**Continuum of Care Supplemental Notice of Funding Opportunity to Address Unsheltered Homelessness**

**PART 2 - APPLICATION**

**SUPPORTIVE SERVICES ONLY – COORDINATED ENTRY**

**1. Applicant and Project Information**

If applicant is not currently a CSB–funded agency, please review CSB administrative and program standards at [www.csb.org](http://www.csb.org).

|  |
| --- |
| **1. Applicant and Project Information** |
| **Date:** |
|  |
| **Name of Lead Organization (project sponsor):** |
| **Mailing Address:** |
| **Contact Person:** |
| **Telephone: E-mail:** |

|  |
| --- |
| **2. Authorization and Applicant Certifications** |

|  |
| --- |
| Acting as a duly authorized representative, I hereby affirm that the leadership or governing body of the below named organization has reviewed and accepts all the guidelines, requirements and conditions described in the Community Shelter Board Request for Proposals. If selected, we agree to collaborate with CSB to develop and implement the program(s) consistent with the Request for Proposal and participate in the local Homeless Management Information System. |
| **Applicant Organization:** | **Date:** |
| **Authorized Signature:** |
| **Name/Title:** |

|  |
| --- |
| **3. Proposal Guidelines** |

|  |
| --- |
| Narrative questions and requests for information, set forth below, should demonstrate an overarching understanding of the purpose of the Continuum of Care Supplemental Notice of Funding Opportunity to Address Unsheltered Homelessness, ([Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness (hud.gov)](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/Unsheltered-and-Rural-Homelessness-NOFO-FR-6500.pdf)) as well as the applicant’s experience and readiness. In particular, applicants should demonstrate the following:Understanding of the needs of the clients to be served.Type, scale, and location of the housing fit the needs of the clients to be served (if applicable).Type and scale of the supportive services, regardless of funding source, meet the needs of the clients to be served.How clients will be assisted in obtaining and coordinating the provision of mainstream benefits.Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.The plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.How clients will be assisted to increase employment and/or income and to maximize their ability to live independently.How the project leverages housing resources with housing units not funded through the CoC or ESG programs (if applicable).How the project leverages health resources, including a partnership commitment with a healthcare organization.Utilization of evidence-based and promising practices that will be incorporated in services delivery including, but not limited to Housing First, progressive engagement and assistance, motivational interviewing, and harm reduction strategies that will help households resolve the immediate housing crisis.Cultural Competency reflected in every process and structure of service delivery and relevant to assisting a diverse array of people experiencing a housing crisis who may also have physical, mental or emotional conditions that impact their ability to obtain and maintain housing.  |

**Threshold Requirements**

**1. Confirm active SAM registration with current information (Attach)**

**2. UEI/TIN/EIN numbers:**

**3. Nonprofit documentation if not already submitted to CSB (Attach)**

**4. HMIS Participation - Agree to participate in the local HMIS system (or a comparable database that captures the required HMIS data in addition to meeting the needs of the local HMIS, if a DV provider) (Yes/No):**

**5. Applicant has no Outstanding Delinquent Federal Debts (Yes/No):**

**6. Applicant has no Debarments and/or Suspensions (Yes/No):**

**Experience of Applicant, Subrecipient(s), and Other Partners**

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**
2. **Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**
3. **Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**
4. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? If yes, please describe.**

# Project Description

1. **Provide a description that addresses the entire scope of the proposed project.**

**1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA? (the Plan details will be distributed prior to the application due date).**

**1b. Describe how the proposed project will contribute towards a) reduction in the unsheltered population in Columbus and Franklin County and b) providing prioritized access to appropriate housing and services to individuals and families experiencing homelessness with severe service needs.**

**2. Enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award (if applicable).**

|  |  |
| --- | --- |
| Begin hiring staff or expending funds |  |
| Begin program participant enrollment |  |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **N/A - Project Serves All Subpopulations** |  | **Domestic Violence** |  |
| **Veterans** |  | **Substance Abuse** |  |
| **Youth (under 25)** |  | **Mental Illness** |  |
| **Families** |  | **HIV/AIDS** |  |
|   |   | **Chronic Homeless** |  |
|   |   | **Other**(Click 'Save' to update) |  |

1. **As an SSO CE project answer the following questions:**

**4a. Will the coordinated entry process cover the CoC’s entire geographic area? (Yes/No):**

**4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? (Yes/No):**

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

**4d. Will the coordinated entry process use a comprehensive, standardized assessment process? (Yes/No):**

**4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.**

**4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups (Yes/No):**

(1) adults without children;
(2) adults accompanied by children;
(3) unaccompanied youth;
(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
(5) persons at risk of homelessness?

**4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? (Yes/No):**

**4h. Describe the strategy to identify populations in the area that have not been served by the homeless system at the same rate they are experiencing homelessness and the strategy to provide outreach, engagement, and housing interventions for this population.**

1. **Describe the performance measures that your project will meet, measures that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks. Include a projected annual number of households served. Follow the benchmarks established locally (**[Program\_Performance\_Standards\_FY23](https://66381bb28b9f956a91e2-e08000a6fb874088c6b1d3b8bebbb337.ssl.cf2.rackcdn.com/file-ProgramPerformanceStandardsFY23.pdf))

# Equity

1. **Applicant has BIPOC individuals in managerial and leadership positions (Yes/No, name the position(s), if No describe the plan to add BIPOC representation):**
2. **Applicant’s board of directors includes representation from persons with lived experience that actively participate (Yes/No, if No describe the plan to add such person):**
3. **Applicant has a process for receiving and incorporating feedback from persons with lived experience (Yes/No, if No describe the plan to incorporate this feedback):**
4. **Applicant has individual(s) with lived experience employed on their team (Yes/No, if No describe the plan to do so):**
5. **Applicant has reviewed internal policies and procedures with an equity lens and has a plan for updating policies that currently center white dominant culture (Yes/No, if No describe the plan to do so):**
6. **Applicant has reviewed agency’s program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age (Yes/No, if No describe the plan to do so):**
7. **Applicant has identified programmatic changes needed to make agency’s program participant outcomes more equitable and developed a plan to make those changes (Yes/No, if No describe the plan to do so):**
8. **Applicant is working with HMIS lead to review HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If not a current HMIS participant, Applicant commits to participate in this review (Yes/No, if No describe the plan to do so):**

# Funding Request

**Select the costs for which funding is requested (check only the types of funding requested that will be used in the project and then complete the respective details section below):**

**Supportive Services**



HMIS



# Supportive Services Budget

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description**(max 400 characters) | **Annual AssistanceRequested** |
| **Assessment of Service Needs** |  |  |
|   **2. Assistance with Moving Costs** |  |  |
|   **3. Case Management** |  |  |
|   **4. Child Care** |  |  |
|   **5. Education Services** |  |  |
|   **6. Employment Assistance** |  |  |
|   **7. Food** |  |  |
|   **8. Housing/Counseling Services** |  |  |
|   **9. Legal Services** |  |  |
|   **10. Life Skills** |  |  |
|   **11. Mental Health Services** |  |  |
|   **12. Outpatient Health Services** |  |  |
|   **13. Outreach Services** |  |  |
|   **14. Substance Abuse Treatment Services** |  |  |
|   **15. Transportation** |  |  |
|   **16. Utility Deposits** |  |  |
|   **17. Operating Costs** |  |  |
| **Total Annual Assistance Requested** |  |  |

# HMIS Budget

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description**(max 400 characters) | **Annual AssistanceRequested** |
|   **1. Equipment** |  |  |
|   **2. Software** |  |  |
|   **3. Services** |  |  |
|   **4. Personnel** |  |  |
|   **5. Space & Operations** |  |  |
| **Total Annual Assistance Requested:** |   |  |

# Sources of Match (Match requirement is 25%, unless noted at 50%, see attachment section for the healthcare related match)

**Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? (Yes/No):**

**If yes, what is the projected amount of program income?:**

# Sources of Match Detail (add as many as needed and attach documentation)

1. **Type of Match commitment, Cash or In-kind\*:**
2. **Source: Government or Private:**
3. **Name of Source:**

**(Be as specific as possible and include the office or grant program as applicable)**

1. **Amount of Written Commitment:**

# Summary Budget

|  |  |  |
| --- | --- | --- |
|  | **Annual Request** | **3 Year Request** |
| Leased Units |  |  |
| Leased Structures |  |  |
| Rental Assistance |  |  |
| Supportive Services |  |  |
| Operating |  |  |
| HMIS |  |  |
| Admin (up to 10%) |  |  |
| **Total Request** |  |  |
| Cash Match |  |  |
| In-kind Match |  |  |
| Total Match |  |  |
| **Total Budget** |  |  |

# Required Attachments

1. **Non-profit documentation (if not already submitted to CSB)**
2. **Latest Audit and 990 (if not already submitted to CSB)**
3. **Printout of SAM record**
4. **Letters of commitment, contracts, or other formal written documents that clearly demonstrate the number of subsidies or units being provided to support the project (if applicable)**
5. **Written commitment from a health care organization, including organizations that serve people with HIV/AIDS, that the value of assistance being provided by the healthcare organization is at least:**
	1. **In the case of a substance abuse treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or**
	2. **An amount that is equivalent to 50% of the funding being requested for the project(s) will be covered by the healthcare organization.**

**Acceptable forms of commitment are formal written agreements and must include:**

1. **value of the commitment and dates the healthcare resources will be provided.**
2. **In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.**
3. **Match documentation (cash or in-kind), a template is provided by CSB.**
4. **If you have a negotiated Indirect Cost Rate (ICR), attach the ICR agreement. This does not apply if you are using the 10% de minimis ICR.**