**BONUS FUNDS**

**New Project Application FY2019 Competition**

**Agency Name:**  \_\_\_\_\_\_\_\_

**New Project Name:**­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Area(s) covered by this project (identify coalition name):**  \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Grant Funding Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_

**Grant Period: \_\_\_\_\_\_\_\_\_**

**Proposed Project Type (PSH, RRH, EXP-PSH, EXP-RRH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this grant request include a sub-recipient? \_\_\_\_\_**

**If yes, identify the sub-recipient organization and the amount of funding that will be awarded to the sub-recipient:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

**It is your responsibility to complete each question with sufficient detail, completely and thoroughly.**

1. **Experience of Applicant, Sub-recipient(s) and Other Partners**
2. Describe the experience of the applicant and potential sub-recipients (if any), has in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
3. 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.
4. 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.
5. 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.”
6. Describe the basic organization and management structure for both 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

*\*You must select “yes” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. The HUD monitoring or OIG Audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs (e.g. HOPWA, ESG).*

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

1. **PROJECT EXPANSION**

\*Skip and move to Section C (Project Description) if applying for a new PSH or RRH.

1. Is this new project application requesting a “project expansion” of an eligible COC Program renewal project of the same component type?  YES  NO
2. Select the activities listed below that describe the expansion project:

A. Increasing the number of people experiencing homelessness served  YES  NO

How will the project “increase the number of people experiencing homelessness served?”

Current level of effort (from the most recently **approved** project application):

# of persons served at a PIT (approved # from screen 5A): \_\_\_\_\_\_\_\_\_\_\_

# of units (approved # from screen 4B): \_\_\_\_\_\_\_\_\_\_\_

# of beds (approved # from screen 4B): \_\_\_\_\_\_\_\_\_\_\_

New effort (proposed increase to current **grant agreement numbers**):

# of additional persons served at a PIT: \_\_\_\_\_\_\_\_\_\_\_

# of additional units \_\_\_\_\_\_\_\_\_\_\_

# of additional beds \_\_\_\_\_\_\_\_\_\_\_

B. Provide additional supportive services to people experiencing homelessness  YES  NO

How will the project “provide additional supportive services to people experiencing homelessness?”

Is the project going to increase the number of/and expand variety of supportive services provided?  YES  NO

Is the project going to increase the frequency and/or intensity of supportive services provided?  YES  NO

Describe the reason for the supportive service increase indicated above. Response must explain why supportive services are being increased from the current grant agreement.

1. **PROJECT DESCRIPTION**
2. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including:
   1. a clear picture of the target population(s) to be served,
   2. the plan for addressing the identified housing and supportive service needs,
   3. anticipated project outcome(s)
   4. coordination with other organizations (e.g. federal, state, nonprofit)
   5. Why is CoC program funding required?

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.

1. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to the CoC Program funds requested in this project application.

\*If the project has only one location or structure, or no structures, complete 1st column only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Milestone | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
| New project staff hired, or other project expenses begin? |  |  |  |  |
| Participant enrollment in project begins? |  |  |  |  |
| Participants begin to occupy leased or rental assistance units or structure(s) and supportive services begin? |  |  |  |  |
| Leased or rental assistance units or structures, and supportive services near 100% capacity? |  |  |  |  |

1. Coordinated Entry is a requirement with all CoC-funded projects. 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.

1. 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.
2. If PSH, will your project have a specific population focus other than chronically homeless:  YES  NO *\*Select “yes” if your project has special capacity in its facilities, program design, tools, outreach, or methodologies for a specific subpopulation. This does not mean that your project exclusively serves this subpopulation.*

If yes, explain:

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

*\*Select “yes” if your project has special capacity in its facilities, program design, tools, outreach, or methodologies for a specific subpopulation. This does not mean that your project exclusively serves this subpopulation.*

If yes, explain:

1. Housing First is required for all CoC-funded projects. 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.

a. Will the project quickly move participants into permanent housing?  YES  NO

b. Will the project ensure that participants are not screened out based on the following items? *(check all that apply: checking the box next to an item listed confirms that your project does not have the following barriers to entering the project)*

having too little or little income

active or history of substance use

having a criminal record with exceptions for state-mandated restrictions

history of victimization (e.g. DV, sexual assault, childhood abuse)

c. Will the project ensure that participants are not terminated from the program for the following reasons?

*(check all that apply: checking the box next to an item listed confirms that your project does not terminate participants for the following reasons)*

failure to participate in supportive services

failure to make progress on a service plan

loss of income or failure to improve income

any other activity not covered in a lease agreement

1. 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? \*Required only if a new PSH project is requesting capital costs (acquisition, new construction, or rehabilitation). If the applicant is not requesting capital costs, write NA.
2. 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:

1. 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.

1. If the local coalition 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.
2. **SUPPORTIVE SERVICES FOR PARTICIPANTS**
3. 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.

1. 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.

1. 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. All projects must answer this question, youth are defined as under 24 years old.

NOTE: Failure to comply with federal education assurances many result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

1. Describe how participants will be assisted to obtain and remain in permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. The following must be included in the response:

* Needs of the target population
* Plan to address those needs through proposed case management activities
* Availability and accessibility of supportive services such as – housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc.

Select one (A) or (B):

A. In units not owned or operated by the project:

* how does the project identify appropriate units
* Describe the project’s established arrangements with homeless services providers
* Describe how the project will engage landlords

B. In units owned or operated by the project:

* Describe how client choice is maximized
* Described how the project differentiates between the case management staff and process vs. the landlord role.

1. What specific plan does this project have to specifically coordinated and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

* Describe how the project will help program participants obtain income (e.g. access to employment programs and educational opportunity)
* Describe how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams;
* Describe how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).

1. For all supporting services available to participants, indicate who will provide them and how often they are provided.

**Provider: select from one of the 5 options:**

* Applicant - project applicant will provide the supportive service
* Sub-recipient – sub-recipient in this project application will provide the supportive services
* Partner – an organization that is not a sub-recipient but with whom a formal agreement or MOU was signed to provide the service
* Non-Partner – a specific organization with whom no formal agreement was established regularly provides the service to program participants
* None

**Frequency:** if #1-4 is selected, identify: daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed

|  |  |  |
| --- | --- | --- |
| **Service** | **PROVIDER** | **FREQUENCY** |
| 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 |  |  |

1. Identify whether the project will include the following activities:
   1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs  YES  NO
   2. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  YES  NO
   3. Do project participants have access to SSI/SSDI technical assistance provided by applicant, a sub-recipient, or partner agency?  YES  NO
   4. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  YES  NO
2. **HOUSING TYPE AND LOCATION**
3. Total Units: \_\_\_\_\_\_\_\_\_\_\_\_
4. Total Beds: \_\_\_\_\_\_\_\_\_\_\_\_
5. If PSH, must be 100% dedicated to CH. Total CH dedicated beds: \_\_\_\_\_\_\_\_\_\_\_\_
6. Housing Type Units:  Scattered Site  One Location  Other – must explain:
7. **PROJECT PARTICIPANTS – HOUSEHOLDS**
8. 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 |
|  |  |  |  |  |  |  |

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

If no, explain:

1. Grant Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 2019 CoC Program competition.

Acquisition/Rehabilitation/New Construction

Leased structures

Leased units

Rental Assistance

Supportive services

Operating

HMIS

Administration

1. **BUDGETS**

**(1) ACQUISITION/REHABILITATION/NEW CONSTRUCTION**

|  |  |  |
| --- | --- | --- |
|  | **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:

**(2) LEASING BUDGET (Permanent Supportive Housing only)**

* 1. **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 FY2018 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.

* 1. **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:

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

**Note:** According to the NOFA FY2019, new project applications must adhere to 24 CFR 578.51(f) and must request the full FMR amount per unit.

**Note:** use FY2018 Fair Market Rent (FMR).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Rental Assistance (TRA):** | | | |  | | |
| **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):** | | | |  | | |
| **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:

**(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:

1. **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **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:** |  |  |  |

1. **DEMONSTRATION OF ORGANIZATION FISCAL CAPACITY:**
2. How long has the agency existed?
3. How long has the agency provided housing services?
4. 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 (2018) and year-to-date (2019).
5. What was the agency’s total budget for the most recent fiscal year? Include the date of fiscal year used.
6. Does the agency administer any other federal dollars?
   1. 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.
7. Does the agency administer any State of Wisconsin dollars?
   1. 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.
8. Does the agency conduct an annual financial audit?
   1. If no, why?
   2. If yes, describe the type of audit conducted and when was the most recent audit completed?
9. Does the agency segregate funds?
   1. If no, why?
   2. If yes, describe the process.

**Appendix 1**

If the proposed project is Rapid Re-housing, answer the following questions:

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

(2) Describe how people scoring a 7+ (of family 8+) on the VI-SPDAT are 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? Explain the rationale for the evidence used in making this decision.

(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.

If the proposed project is Permanent Supportive Housing, answer the following questions:

(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 data from the PIT and coordinated entry, 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.

**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 coalition. The letters must be dated no earlier than 7/1/19.
3. Letters of match support totally 25% or more. These can be in-kind or cash match obligations. The letters must be dated no earlier than 7/1/19.

1. Provide evidence from a current coordinated entry prioritization list and explanation as to what the need in the community is and how this proposed project will meet that need.
2. Specific and detailed timeline and explanation as to how the project will be prepared to start expending funds and enrolling & housing clients on Day 1.