. Will the project follow a "Housing First" model: ☐ YES ☐ NO

Please describe how the project will follow housing first with clients at entry and while enrolled.

6. If applying for capital costs (e.g. acquisition, rehabilitation or new construction), describe the proposed development activities and the responsibilities that the applicant and potential sub-recipients (if any) will have in developing, operating and maintaining the property. If not applicable, write NA.

   Provide a detailed list of the activities and responsibilities assigned to the applicant and each sub-recipient (if any).

7. Will participants be required to live in a particular structure, unit or locality at some point during the period of participation: ☐ YES ☐ NO

   - If yes, explain how and why the project will implement this requirement:

8. Will more than 16 persons live in one structure: ☐ YES ☐ NO

   - If yes, describe the local market conditions that necessitate a project of this size.

   - Also, describe how the project will be integrated into the neighborhood.

9. If the local continua in which this project will be executed already has COC funded projects in operation, please explain the role of this proposed project and describe the steps taken to ensure this is not a duplication of services.

C. EXPANSION APPLICATION ONLY

Skip to Supportive Services for Participants if applying for a new PSH or RRH project.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? ☐ YES ☐ NO

2. Is this new project application requesting a "project expansion" of an eligible COC Program renewal project of the same component type? ☐ YES ☐ NO

3. <u>There are 2 possible expansion activity options (pick a and/or b):</u>
   a. Increasing the number of people experiencing homelessness served ☐ YES ☐ NO
      i. If selecting number of people, describe the reason for the requested increase:

      ii. Current Renewal Project (seeking to be expanded)
         1. What is the current # of persons served (according to recent grant agreement)? _____
         2. What is the current # of units (according to recent grant agreement)? _____
         3. What is the current # of beds (according to recent grant agreement)? _____

      iii. Expansion
         1. What is the # of additional persons served that this project will provide? _____
         2. What is the # of additional units this project will provide? _____
         3. What is the # of additional beds this project will provide? _____

   b. Providing additional supportive services to people experiencing homelessness ☐ YES ☐ NO
      i. Increase the number of and/or expand variety of supportive services provided ☐ YES ☐ NO
      ii. Increase the frequency and or intensity of supportive services ☐ YES ☐ NO
      iii. If selecting supportive services, describe the reason for the requested increase:

D. SUPPORTIVE SERVICES FOR PARTICIPANTS

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: ☐ YES ☐ NO

   NA only if the project will not serve children or youth under age 25.

2. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate: ☐ YES ☐ NO

   NA only if the project will not serve children or youth under age 25.

3. Describe how participants will be assisted 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 how those will be addressed through the case management and/or other supportive services that will be offered through the project.
    - If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or sub-recipient will ensure that rents are reasonable.
    - Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

4. Describe specifically how participants will be assisted both 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.

5. For all supporting services available to participants, indicate who will provide them and how often they are provided (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed):

Service	Provided By (describe)	How Often Provided
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		

Child Care		
Transportation		
Education Services		
Employment Assistance & Job Training		
Housing Search & Counseling		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Substance Abuse Treatment		
Utility Deposits		

6. How accessible are most community amenities (such as transportation, health care, mental health care, etc.) to project participants? Describe community amenities that will be available.

7. Identify whether the project will include the following activities:
   a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs ☐ YES ☐ NO

   b. Use of a single application form for 4 or more mainstream programs ☐ YES ☐ NO

   c. Regular follow-up with participants to ensure mainstream benefits are received and renewed ☐ YES ☐ NO

   d. Will project participants have access to SSI/SSDI technical assistance provided by applicant, a sub-recipient, or partner agency ☐ YES ☐ NO

   e. Has the staff person providing the technical assistance completed SOAR training in the past 24 months ☐ YES ☐ NO

E. HOUSING TYPE AND LOCATION

1. Total Units: _____

2. Total Beds: _____

3. If PSH, must be 100% dedicated to CH. Total CH dedicated beds: _____

4. Housing Type Units: ☐ Scattered Site ☐ One Location ☐ Other – must explain:

F. PROJECT PARTICIPANTS – HOUSEHOLDS

1. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

   Enter the number of households under at least one of the categories:

   1. Households with at least One Adult and One Child: _____

   2. Adult Households without Children: _____

3. Households with Only Children: _____

4. Indicate the numbers of adults to be served in the following sub-populations (note – PSH is required to serve Chronic Homeless):

Chronically Homeless Non-Vet	Chronically Homeless Vet	Non-Chronically Homeless Vet

Chronic Substance Abuse	Persons with HIV/AIDS	Severally Mentally Ill	Victims of Domestic Violence	Physically Disabled	Developmentally Disabled	None

G. OUTREACH FOR PARTICIPANTS

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations. The population to be served must meet program eligibility requirements in the CoC Program interim rule and additional eligibility requirements in the FY 2017 CoC Program NOFA for permanent housing (PSH, RRH, or expansion).

Location	**% of Homeless Person(s) Served by Project**
Directly from street or other locations not meant for human habitation.	
Directly from emergency shelters (including domestic violence shelters and homeless motel vouchers)	
Directly from safe havens.	

Persons fleeing domestic violence – not residing on the street, emergency shelter, or safe haven *Defined as fleeing domestic violence or attempting to flee and including human trafficking, victims of sexual assault, stalking, and dating violence.*	
Total Percentage	

2. Describe the street outreach plan for the local continua. Outreach should involve actively engaging people not regularly seeking services across 100% of the project's service area.

3. Describe the affirmative outreach approach in the local continua. This includes addressing barriers to service including but not limited to English as a second language, limited access to phone/internet services, cognitive and/or physical disabilities, etc.

H. STANDARD PERFORMANCE MEASURES

1. Housing Measures: This measure counts the number of persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year. What percentage of your clients will remain in or exit to permanent housing at the end of the operating year?

2. Income Measures:

   a. This measure counts the number of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. Not applicable for youth below the age of 18. What percentage of your clients will meet this goal?

   b. This measure counts the number of persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit. What percentage of your clients will meet this goal?

I. FUNDING REQUEST

1. Will it be feasible for the project to be under grant agreement within 6 months of the grant award?: ☐ YES ☐ NO

   If no, explain:

2. Select the costs for which funding is being requested. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2017 CoC Program competition.

   ☐ Acquisition/rehabilitation/new construction
   ☐ Leased structures
   ☐ Leased units
   ☐ Rental Assistance
   ☐ Supportive services
   ☐ Operating
   ☐ HMIS
   ☐ Administration

J. BUDGETS

ACQUISITION/REHABILITATION/NEW CONSTRUCTION/BUDGET

	Amount	**Budget Narrative** *(explain how you will use the money, e.g., purchase two duplexes at $125,000 each, or # of units rented and price per unit)*
Total Acquisition:		
Total Rehabilitation:		
Total New Construction:		
Total Assistance Requested:		

Any additional notes regarding the acquisition, rehab, new construction section of this project:

LEASING BUDGET (Permanent Supportive Housing or Expansion of PSH only)

a. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the project (housing units). **Note:** use FY2016 Fair Market Rent (FMR).

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	
Total Units:	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

If more than 2 FMR areas, please copy and add another chart below.

b. Leased Structures Budget

The following list summaries the funds being used for one or more structures leased for operating the projects (office space for the provision of supportive services, etc.)

Total Annual Assistance Requested:	
Grant Term:	

Total Request for Grant Term:	
Total Structures:	
Structure Name	**Annual Request**

Any additional notes regarding the leasing section of this project:

RENTAL ASSISTANCE BUDGET (Rapid Re-housing or Expansion of RRH only)

Note: according to the NOFA FY2017, new project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.

Note: use FY2016 Fair Market Rent (FMR).

Type of Rental Assistance (TRA, PRA, SRA):	
Total Request for Grant Term:	
Total Units:	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

Type of Rental Assistance (TRA, PRA, SRA):	
Total Request for Grant Term:	

Total Units:			
FMR Area	**Total Units Requested**	**Total Annual Budget Requested**	**Total Budget Requested**

Size of Units	**# of Units**	**Total Requested Funds**
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

If more than 2 FMR areas, please copy and add another chart below.

Any additional notes regarding the rental assistance section of this project:

WIBOSCOC

SUPPORTIVE SERVICES BUDGET

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased, e.g., Case Management - 1.0 FTE's, $32,000 salary plus 28% fringe)*
Assessment of Service Needs:		
Assistance with Moving Costs:		
Case Management:		
Child Care:		
Education Services:		
Employment Assistance:		
Food:		
Housing/Counseling Services:		

Legal Services:		
Life Skills:		
Mental Health Services:		
Outpatient Health Services:		
Outreach Services:		
Substance Abuse Treatment Services:		
Transportation:		
Utility Deposits:		
Operating Costs:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the supportive services section of this project:

OPERATING BUDGET

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased, e.g., $500 for furniture for each unit)*
Maintenance/Repair:		
Property Taxes & Insurance:		
Replacement Reserve:		
Building Security:		
Electricity, Gas & Water:		
Furniture:		
Equipment:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the operating section of this project:

HMIS BUDGET

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased)*
Equipment:		
Software:		
Services:		
Personnel:		
Space & Operations:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the HMIS section of this project:

K. SOURCES OF MATCH/LEVERAGE:

Match and leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. As authorized by the FY2016 HUD Appropriations Act, program income may now be used as a source of match and must be properly documented in the project application. (Please note that detailed information about matching requirements can be found at 24 CFR 578.73)

Project applicants that intent to use project income as match must provide an estimate of how much program income will be used for match.

Type of Commitment (cash or in-kind and denote the type of contribution that describes this match or leveraging commitment). Add rows as necessary

Summary for Match

Source of Match (private or government)	Contributor	Value	Date of Commitment

Summary for Leverage

Source of Leverage (private or government)	Contributor	Value	Date of Commitment

L. SUMMARY BUDGET

Eligible Costs Total Assistance Requested:

	HUD Amount	Match Amount	Total
Acquisition:			
Rehabilitation:			
New Construction:			
Leased units:			
Leased Structures:			
Rental Assistance:			
Supportive Services:			
Operating:			
HMIS:			
Subtotal:			
Admin (up to 10%):			

Total:			

M. DEMONSTRATION OF ORGANIZATION/FISCAL CAPACITY:

1. How long has the agency existed?

2. How long has the agency provided housing services?

3. What is the agency's rate of turnover in management positions? This should include the total number of management positions and the total number of turnover during the last calendar year (2016) and year-to-date (2017).

4. What was the agency's total budget for the most recent fiscal year? Include the date of fiscal year used.

5. Does the agency administer any other federal dollars?
    a. Please describe and identify any and all other federal dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.

6. Does the agency administer any State of Wisconsin dollars?
    a. Please describe and identify any and all other state dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.

7. Does the agency conduct an annual financial audit?
    a. If no, why?
    b. If yes, describe the type of audit conducted and when was the most recent audit completed?

8. Does the agency segregate funds?
    a. If no, why?
    b. If yes, describe the process.

Appendix 1

<u>If the proposed project is Rapid Re-housing (or expansion funds for RRH), answer the following questions:</u>

(1) Describe how people meeting the chronic homeless definition will be served in the community?

(2) Describe how people scoring a 7+ (of family 8+) on the VI-SPDAT will be served in the community?

(3) What evidence is used to determine the need for Rapid Re-housing instead of Permanent Supportive Housing (PSH) in the community?

(4) Describe the difference between the ESG funded RRH project already in operation in the community and the proposed COC funded RRH. This should include population, priorities, eligibility, etc.

<u>If the proposed project is Permanent Supportive Housing (or expansion funds for PSH), answer the following questions:</u>

(1) Describe the outreach methods that will be used to ensure that all of the eligible chronic homeless individuals and families are identified for this project.

(2) Describe the collaboration with medical providers to ensure timely documentation on the disability verification form required for at least one adult in each household.

(3) Describe the exit strategy that the project will incorporate to encourage project participants to move on from the project when they no longer need or want the level of intensive case management that PSH entails.

(4) Using the Data chart below, describe the need that this project will meet in the community. If additional data sources are used, please identify and attach to this application. This description should draw a connection from the project description, units and beds requested, services provided, and target population identified and supported specifically with data.

Data

Please see the attached chart that shows a breakdown of how many chronically homeless people were counted during the last 4 January Point in Time counts in each continuum (2013-2017).

COC	Jan. 2013	% of Sh/Un	Jan. 2014	% of Sh/Un	Jan. 2015	% of Sh/Un	Jan. 2016	% of Sh/Un	Jan. 2017	% of Sh/Un
Brown	65	23%	68	22%	60	20%	38	14%	47	15%
CAP	2	4%	0	0%	0	0%	0	0%	2	3%
Central	0	0%	10	8%	29	41%	0	0%	9	9%
Coulee	49	33%	12	9%	3	2%	16	12%	30	18%
Dairyland	5	4%	23	19%	23	17%	16	17%	10	9%
Fox Cities	13	8%	18	10%	13	7%	16	9%	20	10%
Indianhead	1	2%	0	0%	7	13%	0	0%	1	3%
Jefferson	0	0%	0	0%	1	5%	1	3%	0	0%
Kenosha	15	16%	13	14%	2	2%	5	7%	9	12%
Lakeshore	6	8%	6	7%	1	1%	1	1%	0	0%
North Central	10	8%	17	24%	16	11%	18	12%	16	13%
Northeast	2	5%	4	9%	6	13%	12	17%	4	6%
Northwest	24	26%	16	27%	10	15%	0	0%	11	21%
NWISH	4	10%	6	20%	9	23%	10	20%	2	4%
Ozaukee	0	0%	0	0%	0	0%	0	0%	1	14%
Rock Walworth	5	3%	3	1%	2	1%	16	12%	6	3%
Southwest	0	0%	5	11%	5	26%	0	0%	0	0%
Washington	3	8%	0	0%	0	0%	0	0%	1	8%
Waukesha	14	11%	18	15%	31	23%	23	16%	27	16%
West Central	6	6%	2	2%	9	7%	7	4%	25	14%
Winnebagoland	31	20%	22	13%	9	6%	4	3%	9	7%
TOTAL	255	14%	243	13%	236	11%	183	7%	230	9%
	total	*average*	*total*	*average*	*total*	*average*	*total*	*average*	*total*	*average*

# of CH

10-20 chronic homeless people

+21 chronic homeless people

% of CH compared to total number of unsheltered persons and those staying in emergency shelters

15-20% of total number of homeless (unsheltered + emergency shelter) are chronically homeless

21+% of total number of homeless (unsheltered + emergency shelter) are chronically homeless

Required Attachments

1) Most recent fiscal year agency audit including management letter.

2) Letter of support from at least two different agencies within the local continuum of care.

3) Letters of match support totally 25% or more. These can be in-kind or cash match obligations.

Carrie Poser

From: Carrie Poser
Sent: Monday, July 24, 2017 12:21 PM
To: Adam Smith; Ahrens, Emily; Ann Kappauf; Barb Kopplin; Barb Larson; Becky Hayd; Beth Ballo; Colleen Homb (colleenh@lakeshorecap.org); Corin Tubridy (ctubridy@wcap.org); Corrie Fulwiler (corrie@richardsplace.org); David Eberbach; Debbie Bushman (debbiebushman@newcap.org); Deviana, Rejeana; Diane Sennholz; Duana Bremer (duana_bremer@usc.salvationarmy.org); Erika Trawitzki (etrawitzki@hebronhouse.org); Erin Evosevich (ErinEvosevich@newcap.org); Gabe Anderson (ganderson@northwest-csa.org); 'Gary Brown'; 'Haley Meyer'; Jeanette Petts (jeanettep@cacscw.org); Jeanne Semb (Jeanne.Semb@wdeoc.org); 'Jeannine Field'; Joe Mauthe; Julie Eberbach; 'Kari Labansky'; Kate Markwardt; Kelly Christianson (ecihn@sbcglobal.net); Kim Cable; Kris Anderson (Kristine_anderson@usc.salvationarmy.org); Kris Androsky (kandrosky@hebronhouse.org); Laura Laux; Lisa Haen; 'Lois Mischler'; Lori Hallas (lhallas@fsc-corp.org); Lu Scheer (luanns@advocap.org); Meika Burnikel (mburnikel@familyservicesnew.org); Melanie Hamel; Melissa Randall (mrandall@capmail.org); 'Melody Fiesbeck'; Meredith.mccoy@wibos.org; Millie Rounsville (mrounsville@northwest-csa.org); Nicole Harrison (nharrison@capmail.org); Nikki A. Gerhard; Pam Glynn; Pat Leigl (pat_leigl@usc.salvationarmy.org); Rachel Youngquist; Robyn Thibado (rthibado@wcap.org); Ruthann Schultz (raschultz@ywcalax.org); 'Samantha Mueller'; Sara Harris; Sarah Boss; Sarah Jo Dahlstrom; 'Sharon Mahan'; Stephanie Rogers; Susan Tucker; Wendy Schneider (wendys@cwcac.org); Adrienne Roach; Don Roach (donald.roach@vafvets.org); Jerome Martin (jerome@homelessconnections.net); Mary Jacobson (mjacobson@cclse.org); Renee Greenland (reneegreenlove@gmail.com)
Subject: COC Competition - Scoring, Next Steps, and More
Attachments: Below Threshold.docx; Board of Directors Scoring Tool FY2017.xlsx; BOS Reconsideration Request.docx; RFP Voluntary Reallocation of Funds 2017.docx

Importance: High

Good afternoon,

Attached to this email, you will find 4 important documents. There will be another email sent out in the next few days with additional information regarding renewal project application training, additional resources, Tier 2 scoring, and the BONUS project application (new projects) & scoring rubric.

For those of you that are wondering, what should I be doing now – I recommend the following:
(1) Read the COC NOFA
(2) Review the BOS PPT slides and webinar regarding scoring and threshold
(3) Ensure that the correct people at your agency have *e-snaps* access
(4) If you are above 69.9% on the scoring tool, decide whether your project wishes to renew or you wish to reallocate into a permanent housing project (PSH or RRH).

- If you are above 69.9% on the scoring tool and wish to renew, start reading the Project Application instructions and detailed instructions. Make sure to activate your renewal project in *e-snaps.*
- If you are above 69.9% on the scoring tool and wish to reallocate, following the instructions included in the RFP Voluntary Reallocation of Funds 2017 application.

(5) If you are below 69.9% on the scoring tool, decide whether your project wishes to relinquish funds, reallocate, or request reconsideration. You must complete the Below Threshold document.

(6) If you are interested or thinking about writing for a BONUS project (new project), the application (not yet released) will be similar to the RFP Voluntary Reallocation of Funds 2017. As such, reviewing that application and preparing that information would be a good start.

Documents attached:

(1) Board of Directors Scoring Tool FY2017

This documents contains 7 tabs.

#1 – explanation and overview
#2 – the actual ranking of projects
#3 – tiebreaker calculations
#4 – point breakdown for each component
#5 – evaluation of data and assessment of points
#6 – data from recently submitted APR
#7 – GIW $ per category

On #2, if your project scored 69.9% or less and is highlighted in a reddish color, your project will not be eligible to automatically renew. This Board policy decision was discussed on a webinar and during the BOS quarterly meeting in May. The PPT slides and recorded webinar can be found on the BOS COC completion page for 2017.

(2) Below Threshold

If your project scored 69.9% or less and is highlighted in a reddish color, you are required to complete this document and submit it to wiboscoc@gmail.com by Friday, August 4th. This document clarifies your intent to voluntarily reallocate, request reconsideration, or relinquish the funds altogether.

(3) BOS Reconsideration Request

This document is the revised (different from what is currently posted on the BOS website). If you wish to request reconsideration, you must complete this document and submit all supporting information and evidence to wiboscoc@gmail.com by Friday, August 4th.

(4) RFP Voluntary Reallocation of Funds 2017

If your project scored 69.9% or less and is highlighted in a reddish color, one of your options is to reallocate all or part of the current grant award and request those funds for a new project. The request is done by completing the RFP voluntary reallocation of funds application and submitting it to wiboscoc@gmail.com by Friday, August 18th.

Note – all of this information and more should be updated on the BOS website soon. Make sure you are checking the page regularly for updates and additional information. http://www.wiboscoc.org/2017-hud-coc-competition.html

Please let me know if you have any questions or concerns. There will be a lot of information, emails, deadlines, requests over the next 2 months. The subject will always start with "COC Competition."

HUD Documents

FY2017 COC Program NOFA https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf

FY2017 COC Program NOFA – What's New, Changes, and Highlights https://www.hudexchange.info/resources/documents/fy-2017-coc-program-competition-nofa-whats-new-changes-and-highlights.pdf

FY2017 COC Renewal Project Application Detailed Instructions https://www.hudexchange.info/resources/documents/FY-2017-Renewal-Project-Application-Detailed-Instructions.pdf

ESNAPS Instructional Guides

FY2017 Project Applicant Profile Instructional Guide https://www.hudexchange.info/resources/documents/Project-Applicant-Profile-Instructional-Guide.pdf
FY2017 Renewal Project Application Screens https://www.hudexchange.info/resources/documents/Process-for-Completing-FY-2017-Renewal-Project-Application-Screens.pdf
FY2017 Project Application https://www.hudexchange.info/resources/documents/FY-2017-Renewal-Project-Application-Instructional-Guide.pdf
FY2017 Project Application, Part 6: Budgets https://www.hudexchange.info/resources/documents/FY-2017-Budgets-Project-Application-Instructional-Guide.pdf
FY2017 New Project Application https://www.hudexchange.info/resources/documents/FY-2017-New-Project-Application-Instructional-Guide.pdf

HUD-NAEH-USICH Webinars
NAEH 2017 COC NOFA Resources https://endhomelessness.org/resource/2017-continuum-of-care-nofa-resources/

Thank you,

Carrie Poser

COC Director
Wisconsin Balance of State Continuum of Care
PO Box 272
Eau Claire, WI 54702
715-598-3301

carrie.poser@wibos.org
www.wiboscoc.org

WIBOSCOC

Carrie Poser

From: Carrie Poser
Sent: Monday, July 31, 2017 12:05 PM
Subject: COC Competition - BONUS Funds Available
Attachments: PH New BONUS Project Application 2017 RUBRIC.pdf; PH New BONUS Project Application 2017.docx

Importance: High

Good afternoon,

The WI Balance of State COC has **$551,342** of BONUS funds available for any eligible applicant to apply for the following two types of projects:

- New Permanent Supportive Housing Projects dedicated to serving 100% chronically homeless families and individuals;
- New Rapid Re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, youth up to age 24, and includes persons fleeing domestic violence situations (paragraph 4 of the homeless definition) **note: compliance with COC Written Standards is required, see document for additional eligibility criteria.*

Expansion: A current PSH or RRH project can request expansion funds as described in the application and NOFA. The expansion is still required to fit within the two project types listed above.

Eligible Applicants: There is no requirement that your organization currently has a COC funded project or ETH funded project in order to apply. Eligible applicants are further defined in the application and in the NOFA. All eligible projects will be reviewed.

Due Date: Applications and required attachments are due **Friday, August 18, 2017** to wiboscoc@gmail.com. **Please submit your application as a .pdf file.**

Review Process: Each application will be reviewed by the COC Director, in consultation with the Board of Directors. The rubric is attached to this email as well. A final decision will be made by **Friday, August 25, 2017**. Selected applicants will work with the COC Director to submit a new project application in *e-snaps*. The new and renewal project submission deadline into *e-snaps* is **Monday, August 28, 2017.** If the Board approves the permanent housing BONUS application, the agency will be required to complete a new project application in *e-snaps.* If awarded by HUD, the new project will start following technical submission. There is no guaranteed project start date.

HUD: Please make sure you review the HUD documents before applying for a new grant application.

(1) HUD NOFA
https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/

(2) HUD New Project Application Detailed Instructions
https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/

The application and rubric will be posted on the WI Balance of State website soon.

Please contact me with any questions.

Thanks,

Carrie Poser

COC Director
Wisconsin Balance of State Continuum of Care
PO Box 272
Eau Claire, WI 54702
715-598-3301

carrie.poser@wibos.org
www.wiboscoc.org

(1) Website Evidence – Timeline of Events for FY2017 HUD Competition (7/26/17)
http://www.wiboscoc.org/2017-hud-coc-competition.html

www.wiboscoc.org/2017-hud-coc-competition.html

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2017 HUD COC Competition

Timeline

New Project Application will be released	Monday, July 24th, 2017
·Board Scoring Tool and results will be released	Monday, July 24th, 2017
·Deadline for Below Threshold Action Plan	Friday, August 4th, 2017
·Deadline for the request for reconsideration	Friday, August 4th, 2017
·Board review and decision	Friday, August 11th, 2017
·New Project Application deadline	Friday, August 18th, 2017
·Board decision – new project applications	Friday, August 25th, 2017
·All renewal and new applications due in e-snaps	Monday, August 28th, 2017

BOS Board Scoring Tool-Project Review/Ranking

(1) Board Scoring Tool FY2017 Results

(2) Below Threshold FY2017 – action plan

below_threshold.pdf

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11:50 AM
7/26/2017

(2) Website Evidence – Posted Request for Proposals (RFP) for Voluntary Reallocation of Funds 2017 (7/26/17)
http://www.wiboscoc.org/2017-hud-coc-competition.html

www.wiboscoc.org/2017-hud-coc-competition.html

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2017 COC Project Information

COC Collaborative Application

Final COC Competition FY2017 Submission

New Projects (Voluntary and Bonus)

(1) RFP Voluntary Reallocation of Funds 2017
(2) RFP Permanent Housing Bonus 2017–posting soon
(3) Scoring Rubric for RFP Permanent Housing Bonus 2017–posting soon

COC Competition Support Resources

Balance of State Specific Documents
(1) FY 2017 HUD Final Grant Inventory Worksheet (GIW)

HUD Documents
FY2017 COC Program NOFA
FY2017 COC Program NOFA – What's New, Changes, and Highlights
FY2017 COC Renewal Project Application Detailed Instructions

ESNAPS Instructional Guides
FY2017 Project Applicant Profile Instructional Guide
FY2017 Renewal Project Application Screens
FY2017 Project Application
FY2017 Project Application, Part 6: Budgets
FY2017 New Project Application

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(3) Website Evidence – Posted Request for Proposals (RFP) for Permanent Housing Bonus 2017 and RFP Permanent Housing Bonus 2017 – Scoring Rubric (8/8/17)
http://www.wiboscoc.org/2017-hud-coc-competition.html

www.wiboscoc.org/2017-hud-coc-competition.html

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COC Collaborative Application

Final COC Competition FY2017 Submission

New Projects (Voluntary and Bonus)

(1) RFP Voluntary Reallocation of Funds 2017
(2) RFP Permanent Housing Bonus 2017
(3) RFP Permanent Housing Bonus 2017-Scoring Rubric

rfp_voluntary_reallocation_of_funds_2017.docx
Download File

ph_new_bonus_project_application_2017.docx
Download File

ph_new_bonus_project_application_2017_rubric.pdf
Download File

COC Competition Support Resources

Balance of State Specific Documents
(1) FY 2017 HUD Final Grant Inventory Worksheet (GIW)

HUD Documents
FY2017 COC Program NOFA
FY2017 COC Program NOFA – What's New, Changes, and Highlights
FY2017 COC Renewal Project Application Detailed Instructions
FY2017-Tier 2 HUD Scoring Rubric

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8/8/2017

Voluntary Reallocation of Funds
New Project Application FY2017 Competition

Under the COC Competition, each project listed as a renewal on the Grant Inventory Worksheet (GIW) may voluntarily reallocate their funds into a new project. Agencies chose to voluntarily reallocate their funds are giving up their current grant funds and applying to the Balance of State CoC for permission to create a new project. If the Balance of State CoC approves the voluntary reallocation and new project proposal, the agency will complete a new project application in *e-snaps*. If awarded by HUD, the new project will start following technical submission. There is no guarantee as to when the start date would be. And new projects cannot carryover clients from the previous project.

Due Date:
Applications and required attachments are due **Friday, August 18, 2017** to wiboscoc@gmail.com.
Please submit your application as a .pdf file.

Review Process:
Each application will be reviewed by the COC Director, in consultation with the Board of Directors. A final decision will be made by **Friday, August 25, 2017**. Selected applicants will work with the COC Director to submit a new project application in *e-snaps*. The new and renewal project submission deadline into *e-snaps* is **Monday, August 28, 2017.**

The selected project applicant will be required to:

(1) Complete a new project application in *e-snaps*;
(2) Agree to have the new project application completed in *e-snaps* be reviewed by the COC Director
(3) Agree to have the approved project ranked in the COC priority ranking as a new project.

Note: Only applications selected for the CoC competition by the Board of Directors will be included with the collaborative application.

Note: Submitting a project in the COC Competition does not guarantee the project will be funded by HUD.

Contact:
The contact for this application process is Carrie Poser, COC Director. Her email address is: carrie.poser@wibos.org or 715-598-3301.

Overview: The Balance of State Continuum of Care will consider voluntary reallocation of funds new project applications from organizations that wish to given up their current grant and fund a permanent housing project. The agency that chooses to do so will have the right of first refusal for the funds.

Please Note: *This application was designated according to its understanding of the NOFA for the FY2017 Competition. Completion of this form in no way absolves agencies from reading the NOFA themselves. The Balance of State is not responsible for any omissions or misinterpretations of the NOFA. If applicants wish to supply additional material that they believe is in line with the NOFA, they should feel free to do so.*

Eligible Applicants: Eligible project applicants for CoC Program Competition are identified in Section V.B. of the NOFA. Tribes, tribal housing authorities, and for-profit entities are ineligible.

Eligible Permanent Housing Types: The Balance of State Board has agreed that projects may voluntarily reallocate and create one of the following permanent housing project types. In the NOFA FY2017, there were additional options available to COC's. In review and with consideration to Balance of State COC data, these additional options would not further the COC's efforts to end homelessness at this time. As such, on the following two project types will be considered:

- Permanent Supportive Housing: 100% of the beds are dedicated to chronic homelessness. This includes individuals and families who have a qualifying disabling condition AND homeless and living in a place not meant for human habitation, emergency shelter, or safe have for 1 year or continuously or over a period of 4 occasions in the past three years for a total of 12 months or more.

- Rapid Rehousing: Serving homeless individuals and families, including unaccompanied youth, who meet the following criteria:
    - Residing in a place not meant for human habitation;
    - Residing in an emergency shelter;
    - Persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;
    - Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

HUD Threshold Requirements: HUD will review all projects to determine if they meet the following threshold requirements on a pass/fail standards. If HUD determines that the applicable standards are not met for a project, the project will be rejected.

Project Eligibility Threshold

- Projects must meet the eligibility requirements of the COC program as described in 24 CFR part 578 and provide evidence of eligibility required (e.g. nonprofit documentation).
- Project applicants and sub-recipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer federal funds. Demonstrating capacity may include a description of the applicant/sub-recipient experience with similar projects and with successful administration of COC program funds or other federal funds.
- Projects must submit the required certifications as specified in the FY2017 NOFA.
- Subject to the qualifications below, the population to be served must meet program eligibility requirements as described in the Act and 24 CFR part 578, and the project application must

establish eligibility of project applicants. This includes the following additional criteria for certain types of projects:

- The only persons who may be served by permanent supportive housing beds are persons experiencing chronic homelessness as defined in 24 CFR 578.3 including individuals, families, and unaccompanied youth.
- Rapid Rehousing projects created through reallocation may serve individuals and families, including unaccompanied youth, who meet the following criteria:
  - Residing in a place not meant for human habitation;
  - Residing in an emergency shelter or coming directly from the streets;
  - Persons who qualify under paragraph (4) of the definition of homelessness, including persons fleeing or attempting to flee domestic violence situations;
  - Receiving services through a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

- The project must be cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
- Project appliances must agree to participate in HMIS. Victim service providers must use a comparable database that meets the needs of the local HMIS.

Project Quality Threshold

HUD will review all new project applicants to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participations and the community.

To be considered as meeting project quality threshold, new project applications created through reallocation must receive at least **3 out of the 4 points** available for the criteria below. New project applications that do not receive at least 3 points will be rejected.

- Whether the type of housing and number and configuration of units will fit the needs of the project participants (1 point);

- Whether the type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing – this includes all supportive services, regardless of funding source (e.g. child care, case management, life skills) (1 point);

- Whether the specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) (1 point);

- Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention) (1 point).

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. All new projects must meet all of the following criteria:

- Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the COC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings;
- Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate they have met all project renewal threshold requirement of the FY2017 NOFA.
- HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUDs finds to have significant issues related to capacity, performance, unresolved audit or monitoring findings related to one or more existing grants, or does not routine drawdown funds from eLOCCS at least once per quarter.
- HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

The BOSCOC requires each new project to meet the following criteria:

1. **Housing First philosophy and low barrier to entry:** Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

2. **Coordinated Entry:** Project applicants are required to comply with the policy and procedures, written standards, and order of priority for the specific project type requested. Participation includes but is not limited to: pre-screen, assessment, referral, follow-up.

3. **Adherence to HUD's Homeless Policy and Program Priorities:** Project applicants are required to comply with HUD's homeless policy and program priorities as listed in the NOFA FY2017, Section II, A.

4. **Balance of State:** Project applicants are required to comply with the Balance of State COC bylaws, governance charter, and other policy and procedure manuals as approve by the Board or membership. This includes requirements to be on a committee, actively involved in the overnight PIT count twice a year, and attendance at quarterly BOS meetings.

Project Applicant: _____

Service Areas: _____

Grant Amount:_____

Grant Period: _____

Information pertaining to grant periods:

- New project that requests tenant-based rental assistance may request a 1, 2, 3, 4, or 5 year grant term.
- New project that requests leasing (leasing costs only or leasing plus other, such as supportive services) may only request 1, 2, or 3 year grant term.
- New projects that request project-based or sponsor-based rental assistance or operating costs may request up to 5 years of funds.
- New projects that request operating costs, HMIS, and admin may request 1, 2, 3, 4, or 5 year grant terms for the same number of years
- New projects that request new construction, acquisition, or rehabilitation must request a minimum of 3 year grant term and may request up to 5 year grant term.
    - **NOTE:** If the applicant requests funds for new construction, acquisition, or rehab in addition to requesting funds for operating, supportive services, or HMIS, the funding will be for the 3 years requested and the grant time will be 3 years plus the time necessary to acquire the property, complete construction, and begin operating the project. HUD will require recordation of the HUD-approved use and repayment covenant (24 CFR 578.81).

Project Type (PSH or RRH): _____

<u>Instructions:</u>
It is your responsibility to complete each question with sufficient detail, completely and thoroughly.

A. EXPERIENCE OF APPLICANT, SUB-RECIPIENT(S) AND OTHER PARTNERS

1. Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

2. Describe why the applicant, sub-recipients and partner organizations (e.g. developers, key contractors, sub-contractors, service providers) are the appropriate entities to receive funding.

3. Provide concrete examples that illustrate your experience and expertise in each of the following: (1) working with and addressing the target population's identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.

4. Describe the experience of the applicant and potential sub-recipients (if any) in leveraging other Federal, State, local and private sector funds. Include experience with all Federal, State, local and private sector funds. If the applicant and sub-recipient have no experience leveraging other funds, include the phrase "no experience leveraging other Federal, State, local or private sector funds."

5. Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system that will be utilized to administer the grant. Include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG operated by the applicant or potential sub-recipients (if any): ☐ YES ☐ NO

If applicable, describe the unresolved monitoring or audit findings and what plans or strategies have been implemented to resolve the findings:

B. PROJECT DESCRIPTION

1. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including:
   a. a clear picture of the target population(s) to be served,
   b. the plan for addressing the identified needs/issues of the CoC target population(s),
   c. project outcome(s) and coordination with other source(s)/partner(s).

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

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2. 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 begin operating within the requirements described in the FY2017 CoC Program NOFA and CoC Program interim rule if you are selected for a funding award.

3. Will your project participate in a CoC Coordinated Entry System: ☐ YES ☐ NO
   If yes, please describe your current knowledge of the Coordinated Entry system and requirements in the BOS.

4. If PSH, will your project have a specific population focus other than chronically homeless: ☐ YES ☐ NO
   If yes, explain:

   If RRH, will your project have a specific population focus: ☐ YES ☐ NO
   If yes, explain:

5. Will the project follow a "Housing First" model: ☐ YES ☐ NO
   Please describe how the project will follow housing first with clients at entry and while enrolled.

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential sub-recipients (if any) will have in developing, operating and maintaining the property. This must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation or new construction) in the project application.

   Provide a detailed list of the activities and responsibilities assigned to the applicant and each sub-recipient (if any).

7. Will participants be required to live in a particular structure, unit or locality at some point during the period of participation: ☐ YES ☐ NO

   If yes, explain how and why the project will implement this requirement:

8. Will more than 16 persons live in one structure: ☐ YES ☐ NO

   If yes, describe the local market conditions that necessitate a project of this size.

   Also, describe how the project will be integrated into the neighborhood.

9. Please describe your understanding and knowledge of the written standards specific to the proposed project type and order of priority. Also, describe how that knowledge will incorporated into the operation of the project.

10. If the local continua in which this project will be executed already has COC funded projects in operation, please explain the role of this proposed project and describe the steps taken to ensure this is not a duplication of services.

C. SUPPORTIVE SERVICES FOR PARTICIPANTS

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: ☐ YES ☐ NO

   If no, explain.

2. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate: ☐ YES ☐ NO

   If no, explain.

3. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing.

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4. Describe how participants will be assisted 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 how those will be addressed through the case management and/or other supportive services that will be offered through the project.
    - If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or sub-recipient will ensure that rents are reasonable.
    - Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

5. Describe specifically how participants will be assisted both 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.

6. For all supporting services available to participants, indicate who will provide them and how often they are provided (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed):

Service	Provided By	How Often Provided
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Transportation		
Education Services		
Employment Assistance & Job Training		

Housing Search & Counseling		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Substance Abuse Treatment		
Utility Deposits		

7. How accessible are most community amenities (such as transportation, health care, mental health care, etc.) to project participants? Describe community amenities that will be available.

8. Identify whether the project will include the following activities:
   a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs ☐ YES ☐ NO

   b. Use of a single application form for 4 or more mainstream programs ☐ YES ☐ NO

   c. Regular follow-up with participants to ensure mainstream benefits are received and renewed ☐ YES ☐ NO

   d. Will project participants have access to SSI/SSDI technical assistance provided by applicant, a sub-recipient, or partner agency ☐ YES ☐ NO

   e. Has the staff person providing the technical assistance completed SOAR training in the past 24 months ☐ YES ☐ NO

D. HOUSING TYPE AND LOCATION

1. Total Units: _____

2. Total Beds: _____

3. If PSH, must be 100% dedicated to CH. Total CH dedicated beds: _____

4. Housing Type Units: ☐ Scattered Site ☐ One Location ☐ Other – must explain:

E. PROJECT PARTICIPANTS – HOUSEHOLDS

1. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

   Enter the number of households under at least one of the categories:

   1. Households with at least One Adult and One Child: _____
   2. Adult Households without Children: _____
   3. Households with Only Children: _____
   4. Indicate the numbers of adults to be served in the following sub-populations:

Chronically Homeless Non-Vet	Chronically Homeless Vet	Non-Chronically Homeless Vet

Chronic Substance Abuse	Persons with HIV/AIDS	Severally Mentally Ill	Victims of Domestic Violence	Physically Disabled	Developmentally Disabled	None

F. OUTREACH FOR PARTICIPANTS

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations. The population to be served must meet program eligibility requirements in the CoC Program interim rule and additional eligibility requirements in the FY 2017 CoC Program NOFA for permanent supportive housing.

Location	% of Homeless Person(s) Served by Project
Directly from street or other locations not meant for human habitation.	
Directly from emergency shelters.	
Directly from safe havens.	
Persons fleeing domestic violence.	
Total Percentage	

2. Describe the outreach plan to bring these homeless participants into the project. Describe how the applicant/ sub-recipient plans to bring homeless persons into the project.

   Also describe the contingency plan that the applicant/sub-recipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

G. STANDARD PERFORMANCE MEASURES

1. Housing Measures: This measure counts the number of persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year. What percentage of your clients will remain in or exit to permanent housing at the end of the operating year?

2. Income Measures:

   a. This measure counts the number of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit. Not applicable for youth below the age of 18. What percentage of your clients will meet this goal?

   b. This measure counts the number of persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit. What percentage of your clients will meet this goal?

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H. FUNDING REQUEST

1. Will it be feasible for the project to be under grant agreement within 6 months of the grant award?: ☐ YES ☐ NO

   If no, explain:

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand: ☐ YES ☐ NO

   If no, explain:

3. Select the costs for which funding is being requested. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2017 CoC Program competition.

   ☐ Acquisition/rehabilitation/new construction
   ☐ Leased structures
   ☐ Leased units
   ☐ Rental Assistance
   ☐ Supportive services
   ☐ Operating
   ☐ HMIS
   ☐ Administration

I. BUDGETS

(1) ACQUISITION/REHABILITATION/NEW CONSTRUCTION/BUDGET

	Amount	**Budget Narrative** *(explain how you will use the money, e.g., purchase two duplexes at $125,000 each, or # of units rented and price per unit)*
Total Acquisition:		
Total Rehabilitation:		
Total New Construction:		
Total Assistance Requested:		

Any additional notes regarding the acquisition, rehab, new construction section of this project:

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(2) LEASING BUDGET (Permanent Supportive Housing only)

a. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the project (housing units). **Note:** use FY2016 Fair Market Rent (FMR).

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	
Total Units:	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

If more than 2 FMR areas, please copy and add another chart below.

b. Leased Structures Budget

The following list summaries the funds being used for one or more structures leased for operating the projects (office space for the provision of supportive services, etc.)

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	
Total Structures:	
Structure Name	**Annual Request**

Any additional notes regarding the leasing section of this project:

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(3) RENTAL ASSISTANCE BUDGET (Rapid Re-housing only)

Note: according to the NOFA FY2017, new project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.

Note: use FY2016 Fair Market Rent (FMR).

Type of Rental Assistance (TRA, PRA, SRA):	
Total Request for Grant Term:	
Total Units:	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

Type of Rental Assistance (TRA, PRA, SRA):	
Total Request for Grant Term:	
Total Units:	

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested

Size of Units	# of Units	Total Requested Funds
0 Bedroom (studio or efficiency)		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		
7 Bedrooms		
8 Bedrooms		
	Total Requested Funds	

If more than 2 FMR areas, please copy and add another chart below.

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Any additional notes regarding the rental assistance section of this project:

(4) SUPPORTIVE SERVICES BUDGET

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased, e.g., Case Management - 1.0 FTE's, $32,000 salary plus 28% fringe)*
Assessment of Service Needs:		
Assistance with Moving Costs:		
Case Management:		
Child Care:		
Education Services:		
Employment Assistance:		
Food:		
Housing/Counseling Services:		
Legal Services:		
Life Skills:		
Mental Health Services:		
Outpatient Health Services:		
Outreach Services:		
Substance Abuse Treatment Services:		
Transportation:		
Utility Deposits:		

Operating Costs:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the supportive services section of this project:

(5) OPERATING BUDGET

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased, e.g., $500 for furniture for each unit)*
Maintenance/Repair:		
Property Taxes & Insurance:		
Replacement Reserve:		
Building Security:		
Electricity, Gas & Water:		
Furniture:		
Equipment:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the operating section of this project:

(6) HMIS BUDGET

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

	Amount	**Budget Narrative (quantity & description)** *(explain amount of service purchased)*
Equipment:		
Software:		
Services:		
Personnel:		
Space & Operations:		

Total Annual Assistance Requested:	
Grant Term:	
Total Request for Grant Term:	

Any additional notes regarding the HMIS section of this project:

J. SOURCES OF MATCH/LEVERAGE:

Match and leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. As authorized by the FY2016 HUD Appropriations Act, program income may now be used as a source of match and must be properly documented in the project application. (Please note that detailed information about matching requirements can be found at 24 CFR 578.73)

Project applicants that intent to use project income as match must provide an estimate of how much program income will be used for match.

Type of Commitment (cash or in-kind and denote the type of contribution that describes this match or leveraging commitment). Add rows as necessary

Summary for Match

Source of Match (private or government)	Contributor	Value	Date of Commitment

Summary for Leverage

Source of Leverage (private or government)	Contributor	Value	Date of Commitment

K. SUMMARY BUDGET

Eligible Costs Total Assistance Requested:

	HUD Amount	Match Amount	Total
Acquisition:			
Rehabilitation:			
New Construction:			
Leased units:			
Leased Structures:			
Rental Assistance:			
Supportive Services:			
Operating:			
HMIS:			
Subtotal:			
Admin (up to 10%):			
Total:			

L. DEMONSTRATION OF ORGANIZATION/FISCAL CAPACITY:

a. How long has the agency existed?

b. How long has the agency provided housing services?

c. What is the agency's rate of turnover in management positions? This should include the total number of management positions and the total number of turnover during the last calendar year (2016) and year-to-date (2017).

d. What was the agency's total budget for the most recent fiscal year? Include the date of fiscal year used.

e. Does the agency administer any other federal dollars? Please describe and identify any and all other federal dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.

f. Does the agency administer any State of Wisconsin dollars? Please describe and identify any and all other state dollars administered, including the name of the project, federal funder, amount, purpose, type of clients served.

g. Does the agency conduct an annual financial audit? If no, why? If yes, describe the type of audit conducted and when was the most recent audit completed?

h. Does the agency segregate funds? If no, why? If yes, describe the process.

WIBOSCOC

Appendix 1

<u>If the proposed project is Rapid Re-housing, answer the following questions:</u>

(1) Describe how people meeting the chronic homeless definition will be served in the community?

(2) Describe how people scoring a 7+ (of family 8+) on the VI-SPDAT will be served in the community?

(3) What evidence is used to determine the need for Rapid Re-housing instead of Permanent Supportive Housing (PSH) in the community?

(4) Describe the difference between the ESG funded RRH project already in operation in the community and the proposed COC funded RRH. This should include population, priorities, eligibility, etc.

<u>If the proposed project is Permanent Supportive Housing, answer the following questions:</u>

(1) Describe the outreach methods that will be used to ensure that all of the eligible chronic homeless individuals and families are identified for this project.

(2) Describe the collaboration with medical providers to ensure timely documentation on the disability verification form required for at least one adult in each household.

(3) Describe the exit strategy that the project will incorporate to encourage project participants to move on from the project when they no longer need or want the level of intensive case management that PSH entails.

WIBOSCOC

Data

Please see the attached chart that shows a breakdown of how many chronically homeless people were counted during the last 4 January Point in Time counts in each continuum (2013-2017).

COC	Jan. 2013	% of Sh/Un	Jan. 2014	% of Sh/Un	Jan. 2015	% of Sh/Un	Jan. 2016	% of Sh/Un	Jan. 2017	% of Sh/Un
Brown	65	23%	68	22%	60	20%	38	14%	47	15%
CAP	2	4%	0	0%	0	0%	0	0%	2	3%
Central	0	0%	10	8%	29	41%	0	0%	9	9%
Coulee	49	33%	12	9%	3	2%	16	12%	30	18%
Dairyland	5	4%	23	19%	23	17%	16	17%	10	9%
Fox Cities	13	8%	18	10%	13	7%	16	9%	20	10%
Indianhead	1	2%	0	0%	7	13%	0	0%	1	3%
Jefferson	0	0%	0	0%	1	5%	1	3%	0	0%
Kenosha	15	16%	13	14%	2	2%	5	7%	9	12%
Lakeshore	6	8%	6	7%	1	1%	1	1%	0	0%
North Central	10	8%	17	24%	16	11%	18	12%	16	13%
Northeast	2	5%	4	9%	6	13%	12	17%	4	6%
Northwest	24	26%	16	27%	10	15%	0	0%	11	21%
NWISH	4	10%	6	20%	9	23%	10	20%	2	4%
Ozaukee	0	0%	0	0%	0	0%	0	0%	1	14%
Rock Walworth	5	3%	3	1%	2	1%	16	12%	6	3%
Southwest	0	0%	5	11%	5	26%	0	0%	0	0%
Washington	3	8%	0	0%	0	0%	0	0%	1	8%
Waukesha	14	11%	18	15%	31	23%	23	16%	27	16%
West Central	6	6%	2	2%	9	7%	7	4%	25	14%
Winnebagoland	31	20%	22	13%	9	6%	4	3%	9	7%
TOTAL	255	14%	243	13%	236	11%	183	7%	230	9%
	total	*average*	*total*	*average*	*total*	*average*	*total*	*average*	*total*	*average*

# of CH

10-20 chronic homeless people

+21 chronic homeless people

% of CH compared to total number of unsheltered persons and those staying in emergency shelters

15-20% of total number of homeless (unsheltered + emergency shelter) are chronically homeless

21+% of total number of homeless (unsheltered + emergency shelter) are chronically homeless

Required Attachments

1) Most recent fiscal year agency audit including management letter.

2) Letter of support from at least two different agencies within the local continuum of care.

3) Description of how your organization intends to support and transition current clients out of the current project by the end of the grant year, ensuring that they do not exit into homelessness.