2017 Southern Nevada Continuum of Care (CoC)

LOCAL PROJECT APPLICATION INSTRUCTIONS

Help Hope Home
Ending Homelessness in Southern Nevada

Application via Zoom Grants located at: www.HelpHopeHome.org

GENERAL INFORMATION

About Help Hope Home

Help Hope Home is Southern Nevada's coordinated regional approach to assist individuals and families with achieving stable and sustainable lives. Through a collaborative effort, HELP HOPE HOME is a regional partnership that coordinates efforts to prevent and end homelessness in Southern Nevada. Our collective effort brings to the table all aspects of our community including citizens, faith-based organizations, non-profit providers, businesses, civic groups, education, law enforcement, and government. Through our efforts, we are able to leverage valuable resources, share information, and manage funding opportunities.

Funding Opportunity Background

Each year the U.S. Department of Housing and Urban Development (HUD) releases a Notice of Funding Availability (NOFA) for the HUD Continuum of Care Homeless Funds. HUD has not yet released their 2017 CoC NOFA; however, the Southern Nevada Continuum of Care (CoC) Evaluation Working Group is releasing a Local HUD CoC Project Application as part of the Southern Nevada local process. Information from this local application will be used to determine inclusion in the 2017 Consolidated Application to HUD for the Continuum of Care Homeless Assistance funds.

Note:

The Local Continuum of Care Project Application is mandatory for anyone who wishes to participate in this year's Southern Nevada Consolidated Application.

Contents

Help Hope Home
Ending Homelessness in Southern Nevada

Help Hope Home
Ending Homelessness in Southern Nevada

APPLICATION INFORMATION

Zoom Grants

The Local HUD CoC Project Application is an electronic submission through Zoom Grants. The application along with companion documentation can be found at the www.helphopehome.org website. Here you will find the web links to:

- ✓ Local HUD CoC Project Application Instructions
- ✓ Local HUD CoC Project Electronic Application
- ✓ Grants Administration User Guide (*HUD Document)*
- ✓ Leasing and Rental Assistance Transitional Guidance (*HUD Document)*
- ✓ Southern Nevada Regional Plan to End Homelessness Implementation Plan
- ✓ Regularly Updated Frequently Asked Questions
- ✓ Southern Nevada Glossary of Homeless Terms
- ✓ Commonly Used Acronyms

HUD Compliance

All project applicants are expected to demonstrate compliance with the requirements of the CoC Program Final rule. Project applicants are encouraged to refer to http://esnaps.hudhre.info and http://www.hudhre.info/coc/ for additional information on program requirements. Many of these instructions incorporate HUD regulations governing the Continuum of Care grant funding. Please also review the federal regulations located at www.hud.gov.

HMIS Requirement

Be advised that successful applicants are required to utilize the Homeless Management Information System (HMIS) as mandated by HUD and as a part of the Southern Nevada Regional Plan to End Homelessness.

Training

In addition to the local trainings, HUD will be offering national web casts for your assistance. We will attempt to post all meetings on the website, however, be sure to attend the mandatory training so you can be notified of any other training opportunities.

Help Hope Home
Ending Homelessness in Southern Nevada

Uploads Required for ZoomGrants

In Zoom Grants under the Documents tab, the following PDF documents are required to be downloaded, completed, and uploaded into Zoom Grants:

- ✓ Supportive Services for Participants (Download Template)
- ✓ Project Participants (Download Template)
- ✓ Standard Performance Measures (Download Template)
- ✓ Budget (Download Template)
- ✓ Project Leveraging (Download Template)
- ✓ Cash Match (Download Template)
- ✓ Certification and Acknowledgement (Download Template)

The following documents are required to be uploaded as separate documents into Zoom Grants under the Documents tab:

- ✓ Agency List of Board Members
- ✓ IRS Form I-990
- ✓ Letters for Cash Match
- ✓ Leveraging Letters
- ✓ Copy of 501(c)(3) (for new applicants—not already receiving CoC funds)
- ✓ Management letter (not the full audit) from your IPA audit (if applicable). This is required if you receive more than $500,000 in federal funds.
- ✓ Any audit findings and the corrective action plan if applicable
- ✓ APR's for each year of your most recent contract with HUD (Renewals Only)

Help Hope Home
Ending Homelessness in Southern Nevada

IMPORTANT DATES

Note: The following dates are subject to change based upon information received from HUD and/or the release of the Notice of Funding Availability (NOFA).

Release Date:	*May 5, 2017*
Mandatory Orientation Training (8:30am - 12:30pm)	*May 9, 2017*
Mandatory Refresher Training (2:00pm - 4:00pm)	*May 9 , 2017*
Application Due	*June 15, 2017*
Application Presentations	*TBD*
Application Presentations	*TBD*
Application Presentations	*TBD*
Scoring & Ranking (contingent upon release of NOFA)	*TBD*
Appeals Due	*TBD*
Appeals Presentation if Necessary	*TBD*
CoC Receives Recommendations	*TBD*

The orientation and refresher training sessions for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Homeless Assistance Funds will be held on *May 9th* at:

Clark County Government Center
500 S. Grand Parkway, 1st Floor, Pueblo Room
Las Vegas, NV 89155

- **The SNH CoC Orientation Training (8:30am - 12:30pm)**
  - The Orientation Training is required for all new CoC applicants, first-time renewal applicants, and grant management program staff of existing CoC funded projects that did not attend previous technical assistance training.

- **The SNH CoC Refresher Training (2:00pm - 4:00pm)**
  - The Refresher Training is required for all renewal project applicants that do not meet the criteria above.

  - If your project is a renewal project, but you manage the CoC grant application process for your agency and you have not attended previous CoC Technical Assistance training, you must attend the orientation training.

Each agency intending to submit an application must send at least one representative to the appropriate orientation or refresher training described above, in order to be eligible for consideration of inclusion in the HUD CoC Local Application.

Note: Applications are due on June 15, 2017 by 11:59 PM PST via Zoom Grants. Paper applications will not be accepted.

ZOOM GRANTS APPLICATION

About Zoom Grants
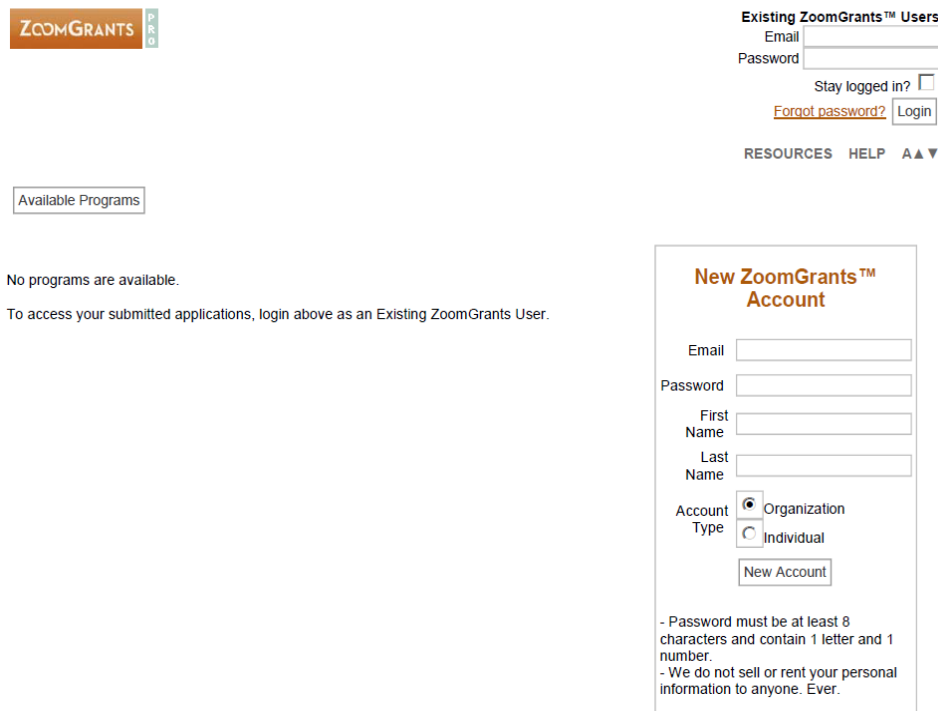
Zoom Grants is a streamlined electronic grant portal that provides the capacity to manage the components of the Local CoC application online. The application consists of five major sections all of which are required. The first section is the *Program Summary* for contact information data, the second is the *Pre-Application* to acknowledge the instructions manual, the third is the *Program Narrative*, the forth is *Project Budget Summary*, and the fifth section is the *Documents* supplemental section which includes the budget narrative and required fillable forms and uploads.

System Requirements

A browser with an internet connection is required to utilize Zoom Grants.

Account Set-Up

The first step in using Zoom Grants is to setup a *New Zoom Grants Account* by utilizing your email and creating a password. The password must be at least 8 characters and contain 1 letter and 1 number. With your email address and password, you are ready to login.

ZOOMGRANTS PRO

Available Programs

No programs are available.

To access your submitted applications, login above as an Existing ZoomGrants User.

Existing ZoomGrants™ Users
Email
Password
Stay logged in? ☐
Forgot password? Login

RESOURCES   HELP   A A ▼

First time users must create a new account

New ZoomGrants™ Account

Email
Password
First Name
Last Name
Account Type   ⦿ Organization   ○ Individual

New Account

- Password must be at least 8 characters and contain 1 letter and 1 number.
- We do not sell or rent your personal information to anyone. Ever.

Help Hope Home
Ending Homelessness in Southern Nevada

ZOOM GRANTS APPLICATION (cont.)

Description of Menu Items

Menu Items	Description
Description	The description tab provides an overview of the funding opportunity to provide context and background.
Requirements	Project applicants are required to have an active Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition.
Restrictions	*None*
Contact Admin	The Contact Admin is the person to contact with questions or concerns regarding the application, issues with Zoom Grants, or issues pertaining to information regarding the CoC Local Application. Upon the conclusion of the Technical Assistance trainings, all frequently asked questions and answers will be posted on the www.HelpHopeHome.org website. An email will be used to submit questions to the Contact Admin.
Announcements	Announcements regarding changes to the request for funding or information needed for interested parties can be found in the messages tab if applicable.
Program Summary	The program summary tab compiles demographic information for the entity applying for the funding opportunity. Additional contact persons may be added but require email addresses only separated by a comma (no names, no titles). Ensure the accuracy of the organization's legal name, address, and contact person. The legal name must match the name on the organization's articles of incorporation or other legal governing authority. Surrogate names, abbreviations, or acronyms must not be listed. It is best for the designated *Account Information* person to be the person most knowledgeable about the application. This may or may not be the organization's authorized representative. This may be the program manager, financial analyst, or grant writer.
Program Narrative	Each question in the program narrative tab is accompanied by its own set of instructions and answers. Refer to the individual *Program Narrative* questions in the instructions guide for further details and/or clarification.
Project Budget Summary	The *Project Budget Summary* section which captures a summary of the program budget. In previous years these questions were captured in the Budget document.
Documents	The documents tab has a set of Adobe PDF fillable forms and a list of required documents that need to be uploaded by the applicants. For further clarification or instructions on each form, see the *Documents* section of the instructions guide.

Help Hope Home

Ending Homelessness in Southern Nevada

PROJECT SUMMARY QUESTIONS

Application Details Section (Questions *1-7 Administrative Scoring*)

Question 1.) Attestation: A representative from my agency attended the appropriate mandatory orientation or refresher training.

Question 2.) PROJECT TYPE: Please select one.
Project applicants may submit a request to fund a new project, or renew funding for an existing project. For renewal projects check only *Renewal* responses for the applicable type of project. For new projects check only *New* responses for the applicable type of project. This field will populate based on the funding opportunity that the project applicant selects.

Component Type	Description
TH: *Transitional Housing*	Housing and services that facilitate the movement of homeless individuals and families to PH within 24 months of entering TH. **Renewals Only**.
SH: *Safe Haven*	Low barrier housing for hard-to-reach homeless persons with severe mental illnesses who came from the streets and have been unwilling or unable to participate in supportive services. **Renewals only**.
SSO: *Supportive Services Only*	Service only projects, including Street Outreach, where the recipient does not also provide the housing assistance. **Renewals Only**.
PSH: *Permanent Supportive Housing*	PSH is community-based housing, the purpose of which is to provide housing without a designated length of stay and can only be used to provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.
RRH: *Rapid Rehousing Housing*	Continuum of Care funds may provide supportive services, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.
TH and PH-RRH: Joint Transitional Housing (TH) and Permanent Housing	Joint TH and PH-RRH component project, combines TH and PH-RRH into a single project to serve individuals and families experiencing homelessness. These projects will provide low-barriers with a seamless program design. The Joint TH and PH-RRH component combines two existing program components- TH and PH-RRH- into a single project to serve individuals and families experiencing homelessness.

PROJECT SUMMARY QUESTIONS (cont.)

Question 3.) EXPIRING GRANT #: (renewals only). If new project, answer N/A.

All *project applicants for renewal funding* must enter their expiring grant number in this field. The expiring grant number is either 11 characters or 15 characters, as found on the CoC's HUD-approved FY2016 GIW. Here are three examples of what your grant number may look like: NV0999B2T001104, NV0999C1T001003, and NV01C900151.

Question 4.) PROJECT AT A GLANCE: (These set of questions are limited to 10 characters per question answer all questions separately).

- ❖ Total Local Agency Budget
    - ▪ Specify the budget for the local agency applying for the project.
- ❖ Total Project Budget
    - ▪ Specify the total cost to run the proposed project.
- ❖ Amount Requested
    - ▪ Total amount of the CoC Grant request
- ❖ Amount of Current Grant Expended
    - ▪ For Current Project Year (*Renewals Only*)
- ❖ Date of Current Project Year
    - ▪ Specify Project Start and End Dates.
    - ▪ The Date of Current Project Year format should read 2 digit month 2 digit year hyphen 2 digit month 2 digit year (xxxx-xxxx).
- ❖ Grant Term
    - ▪ For the grant year being reviewed specify how many years have you had this grant.
- ❖ Percent of CoC Funds of Total Project Budget
    - ▪ The percentage of total project budget requested from the CoC utilizing the formula:
    - (Requested CoC Funds ÷ Total Project Budget) X 100 = ___%
- ❖ Harder to Serve Population Who Entered Last Year
    - ▪ % of households who were considered "harder to serve" between 5/1/2016 and 2/28/2017, as "harder to serve"

Question 5.) POPULATION SERVED

Select from the provided list. SEE the Glossary of Terms for Homeless Services in Southern Nevada for definitions. If not applicable answer N/A.

- ☐ Chronic Homeless
- ☐ Veterans
- ☐ Unaccompanied Youth Ages 14-18
- ☐ Transition Age Youth ages 18-25
- ☐ Homeless Families
- ☐ Victims of Domestic Violence
- ☐ Substance Abuse
- ☐ Severely Mentally Ill
- ☐ Persons with HIV/AIDS
- ☐ Homeless Individuals
- ☐ Chronic health Condition
- ☐ Developmental Disabilities
- ☐ Physical Disabilities
- ☐ Other: [Their Answer]

Question 6.) **HOUSING TYPE**

Please provide a description of the place(s) where services and housing are provided.

- ○ Scattered Site
- ○ Project Based
- ○ N/A

Question 7.) DOES/WILL THIS PROJECT USE ENERGY STAR APPLICATION?

If your agency owns new construction or is responsible for the replacement of windows, HVAC system, water heater or lighting; the replacement items must meet Energy Star guidelines. Select 'Yes' or 'No' to indicate whether Energy Star is applicable for one or more of the project sites.

Help Hope Home
Ending Homelessness in Southern Nevada

Question 8.) PROJECT SUMMARY *(up to 2 points)*

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

The response should give you an OVERVIEW of the project.

Question 9.) ORGANIZATIONAL EXPERIENCE *(up to 2 points)*

Provide a brief description of how long your organization has been providing assistance to homeless clients and the type of experience your organization has in working with the target population.

The answer should provide an overview of their agency experience in serving homeless clients? Who they serve, the type of service provided, length of time providing services to the homeless, and provide any outcomes from their experience.

Question 10.) SCOPE OF PROJECT *(up to 2 points)*

Provide a complete, concise description that addresses the entire scope of the proposed project at full operational capacity.

- Provide a description that addresses the entire scope of the proposed project at full operational capacity. This should include a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/ partner(s). *(1 point)*
- Describe the estimated schedule for proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Provide a schedule for and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements if it is selected for a funding award. *(1 point)*

The answer need to be specific to the project.

Question 11.) HELP HOPE HOME REGIONAL PLAN TO END HOMELESSNESS & GAP ANALYSIS

(up to 10 points for New projects and 5 points for renewal projects)

Specify how this project meets one or more of the action steps in the HELP HOPE HOME Regional Plan to End Homelessness as well as identify how your project will help to fill one or more of the gaps identified in the 2015 Gaps Analysis, which can be found at: http://helphopehome.org/gaps-analysis/

Specify:

- ❖ Action Step Number
- ❖ Action Step
- ❖ What the project will accomplish

The answers should describe how the project meets the action step or gap. NOT the agency. Did they identify the action step or the actual gap as identified in the documents and did they tell how the project will help us meet that action step or fill the gap?

Questions 12 and 13 have combined score of up to 11 points

Question 12.) PARTCIPATION IN REGIONAL EFFORTS

Specify which regional efforts your agency has participated in for the period of 5/1/16 - 2/28/17. *Select all that apply. (1 Point per check box).*

- ☐ Project Homeless Connect and/or Family Connect
- ☐ Homeless Census (PIT)
- ☐ Mainstream Programs Basic Training (MPBT)
- ☐ NHA Provider Meeting
- ☐ Coordinated Intake System Planning
- ☐ Southern Nevada Homeless Continuum of Care monthly board meetings
- ☐ Continuum of Care Membership

Question 13.) Role in Regional Efforts *(up to 4 points)*

Explain the depth of your agency's role in regional effort(s). For each role specify what effort and the details in depth.

Example - Date, Time, Chair, Co-Chair, Deployment Station etc.

PROJECT NARRATIVE QUESTIONS

> *Questions 1, 2 & Project Information Support Services chart* **have combined score of** *up to 2 points*

Question 1.) Describe how this project will assist participants in obtaining and remaining in permanent housing. (up to 2 points)

Describe how your project will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. Describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by your organization, please provide a detailed explanation about how your agency will identify appropriate units, ensure rents are reasonable, and coordinate with landlords and other homeless service providers.

> - *This answer should speak to more than just what they will do; it should speak to the how of assisting to obtain and/ or remain in permanent housing.*
> - *Transitional housing projects should speak to how they will work with the client to obtain permanent housing upon discharge from the transitional program.*
> - *Permanent supportive housing projects should speak to how they will assist client to stay in their program or exit to permanency when no longer in need of their assistance.*
> - *Rapid Rehousing projects should speak to how they will work with the clients to assist them in exiting their program with the ability to sustain their housing.*

Question 2.) Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. *(up to 2 points)*

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.

> *Refer to the Project Information section of the application - (Table 5 – Supportive Services). This answer should speak to how they will assist the client with employability and job attainment OR access to financial benefits. Each project must indicate the frequency at which these basic supportive services are/will be provided to project participants. The options available with regards to frequency are: daily, weekly, bi-weekly, monthly, quarterly, does not apply.*

Questions 3 through 9 and Project Information Performance Outcomes have combined score of up to 7 points for new projects and 17 points for Renewal projects

Question 3.) Please provide the following numbers:
- *What percentage of your clients will stay in your project for at least 6 months and/or move to PH without supportive services?*
- *What percentage of your clients will exit your project to PSH or PH and what percent will stay housed for at least 3 months?*

Question 4.) Describe how you will increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80% or more or increase the percentage of participants in CoC-funded transitional housing that move to permanent housing to 65% or more.

The answer should to speak to case management practices, housing first practices, relationships with landlords and affordable housing providers, and how they will ensure housing choice, if the project is scattered site.

Question 5.) Describe how you will increase percentage of participants in all CoC funded projects that are employed at project exit to 20% or more.

The answer should to speak to case management practices and client's access to job readiness programs and/or vocational trainings.

Question 6.) Describe how you will increase the percentage of participants in all CoC funded projects that obtained mainstream benefits at project exit.

The answer should to speak to SOAR (SSI/SSDI Outreach, Access and Recovery) coordination, case management practices, access to SNAP benefits, Medicaid/Medicare, WIC, Energy Assistance etc.

Help Hope Home
Ending Homelessness in Southern Nevada

Question 7.) Describe how you will measure your project performance and how often performance will be evaluated on these goals.

The answer should to speak to the project's monitoring and compliance practices, timeframes, and the project's performance measures.

Question 8.) Describe your follow-up process in serving clients of this project.

The answer should to speak to case management practices, follow-up practices, timeframes, and assessment of the clients' progress.

Question 9.) Describe intended outcomes for this project.

Refer to the Project Information section of the application - (Table 3 – Performance Outcomes). Does the applicant describe how they will arrive at the intended outcomes? Overall, did they answer the questions?

Questions 10, 11 and the Project Participant Sheet have combined score of up to 3 points

Question 10.) QUESTION FROM PROJECT PARTICIPANTS SHEET - Outreach for Participants | Complete the following as it relates to your outreach plans to bring participants into the project. ***Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations*** (Must total 100%) If total is less than 100% be prepared to identify how the persons meet HUD's definition of homelessness and the project type eligibility requirements. The options are as follows:

- *Directly from the streets or other locations not meant for human habitation*
- *Directly from emergency shelters*
- *Directly from safe havens*
- *From transitional housing or previously resided in a place not meant for human habitation, or emergency shelter, or safe havens*
- ❖ *Persons at imminent risk of losing their night time residence* - This should be (0%) for every applicant
- ❖ *Homeless persons as defined under other federal statutes* – This should be (0%) for every applicant
- *Persons fleeing domestic violence*

NOTE: *There should be NO applicants that indicate they will receive clients meeting these descriptions. "Persons at imminent risk of losing their night time residence" and "Homeless persons as defined under other federal statutes" are only eligible for CoC's that have been given express approval in the form of being designated as a "high performing community" and have written permission. At this time, our CoC has not been designated as a "high performing community."*

Clients lose their chronically homeless status upon entry into a transitional housing program. Therefore, if a permanent supportive housing project serves chronically homeless, that project cannot receive clients from transitional housing programs.

Question 11.) Outcomes: Describe your outreach plan to bring homeless participants into the project.

The answer should speak to coordinated intake, outreach process, intake and assessment procedures, and how referrals are received. The project should also describe the contingency plan that the will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families.

Question 12.) Schedule, Management Plan & Method - Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of work (up to 2 points).

- This question should answer how management is evaluating their programs and tell what methods they are using to stay on track.
- For example, are they pulling reports from HMIS? If so, which reports? How often? Do they have a timeline for activities?

The answer should also describe the estimated schedule for proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Provide a schedule for and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements if it is selected for a funding award. If the applicant answers this question in a way that demonstrates that they will be reviewing their progress and performance they receive full points.

Question 13 Administrative Question (not scored)

Question 13.) Development Activities: If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. *(For project expansion, indicate whether the project will use an existing homeless facility or incorporate activities provided by an existing project.)* **(Admin question)**

This field must be completed if the agency will be requesting capital costs (acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities to be assigned.

NOTE: *Development activities are not renewable, so any money allocated to these activities will be one time only and will not be eligible to be included in the calculation for future Annual Renewal Demand amount.*

Question 14.) Services: Describe service model, the delivery method, and appropriateness of said method that the agency is using for this project. Include any local, regional, state, or national plans/ initiatives that are relevant to the project. (up to 3 points).

- Permanent Supportive Housing
  - If this is a Permanent Supportive Housing project are they using the housing first model? If not, what are they using and why that model instead of housing first?
- Rapid Rehousing
  - If this is a Rapid Rehousing project, are they using a progressive engagement case management model or intense or wrap-around case management model with titration of services?
  - How will they know that the client has reached a level of self-sufficiency?
  - How will they ensure the client does not return to homelessness immediately after assistance has ended?
- Transitional Housing
  - If this is a Transitional Housing project, did they explain the type and level of case management being provided?
  - What is the eligibility criteria and does that criteria create a barrier for homeless clients to be served by the project?

The answer should reference any initiatives or plans that are relevant to their project? If this is a new project, did they describe the best practice model or the evidence -based practice used to develop this project?

Help Hope Home
Ending Homelessness in Southern Nevada

Questions 15 and 16 have combined score of up to 10 points for New Projects and 5 points for Renewal Projects

Question 15.) Identifying Eligibility/Pay Sources: How does the project identify eligible participants/clients and describe any fees or payments required by the participants in your project.

- Preferable the agency does not charge a program fee. Did the agency describe their eligibility requirements? Do any of those requirements cause barriers to services? Do they intend to bill Medicaid for any services?

- Permanent Supportive Housing
    - o Are clients expected/required to pay at least 30% of their income toward rent?

- Rapid Rehousing
    - o Are client's expected to start by paying at least 30% of their income with incremental increases of the amount of rent paid to move to self-sufficiency as quickly as possible?
        - ➢ It is not reasonable to expect that all clients exiting homelessness will reach housing sustainability with only a 30% of their income for their rent burden.
        - ➢ The rent burden could be greater than 30% of their income.

Question 16.) Identify any agencies that you plan to bill in conjunction with the program or program participants (i.e. Medicaid, Medicare, third party etc.). Describe your accounting practices and how you plan to control various funding sources.

Question 17.) Agency Collaborations: Describe your agency's collaborations with other community providers. (Up to 5 points for Renewal projects OR up to 10 points for New projects).

The answer should speak to the collaborative relationships and services provided by the collaborative partners, and the collaborative partners' experience working with the homeless.

Help Hope Home
Ending Homelessness in Southern Nevada

Questions 18 and 19 have combined score of up to 4 points.

Question 18.) Staffing Ratio: How many full/part time employees will be working on the project? What is the case management staff to client ratio?

Question 19.) HOUSING CHART - Complete the following chart related to the housing type, number of units, bedrooms and beds for your project. (2 points)
Housing types codes to choose from are: apartments (A), single-family homes (SF Homes), duplexes (D), group homes (G Homes) or single-room occupancy units (SRO Units)
.
Complete the chart related to the housing type, number of units, bedrooms and beds for your project. Housing types to choose from are: apartments, single-family homes, duplexes, group homes or single-room occupancy units. Specify:
- ❖ Housing Type
- ❖ Units
- ❖ Beds/Universe
- ❖ Chronically Homeless (CH) Beds
- ❖ a) of the number of CH beds, how many are dedicated to the chronically homeless? *(Dedicated CH beds are required to only be used to house persons experiencing chronic homelessness, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as CH beds on the CoC's Housing Inventory Chart. If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0". If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.)*
- ❖ b) of the number of CH beds, how many are not dedicated to the chronically homeless?
- ❖ c) of the number of CH beds, how many will likely become available through turnover in the FY 2017 operating year?
- ❖ d) of the number of CH beds, how many will be prioritized for use by the chronically homeless in the FY 2017 operating year?

Questions 20-24 Administrative Questions (1 point)

Question 20.) Monitoring/Audit Findings: Are there any unresolved monitoring or audit findings for HUD or ESG grants? If yes, upload copies of the findings and the correction plan in the Documents section of ZoomGrants.
Select "Yes" or "No" to indicate whether or not there are any open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings.

Question 21.) Are there any unresolved monitoring or audit findings for other funding sources? If yes, upload copies of the findings and the correction plan in the Documents section of ZoomGrants.

Question 22.) Has HUD recaptured any funds from your agency and/or has HUD funding been deobligated from your agency?
This question applies to the organization, not the individual person who signs as authorized representation on the application. Categories of debt include delinquent audit disallowances, loans, and taxes.

Question 23.) Does your agency have delinquency on any Federal debt?

Question 24.) Please give dates and explanations of any recaptured and/or deobligated funding, as well as delinquency on any Federal debt.

Question 25.) Describe how your agency is utilizing other sources of funding, such as federal, state, local, and foundation grants funding. Also describe your agency's experience in leveraging of state, local, and foundation grants funding. (up to 5 points)

The answer should describe why the applicant, subrecipients, and partner organizations are the appropriate entities to receive funding. Provide concrete examples that illustrate experience and expertise in 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. Include experience with all Federal, state, local, and private sector funds. Is the agency diversifying their funding sources? This is an agency wide question not a program specific question. Some level of detail beyond just the funding source and the amount.

Question 26.) Describe how your agency engages community partners, civic groups, and faith-based organizations in homeless efforts. Be specific to include population and/or name of group. (up to 5 points)

Questions 27 – 28 Administrative Questions (1 point)

Question 27.) Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?

Indicate if the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal education laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select N/A.

Question 28.) Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

Indicate if the project has a dedicated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select N/A.

Questions 29 Administrative Question (2 points)

Question 29.) Will your project participate in the coordinated entry process?
If No or N/A, enter a brief explanation.

Questions 30 – 32 Administrative Questions (2 points)

Question 30.) Will your project utilize a Housing First approach?
If No or N/A, enter a brief explanation. (Note: Questions 33 and 34 are associated with the Housing First approach, in addition to ensuring that the project quickly moves participants into permanent housing.)

Question 31.) Does the project ensure that participants are not screened out based on the following items?

Check all that apply. By checking the first four boxes, this project will be considered low barrier.

☐ Having too little or little income
☐ Active or history of substance abuse
☐ Having a criminal record with exceptions for state-mandated restrictions
☐ History of domestic violence (e.g. lack of protective order, period of separation from abuse, or law enforcement involvement)
☐ None of the above

Question 32.) Does the project ensure that participants are not terminated from the program for the following reasons?

Check all that apply.

☐ Failure to participate in supportive services

☐ Failure to make progress on a service plan

☐ Loss of income or failure to improve income

☐ Being a victim of domestic violence

☐ Any other activity no covered in a lease agreement typically found in the project's service area

☐ Other

Question 33 Administrative Question (not scored)

Question 33.) Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions into homelessness or HUD funded programs? *(e.g. health care facilities, foster care, correctional facilities, or mental health institutions, etc.)*

Allowable answer is Yes.

Question 34 Administrative Question (1 point)

Question 34.) Will it be feasible for the project to be under grant agreement by September 30, 2019?

Indicate if the agency will be in a position to begin operating by September 30, 2019. The obligation of CoC funds is required by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Question 35 - 38 Administrative Questions (not scored)

Question 35.) Is the project proposing to use funds allocated from CoC's annual renewal demand OR is the project applying for funding through the permanent housing bonus?

Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Question 36.) Does this project propose to allocate funds according to an indirect cost rate?

Indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. Additional questions may be asked if the response is "Yes", to include if the rate has been approved by your cognizant agency, and if you plan to use the 10% de minimis rate.

Question 37.) Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?

If response is "Yes", you will need to indicate how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Question 38.) Will more than 16 persons live in one structure?

If response is "Yes", you will need to describe the market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

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PROJECT INFORMATION

Project Participants – Summary

Complete each of the charts within the fillable form: List the number of households or persons served at maximum project capacity in each of the categories. The numbers 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.

❖ Households: Populate with Total Number of Households.

❖ Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

❖ Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

❖ Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18

❖ Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

❖ Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

❖ Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

❖ Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18

❖ Totals: All total field will calculate automatically when at least one household field and one persons field is entered and saved.

Project Participants - Summary

Complete each of the charts below: Total number of households and total persons are un-duplicated numbers. The numbers reported in the sub categories (i.e. chronically homeless non-veterans, chronically homeless veterans, non-chronically homeless veterans, chronic substance abuse, persons with HIV/AIDS, severely mentally ill and victims of domestic violence) may be duplicated numbers

Persons in Households with at Least One Adult and One Child

This chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, at least one person under the age of 18.

- ❖ <u>Chronically Homeless Non-Veterans</u>: Enter the total number of persons who meet the HUD definition of chronically homeless but who are not veterans.

- ❖ <u>Chronically Homeless Veterans</u>: Enter the total number of persons who meet the HUD definition of chronically homeless and who are veterans

- ❖ <u>Non-Chronically Homeless Veterans</u>: Enter the total number of persons who are veterans but who do not meet the HUD definition of chronically homeless.

- ❖ <u>Chronic Substance Abuse</u>: Enter the total number of persons who meet the definition for chronic substance abuse.

Persons in Households with at Least One Adult and One Child

This chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, at least one person under the age of 18.

- ❖ <u>Persons with HIV/AIDS</u>: Enter the total number of persons with HIV/AIDS

- ❖ <u>Severely Mentally Ill</u>: Enter the total number of persons who meet the definition of severely mentally ill.

- ❖ <u>Victims of Domestic Violence</u>: Enter the total number of persons who are victims of domestic violence.

- ❖ <u>Total Persons</u>: Total of unduplicated persons.

Persons in Households without Children

This chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no person under the age of 18.

Persons in Households with Only Children

This chart should include only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Performance Outcomes

HUD has identified goals for all homeless projects. Please indicate how your project will help HUD advance its goals by completing performance information for the following measures.

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the Universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This is the percentage of all applicable clients from the Universe who are expected to achieve the measure within the operating year.

Housing Measure: 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. Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation.

Income Measure: Identify and complete __one__ of the following:

a. Persons 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. Income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit. Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

Additional Measures: For each additional measure, provide the name for the additional performance measure and enter the Universe and Target figures accordingly. Be prepared to identify the data source and method of collection proposed to measure results for each additional measure, as well as specific data elements and formula proposed to measure results and rationale for why the proposed measure is an appropriate indicator of performance for this program.

SOAR Outcomes

Have any of your staff members enrolled/attended SOAR training?

Have your staff members fully complete SOAR training?

Date of last SOAR training for all staff persons providing technical assistance:

Does your agency practice all SOAR Critical Components?

Does your agency practice some SOAR Critical Components?
If yes, please indicate the following Critical Components you practice:
-Completing the application for Social Security/SSDI benefits
-Acting as claimant's appointed representative by having client sign the SSA-1696
-Maintaining contact with SSA and DDS
-Collecting and submitting medical records
-Collaborating with medical providers for assessments/exams
-Writing a medical summary report
-Other:

Do you utilize a single application form for four or more mainstream programs?
Select "Yes" if the project uses a single application form that allows participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for fewer than three programs.

Does the project regularly follow-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required?
Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their benefits and to renew benefits when required. Select "No" if there are no follow-ups, or if follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
Select "Yes" if project participants have access to SSI/SSDI technical assistance. This assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

Do you collect and track outcomes?

SOAR Outcomes (cont.)

Have you submitted your outcomes to the SOAR Coordinator?

What is your approval rate?

What is your length of time from submission to approval?

Supportive Services

Each project must indicate the frequency at which these basic supportive services are/will be provided to project participants. Use daily, weekly, bi-weekly, monthly, quarterly, does not apply. Also include a description of services for each.

PROJECT DOCUMENTS

For Budget, Cash Match, Leveraging, and Certification of Acknowledgement, use the templates attached in Zoom Grants and complete the forms relevant to your project. For all other areas please upload your organization's documents applicable to each area. Please also upload supporting documents in response to Project Narrative Questions 21 if applicable.

Help Hope Home

www.HelpHopeHome.org

email: HelpHopeHome@ClarkCountyNV.gov

(Email specific application questions to the address above.
Be sure to enter "2017 CoC Local Application Question" in the subject line.)

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