2018 Southern Nevada Homelessness Continuum of Care (CoC)

LOCAL PROJECT APPLICATION INSTRUCTIONS

Help Hope Home
Ending Homelessness in Southern Nevada
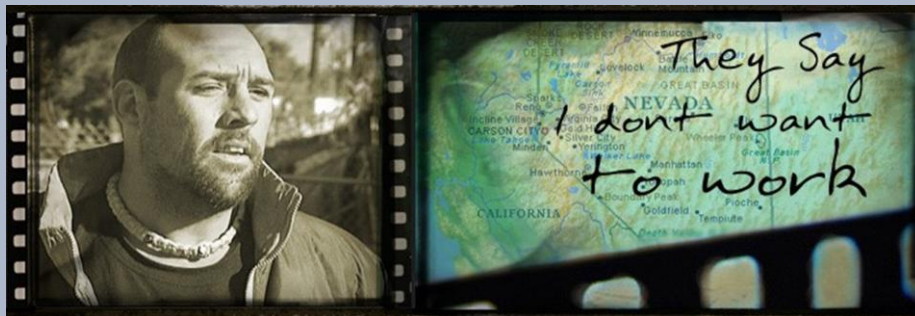
Application via ZoomGrants located at: www.HelpHopeHome.org

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. Relying on 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 2018 CoC NOFA; however, the Southern Nevada Homelessness Continuum of Care (CoC) Evaluation Working Group is releasing a CoC Local Application as part of the HUD local process. Information from this local application will be used to determine inclusion in the 2018 Consolidated Application to HUD for the CoC Homeless Assistance funds.

Note:

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

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APPLICATION INFORMATION

ZoomGrants

The HUD CoC Local Application is an electronic submission through ZoomGrants. The application along with companion documentation can be found at the http://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 – Opening Doors
- ✓ Glossary of Terms
- ✓ Commonly Used Acronyms
- ✓ Technical Assistance
- ✓ 2015 Gaps Analysis
- ✓ Help Hope Home: Southern Nevada Regional Plan to End Homelessness 2013 Update

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://www.hudhre.info/coc/ for additional information on program requirements. Many of these instructions incorporate HUD regulations governing the CoC grant funding. Please also review the federal regulations located at www.hud.gov.

HMIS Requirement

Be advised that successful applicants will be 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 webcasts for your assistance. We will attempt to post all meetings on the website, however, each agency is responsible for ensuring appropriate staff attend the mandatory training(s). After each mandatory training, your agency will be asked to submit a list of all staff members that attended the training.

Uploads Required for ZoomGrants

The following PDF documents are required to be downloaded, completed, and/or uploaded under the *Project Documents* tab:

- ✓ Budget Form
- ✓ Cash Match Form
- ✓ Cash Match Letter
- ✓ Agency List of Board Members
- ✓ IRS Form I-990
- ✓ Audit or Financial Review, Findings and Correction Action Plan
- ✓ Certification of Acknowledgement
- ✓ Copy of Annual Performance Report
- ✓ HUD Code of Conduct Documentation
- ✓ 501(c)3 Tax-exempt Organization Documentation
- ✓ SF-LLL, Disclosure of Lobbying Activities
- ✓ Anti-Lobbying Certification
- ✓ HUD 2880: Applicant/Recipient Disclosure/Update Report
- ✓ HUD 50070: Certification for a Drug-Free Workplace
- ✓ Organizational Chart
- ✓ Indirect Cost Rate
- ✓ Additional Information

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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:	*June 13, 2018*
1st Technical Assistance Meeting / Program Application Opens for those in attendance	*June 25, 2018*
2nd Technical Assistance Meeting/ Program Application Opens for those in attendance	*June 26, 2018*
Agency Application Due	*June 30, 2018*
Program Application Due	*July 31, 2018*
Scoring & Administrative/Threshold Reviews	*August 1 – August 17, 2018*
Review & Ranking Process	*August 21, 2018*
Intent to Appeals Due	*August 24, 2018*
Reconvening of Scoring & Ranking if necessary for Appeals Hearing	*August 27, 2018*
CoC Receives Recommendations	*August 29, 2018*

Applicants must attend at least one of the **Mandatory Local Application Technical Assistance (TA) Meetings**.

- The **1st TA meeting** will be held on **June 25, 2018 from 8:30 am – 10:30 am.**
- A **2nd TA Meeting** will be held on **June 26, 2018 from 1:30 pm – 3:30 pm.**
- Both meetings will be held at: Clark County Social Service 3rd Floor Training Room; 1600 Pinto Lane, Las Vegas, NV 89106

All applicants are required to attend one of these two sessions in order to receive access to the program application.

Note: Applications are due on July 31, 2018 by 11:59 PM PST via ZoomGrants. Paper applications will not be accepted.

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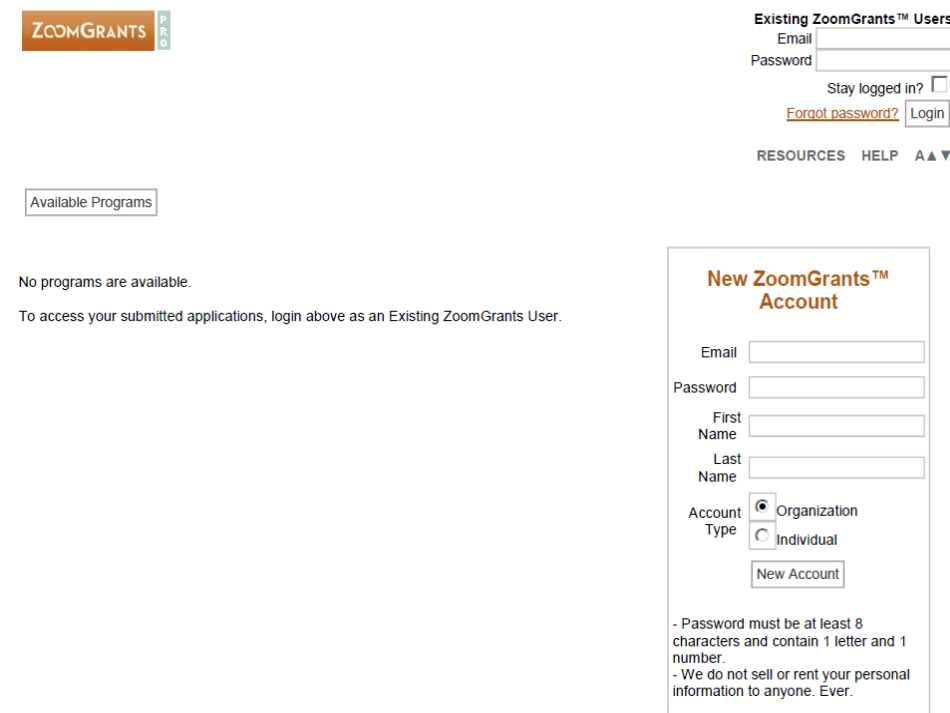
ZOOMGRANTS APPLICATION

About ZoomGrants

ZoomGrants 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 ZoomGrants.

Account Set-Up

The first step in using ZoomGrants is to setup a *New ZoomGrants 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.

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 ZoomGrants, 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.
Summary	The 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 may be listed in the first field titled Agency/Organization Nickname. 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.
Agency Application	This section is considered the pre-application and agencies will be asked to complete this section before moving forward with a formal proposal. These questions relate to the overall structure of the agency or organization. Each question in the agency application tab is accompanied by its own set of instructions and answers. Refer to the *Agency Application* questions in the instructional guide for further details and/or clarification.

Program Application   This section is the proposal of the project. All questions are related to the specific project that is seeking funding. Each question in the program narrative tab is accompanied by its own set of instructions and answers. Refer to the individual *Program Application* questions in the instructional guide for further details and/or clarification.

Tables   The tables are used to describe the proposed project's supportive services and housing details. Refer to the *Tables* questions in the instructional 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. Refer to the *Budget* questions in the instructional guide for further details and/or clarification.

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 instructional guide.

SUMMARY TAB

Applicant Information

Please note: Agency information and Agency Application must be submitted and approved before you will have access to the Project Application Tab. Access to the Project Application will be completed after attendance at the Mandatory Local Application Technical Assistance (TA) Meeting has been recorded.

Agency/Organization Nickname (or abbreviation): If your agency is commonly known by an acronym or you intend to use a shortened version of your agency name throughout the narratives, list that here.

Applicant Information: Provide the contact information for the person completing the application and point of contact for this grant application.

Organization Information: Provide the legal name of your agency or organization; mailing address; EIN, DUNS Number, and CAGE Code; and information for the authorized official.

CEO/Executive Director: Provide the contact information for the authorized official representative who has authority to sign all grant documents.

Additional Contacts: Include only email address(es), separated by a comma, for any individual that you wish to receive notification of submission of this application.

AGENCY APPLICATION TAB

Please note: *Regardless of the number of applications your agency will be submitting, you will only need to complete this tab one time. You may then duplicate this section for each additional application your agency completes and submits.*

2018 CoC Project Applications

Question 1) Indicate the number of each type of 2018 projects for which your agency intends to apply.

Agency Experience and Capacity

Question 2) Describe your agency's experience providing assistance to individuals experiencing homelessness. *Limit response to 3000 characters.*

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. Include any populations of focus, types of services provided, and any outcomes from your experience.

Question 3) Part 1a): Describe agency's experience in: a) effectively utilizing federal funds and performing the activities proposed in your project application(s) given funding & time limitations. Describe why the project applicant is the appropriate entity to receive funding. Provide concrete examples that illustrate your experience and expertise in the following: (1) working with and addressing the target population(s) identified in 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.

Question 3) Part 1b): Describe agency's experience leveraging other federal, state, local & private sector funds. If the agency has no experience leveraging other funds, include the phrase *"No experience leveraging other federal, state, local or private sector funds."*

Question 3) Part 2: Describe how your agency identifies or determines any fees required by participants and any other billing options and accounting practices used. Include Medicaid protocol and other similar billing options.

Limit each response for Parts 1 and 2 to 3000 characters each.

Question 4) Describe agency collaborations with: 1) other homeless service providers; and 2) service providers that are not specifically homeless service providers. Include a description of what strategies are used to: a) address individuals and families at risk of becoming homeless; b) reduce the length-of-time individuals and families remain homeless; and c) reduce the rate of returns to homelessness. *Limit response to 3000 characters.*

This response should speak to the collaborative relationships and services provided by collaborative partners, and the collaborative partners' experience working with the homeless. Include the names of the other service providers you collaborate with.

Question 5) Describe the basic organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the project applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant. *Limit response to 3000 characters.*

Participation in Regional Efforts

Question 6) Select which regional efforts your agency participated in during the preceding program year.

Question 7) Explain your agency's level of participation in regional efforts: *For each activity specify the contributing effort and the details in depth. (i.e. date, time, activity, role, description, etc.) Be as specific as possible to describe your level of participation and/or leadership at one or more of these events. Limit response to 3000 characters.*

Question 8) Do you agree to continue participating in HMIS? Or, if a new project (other than DV), will your agency participate in HMIS?

If answer is anything other than YES, briefly explain in the space provided.

Past Performance

Question 9) If you are a returning applicant, has your agency submitted all APRs on time?

Answer YES or briefly explain in the space provided if agency has not submitted all APRs on time. Answer N/A if you are a new applicant or this question does not apply to your Agency.

Agency Budget

Question 10) Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your organization?

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. Select "No" if there are no unresolved HUD Monitoring or OIG Audit findings for any projects operated by your agency.

If you select "Yes" briefly explain any findings or explanation for why the monitoring or audit findings remain unresolved. Be sure to also include under the Documents tab a copy of your Financial Audit and further documentation of any findings, if applicable.

Question 11) Total Local Agency Budget

SOAR Services

Question 12) Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? *Respond YES or NO and explain your response. Limit response to 255 characters.*

Select "Yes" if program participants will have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship. Select "No" if there will be no or significantly limited access to SSI/SSDI technical assistance. Explain your response.

Question 13) Please identify whether the agency includes the following activities in its programs: *Select all that apply.*

Select "Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs" if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, taxi fare, etc.

Select "Use of a single application form for four or more mainstream programs" if the project will use a single application form that allows program participants to take and use to sign up for four or more mainstream programs without having to complete another document.

Select "Regular follow-ups with participants to ensure mainstream benefits are received and renewed if the project will regularly follow-up with program participants, at least annually, to ensure that they have applied for and are receiving their mainstream benefits and renew benefits when required.

Once you are satisfied with your responses, submit your agency application.

Submit Agency Application

PROJECT APPLICATION TAB

Please note: Agency information and Agency Application must be submitted and approved before you will have access to the Project Application Tab. Access to the Project Application will be completed after attendance at the Mandatory Local Application Technical Assistance (TA) Meeting has been recorded.

If you will be submitting multiple projects from the same agency, you can duplicate your "Agency Application" including all of the application content before beginning your "Project Application." This can also be helpful if you would like to submit several applications that are mostly the same – just fill out one application with all of the information that will be the same in each application, then create duplicates and customize each application from there. To do this:

1. *Go to your My Account Home page.*
2. *Click the "Duplicate" icon next to the application you'd like to copy.*
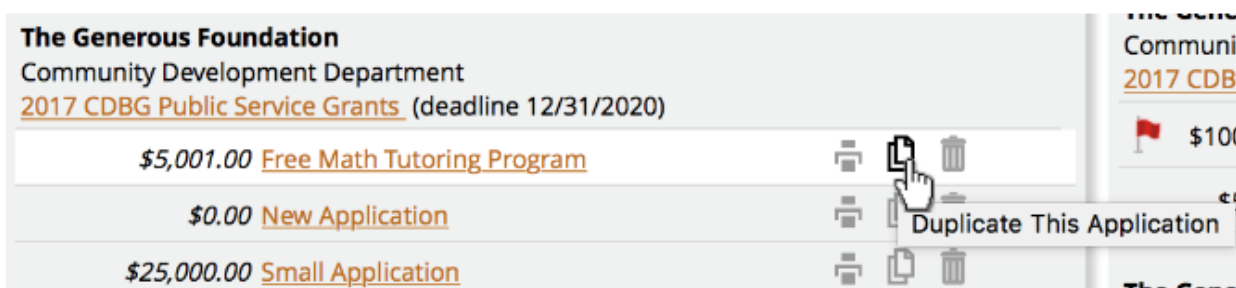
After you duplicate the application, you will need to re-submit each one by clicking the "Submit Agency Application" button on each one. Each application will need to be approved to open up the project application. These will be submitted as "Agency Nickname (copy). Submit as many as you anticipate using, including extras for any consolidated applications you are submitting. It's better to have too many approved than not enough!

After it has been approved, you are encouraged to edit the Agency Nickname to rename it as "Agency Nickname – Project Name." This will make is easier for you to identify which project application you are working on.

If you have any questions about the application questions, please email
HelpHopeHome@ClarkCountyNV.gov and reference *FY2018 CoC Local Application* Question in the subject line

Project Application

Please be sure to answer each question thoroughly. If a question is not applicable, please write "N/A" and a brief explanation, as the system will not allow you to submit your application if any question is left blank. Additional information is described in italics below each question. Additional instructions and resource materials may be accessed under the "Library" tab. If you submit your application, you may still make changes to your project application up to the deadline. All changes made to your application made after submittal, but before the application deadline, will automatically be saved - there is no need to resubmit.

Project Summary

Question 1) Project Name

Question 2) Select the type of application you are submitting.

This is a branching question. Different questions may appear based on the answer to this question. If you do not have access to a question, it does not apply to your application type.

Please note:

- Select *Renewal Projects* if this project has previously been submitted and approved by HUD. This category includes Expansion Projects currently under contract with HUD that are eligible for renewal.
- Select *Expansion of Existing Project* if this project is a new project that expands on the work already being done in another program that is under contract with HUD.
- Select *New Project* if this project is a new proposal.
- Select *Voluntary Reallocation* is this project is intended to replace and improve upon an existing project that you are not intending to renew.

Question 3) Select the project component type for which you are applying. Your application will be assessed by HUD based on the specific project type selected.

Question 4) Indicate whether the project is 100% Dedicated, DedicatedPLUS, or N/A.

If your project serves chronically homeless clients, select whether your population is 100% Dedicated or DedicatedPLUS. If this question does not apply to your project, please select N/A.

Projects that select "DedicatedPLUS" will be required to fill all vacancies with persons meeting these criteria and should only select "DedicatedPLUS" if the project applicant intends to use all or some of their beds to serve individuals and families that meet the broadened criteria. Projects that select "100% Dedicated" will be required to fill all vacancies with persons meeting the beds dedicated to chronically homeless individuals and families' criteria. Please review the definitions of each on the HUD website before finalizing your selection.

Question 5) *This is a branched question. You will only see this question if you selected Renewal, Expansion, or Voluntary Reallocation in Question 2.*

Expiring Grant Number - For renewal projects, please provide only the first 6 digits of the expiring grant number, not the entire number.

If expansion or voluntary reallocation project, include the project name and first 6 digits of the project grant number that this project proposes to expand or reallocate in FY 2018. If not applicable, write N/A.

Questions 6 – 8 are branched questions. You will only see these questions if you selected Renewal or Expansion in Question 2.

Question 6) Are there any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal request? *Select "Yes" if there are any unresolved HUD Monitoring or OIG Audit findings associated with this particular project.*

Question 7) Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project? *Select "Yes" if this project has maintained consistent drawdowns for the most recent grant term.*

Question 8) Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? *Select "Yes" if any funds have been recaptured from the most recently expired grant term related to this project.*

Question 9) Will it be feasible for the project to be under grant agreement by September 30, 2020?

Select "Yes" or "No" to indicate whether the project will begin operating by September 30, 2020. Unobligated funds will not be available after September 30, 2020. Project applicants will not be able to submit project applications that cannot feasibly meet the September 30, 2020 deadline.

Question 10) Does your project have a specific population focus?

Select all that apply. If a subpopulation focus for your organization is not listed, check the box next to "Other" and then enter in the subpopulation in the text box provided.

Question 11) Are you applying by yourself or with a sub-recipient? If with a sub-recipient, please identify any expected sub-awards. For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition at 24 CFR 578.3, recipient responsibilities at 24 CFR 578.23(c)(4)-(11), and the following document at: https://www.hudexchange.info/news/snaps-shots-using-contractors-in-the-esg-and-coc-programs/. *Limit response to 1000 characters.*

Scope of Project

Question 12) Provide a description that addresses the entire scope of the proposed project. *Limit response to 3000 characters.*

Provide a clear and concise description of the scope of the project. The description should describe the community needs, target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), coordination with other sources or partners, and the reason CoC Program support is required. The information provided in this narrative must not conflict with information provided in other parts of the project application. Please include a description of the place(s) where services and housing are provided.

Question 13) Describe the staffing, estimated schedule for proposed activities, management plan and method for ensuring effective and timely completion of all work. *Limit response to 3000 characters.*

Demonstrate how full capacity will be achieved over the term requested in this application. Describe staffing to client ratios; schedule for project implementation; & management oversight. Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Compliance with Community and Federal Efforts

Question 14) Specify how this project: 1) Meets one or more of the action steps in the HELP HOPE HOME Regional Plan to End Homelessness; and 2) Identify how your project will help to fill one or more of the gaps identified in the 2015 Gaps Analysis. *Limit response to 3000 characters.*

Question 15) Describe how this project complies with Fair Housing and Equal Opportunity laws including Gender Identity Equal Access to Housing, Final Rule and anti-discrimination policies. *Limit response to 3000 characters.*

How does agency ensure services are provided to all individuals, regardless of race, color, religion, sex, disability, familial status, national origin, sexual orientation or gender identity? Refer to the Library for more information.

Question 16) Does the applicant agree to comply with the requirements of the CoC Coordinated Entry process? *YES or NO. Briefly explain. Limit response to 255 characters.*

Please note: Participation in a CoC coordinated entry process is a requirement of 24 CFR part 578 for all recipients of CoC Program funds. If you select "No," please explain why your project

does not participate in a CoC Coordinated Entry Process. Provide an explanation for why you do not expect the project to participate in Southern Nevada's community's coordinated entry process during the requested grant term.

Housing First

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). It is an approach to quickly connect individuals and families experiencing homelessness to permanent housing without barriers to entry (e.g., sobriety, treatment or service participation requirements) and without preconditions that might lead to the program participant's termination from the project (e.g., supportive service participation requirements or rules beyond normal tenancy rules). Supportive services are voluntary, but are offered to maximize housing stability and prevent returns to homelessness.

Question 17) Does the project ensure that clients are quickly moved into permanent housing? *YES or NO. Briefly explain. Limit response to 255 characters.*

Select "Yes" to this question if your project will quickly move program participants into permanent housing without requiring additional steps (e.g., required stay in transitional housing before moving to permanent housing) when program participants determine that they want assistance moving into permanent housing. If this is a domestic violence (DV) project application, project applicants should select "Yes" if the project will quickly move program participants into permanent housing after immediate safety needs identified by the program participant are addressed (e.g., survivors believe they are still in danger from violent situations and choose to wait until the dangerous situations are addressed before moving into permanent housing, but must be assisted in quickly moving to permanent housing as soon as they believes it is safe). Select "No" if the project does not work to move program participants quickly into permanent housing. The questions in this section helps identify whether your project operates consistent with a Housing First approach.

Question 18) Does the project ensure that participants are not screened out based on the following items? *Select all that apply.*

Check the box next to each item to confirm that your project does not have the following barriers at the time of completing this application: (1) having too little or little income; (2) active or history of substance use; (3) having a criminal record with exceptions for state-mandated restrictions; and (4) History having a history of victimization (e.g., domestic violence, sexual assault, childhood abuse). If all of these barriers still exist at the time of completing this application, select "None of the above."

Question 19) Does the project ensure that participants are not terminated from the program for the following reasons? *Select all that apply.*

Check the box next to each item to confirm that your project does not terminate participants for the following reasons: (1) failure to participate in supportive services–not including case management that is for the purposes of engagement only; (2) failure to make progress on a service plan; (3) loss of income or failure to improve income; and (4) any other activity not covered in a lease agreement typically found in the project's geographic area. If a program participant can be terminated for any of these reasons at the time of application, select "None of the above."

Question 20) Does the project: (1) follow Housing First; (2) drug test clients; (3) require abstinence from alcohol or drugs; (4) require compliance with services or program requirements. *YES or NO. Limit response to 1000 characters.*

Please explain how you do or do not follow a Housing First strategy addressing each of the items (1) through (4). Please note: Any project application submitted as using a Housing First approach must continue operating as such.

If your agency follows a Safety First model, please describe this in your response.

Property

Question 21) 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. *Limit response to 3000 characters.*

This question is only applicable if a project is requesting property development capital costs (acquisition, new construction, and or rehabilitation). If this question is not applicable; place N/A in the textbox. If this question is applicable, provide a narrative that specifically describes the property development activities.

Optional question: Describe how you ensure that all housing units utilized by the program meet and maintain ER and HQS certifications?

Question 22) Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? *YES or NO. Briefly explain. Limit response to 255 characters.*

Select "Yes" or "No" to indicate whether program participants will be required to live in a specific place determined by the project applicant at any point. Select "Yes" if any portion of their project will be site-based. Note: If the project will be requesting tenant-based rental assistance (TRA), recipients may only require program participants to live in a specific area and in a specific structure (for the first year of their participation) only where it is necessary to facilitate the coordination of supportive services.

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If yes, explain how and why the project will implement this requirement. Describe why the project applicant has chosen to implement this program design for your project program participants. For example, if a project applicant owns a building that it will be using to provide PSH for program participants. For project applicants requesting TRA, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services.

Question 23) Will more than 16 persons live in one structure? *YES or NO. Briefly explain. Limit response to 255 characters.*

Select "Yes" or "No" to indicate whether more than 16 persons will reside in any one of the structures assisted with funds requested through this application. If yes, describe the local market conditions that necessitate a project of this size and how the project will be integrated into the neighborhood.

Question 24) *This is a branched question. You will only see this question if you selected Expansion in Question 2.*

Will the project use an existing homeless facility or incorporate activities provided by an existing project? YES or NO. Briefly explain. *Limit response to 255 characters.*

Education

Question 25) Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?

Select "Yes" or "No" based on the answer to the following information. Any project applicant requesting funds to provide housing or services to children and youth, with or without families, must indicate whether the project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g., Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Project applicants should only Select "Not applicable" if the project will not serve children or youth under 25.

Question 26) Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

Any project applicant requesting funds to provide housing or services to children and youth, with or without families must indicate whether a staff person has been designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Project applicants should only select "Not applicable" if the project will not serve children or youth under 25.

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Goals and Objectives

Question 27) Describe how participants will be assisted to obtain and remain in permanent housing: *Include how you will measure performance and evaluate this goal. Limit response to 1000 characters.*

Describe plans to move program participants quickly into PH-PSH, and plans to ensure that program participants stabilize in PH-PSH. An acceptable response will acknowledge the needs of the target population and include plans to address those needs through current and proposed case management activities and the 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. Good strategies should be specifically tailored–as related to this application–for individuals, older adults, youth, families, etc. Example: A project specializing in serving young parents might provide a specific service array including parenting classes, education programing and other child care services.

If program participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative. Landlord engagement is a critical piece of the strategy and will be explained in a good response.

Question 28) Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: *Include how you will increase the number of clients employed at project exit, if applicable. Limit response to 3000 characters.*

Address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems. Describe how service delivery directly leads to program participant employment; how service delivery leads directly to program participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to program participants becoming more independent.

Note: Education plays an important role in the personal development of program participants and should be considered a strategy to maximize their ability to live independently. In addition, HUD encourages project applicants to explain how education will address the encampment and unsheltered homelessness and survivors of DV.

Outreach

It is the responsibility of the project applicant to ensure that program participants served in the project are eligible for the project type. For further guidance refer to 24 CFR part 578, particularly to the definition of homeless and chronically homeless in the FY 2017 CoC Program NOFA Section III.A.3.b. or DedicatedPLUS in Section III.A.3.d.

Individuals coming from an institution where they have resided for 90 days or less and have entered the institution from the streets, emergency shelter, or safe haven, maintain their homeless status during that time. Include these program participants in the percentages for streets, places not meant for human habitation, emergency shelters, and safe havens accordingly.

Question 29) Describe the outreach plan to bring these participants into the project. *Limit response to 3000 characters.*

Provide a brief explanation of how program participants will be identified and connected with the offered housing and services. For projects participating in a CoC's coordinated entry process, simply explain that coordinated entry will provide outreach and access and describe the specific coordination and referral process between coordinated entry and this project.

Question 30) Indicate the estimated PERCENTAGE (%) of homeless persons that will be coming from each of the following locations: *A total of percentages will be provided. The total should equal 100%.*

Please note: "Directly from emergency shelters" includes domestic violence emergency shelters; and "Persons fleeing domestic violence" includes those individuals attempting to flee including human trafficking, victims of sexual assault, stalking and dating violence.

Discharge Plans

Question 31) Does this project have any discharge plans? *Explain how the project ensures clients are not exiting to homelessness. Limit response to 3000 characters.*

Program Income

Question 32) Does this project generate program income as described in 24 CFR 578.97 and if so, will it be used as match for this grant? Please answer NO or YES. If Yes, please provide description of income, match name, type, source, contributor, date of commitment, and the value of the commitment for each. *Limit response to 255 characters.*

Indirect Cost Rate

Question 33) Does this project propose to allocate funds according to an indirect cost rate?

Select "Yes" or "No" to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to 2 CFR 200.203(c)(2) and contact your local HUD field office. If you selected "Yes," declare on the budget forms. Limit response to 255 characters.

Title V Process

Question 34) Does this project use one or more properties that have been conveyed through the Title V process?

Title V of the McKinney-Vento Act allows unutilized, underutilized, excess, or surplus federal properties to be used by homeless services providers for assisting persons experiencing homelessness. Select "Yes" or "No" to indicate whether the project will include one or more properties that have been or will be conveyed through the Title V process.

Energy Star

Question 35) If your agency owns new construction or are responsible for the replacement of windows, HVAC system, water heater or lighting, will replacement items meet Energy Star guidelines? Select Yes or No to indicate whether Energy Star is applicable *Select Yes, No, or N/A.*

SSO Projects

If you are not applying for an SSO Project – select or respond N/A to each of the following questions.

Question 36) Please select the type of SSO Project: If other than Coordinated Entry, briefly explain.

Question 37) Will the project funded in part by this grant cover the CoC's entire geographic area? Please explain the service area for the proposed project: *Please answer YES or NO. If NO, please briefly explain the service area for the proposed project. Limit response to 1000 characters.*

Select "Yes" only if coordinated entry will cover the entire geographic area by the end of the expected grant term.

Question 38) Describe the referral process for the project and how it ensures that participants are directed to appropriate housing and/or services: Does the project use a comprehensive, standardized assessment process? *Limit response to 3000 characters.*

Describe how the referral process for homelessness resources is coordinated across, at a minimum, all CoC and ESG providers. The process should include a list of all available resources, uniform decision making, program participant choice, and a process to reconcile unsuccessful or rejected placements. Using bullets instead of full paragraphs is appropriate.

Also describe how the standardized assessment process that will be included in coordinated entry by the end of the expected grant term and is comprehensive according to the housing and services available in the community and standardized in structure, delivery, and evaluation across all assessments conducted using coordinated entry. Exceptions to standardization can be made for the following four populations only: (1) Individuals (2) Households with Children (3) Youth and (4) Persons Fleeing Domestic Violence. Describe whether your coordinated entry will be standardized within each of the subgroups and does or does not include variations for other subpopulations not included above.

Question 39) If the project includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons at Risk of Homelessness? Describe any differences for other populations. *Limit response to 3000 characters.*

Please refer to the Library and certifications under the Documents tab for additional information.

Active Restrictive Covenant

Question 40) Do any of the properties in this project have an active restrictive covenant?

Select Yes or No. If Yes, please provide additional details including description of acquisition costs related to purchase agreements. Limit response to 255 characters.

Expansion Projects

Questions 41 – 43 are branched questions. You will only see these questions if you selected the option of Expansion Project in Question 2.

Project applicants cannot use an expansion project to provide existing program participants with the same housing and services funded by the CoC Program that they are currently receiving; rather, the project must serve new program participants or provide existing program participants with an expanded variety of services or the same activities that are CoC Program-eligible but were previously paid for by a different non-renewable source. Project applicants should carefully consider the design of the new project to ensure it meets all conditions set forth in the McKinney Vento Act as amended, 24 CFR part 578, and the FY 2017 CoC Program Competition NOFA. Note: CoC Program funds cannot be used to replace state or local funds previously used, or designated for use, to assist homeless persons (see 24 CFR 578.87(a) for more information).

Question 41) Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?

Please answer NO or YES. If YES please provide additional details. Limit response to 255 characters.

Question 42) Select the activities that describe the expansion project.

Question 43) Based on your answer above, indicate how you will accomplish the activities of this expansion project. *Limit response to 3000 characters.*

If you selected "None of the above" in your previous answer, write a brief explanation why you chose this answer

If you selected "Increasing the number of homeless persons served, indicate how the project is proposing to do this including current level of efforts and new effort proposed including # of persons served at a point in time; # of units; and # of beds.

If you selected "Providing additional supportive services to homeless persons," indicate how the project is proposing to do this including: increasing the number of and/or expand the variety of supportive services provided; increasing the frequency and/or intensity of supportive services; or Coordinated Entry for SSO-CE projects.

If appropriate, also explain why supportive services are being increased from the current grant agreement; and how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards.

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If you selected, "Replacing the loss of nonrenewable funding," describe the following:

- *What is the source of non-renewable funding (should indicate that funds are not controlled by the state or local government)?*
- *Why are the project funds non-renewable?*
- *On what date will the non-renewable funds expire?*
- *What steps were taken to obtain other funding sources?*
- *Why are CoC Program funds necessary to continue operating the project?*

New Project

Question 44 is a branched question. You will only see this question if you selected the option of New Project in Question 2.

> The FY 2018 HUD Appropriations Act provides up to $50 million for "rapid re-housing projects and supportive service projects providing coordinated entry and for eligible activities that the Secretary determines are critical in order to assist survivors of domestic violence, dating violence, and stalking." In the FY 2018 CoC Program Competition, CoCs will be able to apply for a DV Bonus for PH-RRH projects, Joint TH and PH-RRH component projects, and SSO projects for coordinated entry (SSO-CE). A CoC can only submit one project application for each project type: PH-RRH, Joint TH and PH-RRH, and SSO-CE. Please note: PH-RRH and Joint TH-RRH component projects must follow a housing first approach. Regardless of the type of project, the grant term must be 1-year.

Question 44) Are you intending for this new project to be a Domestic Violence (DV) Bonus project?

Voluntary Reallocation

Question 45 is a branched question. You will only see this question if you selected the option of Voluntary Reallocation Project in Question 2.

Question 45) Please describe your justification for voluntarily reallocating your project. *Limit response to 3000 characters.*

Include in your description information about your previous project, changes that are being made, and why you believe this will be a successful project model.

TABLES TAB

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, or does not apply. Also include a description of services for each applicable service.

This list identifies all supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or Non-Partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just the supportive services that may be requested in your project application–also include supportive services other organizations or grants will provide. If more than one "Provider" or "Frequency" is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

- *Provider: select one of the following:*
    - *"Applicant" to indicate that the project applicant will provide the service;*
    - *"Subrecipient" to indicate that a subrecipient, as indicated on from Screen 2A. Project Subrecipients, will provide the service;*
    - *"Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service; or*
    - *"Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to program participants.*
- *Frequency: Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, e.g., both weekly and monthly are equally common–select weekly.*

Note: The list is exclusive and exhaustive per 24 CFR 578.53. Project applicants must complete the dropdown menus for at least one service/row.

Housing Type

This table summarizes the housing site(s) of your project. Please list the number of units and beds for each housing type. If these are dedicated beds for chronically homeless individuals, indicate this in the last column.

• *Total Units. Include all of the units in the project, regardless of size.*
• *Total Beds. Include all of the beds in the project, regardless of unit configuration.*
• *Total Dedicated CH Beds. Include all beds dedicated for chronically homeless individuals and families only.*

Project Participants – Households

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 person field is entered and saved.

Project Participants - Subpopulations

Complete each of the tables: This table represents a detailed subpopulation breakdown of the persons reported in the three housing types in the chart titled, "Project Participants – Households." Project applicants that selected "100% Dedicated" must include 100 percent of participants under the appropriate "Chronically Homeless" columns. In addition, the total number of chronically homeless program participants must equal the number of beds dedicated to the chronically homeless identified in "beds."

As with the previous table, the numbers here are intended to reflect the households and persons proposed to be served when the project is at full operational capacity. The table is collectively exhaustive and must account for each person identified in the previous table.

This table is separated into three sections corresponding to each of the tables in the previous section. If households and person(s) are added to a household type, then information should be completed in the corresponding section. If no households and persons are added to a particular household type, no information is needed in the corresponding section below.

In each available field, list the number of person(s) served for the given subpopulation column. 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

Mutually Exclusive = a single person can only identify with one of the first three columns for each table (e.g., a single person cannot be a veteran while at the same time being a non-veteran).
• **Chronically Homeless Non-Veterans**: To fall under this column, persons **must be** chronically homeless per 24 CFR 578.3, **but not** veterans*.   • **Chronically Homeless Veterans**: To fall under this column, persons **must be** chronically homeless per 24 CFR 578.3, **and** veterans*.   • **Non-Chronically Homeless Veterans**: To fall under this column, persons **must not be** chronically homeless, **but must be** veterans*.   * "Veterans" include all persons who served in the military, regardless of discharge status.
May Contain Duplicate Entries = a single person can identify with more than one column at the same time (e.g., a single person could be a veteran, suffering from a physical disability, and a victim of domestic violence).
• **Chronic Substance Abuse**: Persons identified as chronic substance abusers.   • **Persons with HIV/AIDS**: Persons living with HIV/AIDS.   • **Severely Mentally Ill**: Persons diagnosed as severely mentally ill.   • **Victims of Domestic Violence**: Persons identified as meeting the criteria of Category 4 of the homeless definition.

• **Developmental Disability**: Persons diagnosed with a developmental disability.
• **Physical Disability**: Persons diagnosed with a physical disability.
Mutually Exclusive to All Other Columns = the person does not identify with any of the other subpopulations.
• **Persons not represented by an identified subpopulation**: Persons served by the organization that have not be diagnosed with or identified as falling under any of the previous subpopulation distinctions.

PROJECT DOCUMENTS

Please upload your organization's documents applicable to each area. Please also upload additional supporting documents in response to Program Narrative Questions, if applicable. If a document marked as required is not applicable, please upload a document stating why it is not applicable.

- **Budget Form** - Applicable costs for services and operations of the project, which includes total project costs and the amount being requested. Please download and complete the Document template. Please refer to the HUD Document, "Budgets – Project Application Navigational Guide for the CoC Program Competition" for detailed information on how to complete the budget forms.
- **Cash Match Form** - Money contributed by the grantee toward the cost of the project. This can be grant funding, unrestricted general funds, funding raising, private donors, etc. Indicate the source and availability. Please download and complete the Document template.
- **Cash Match Letters** - Please provide letters to document your cash match contributions. Refer to the Document template of a sample Cash Match letter.
- **Agency List of Board Members** - Attach and updated list of board members.
- **IRS Form I-990** - Return of Organization Exempt From Income Tax - Please attach an accurate copy of this form for your organization.
- **Audit or Financial Review, Findings and Correction Action Plan (if applicable)** - This Agreement is subject to an OMB A-133 Audit pursuant to the Single Audit Act. Effective December 26, 2014, the Office of Management and Budget requires that grant recipients who expend $750,000 or more in the aggregate during a one year period in federal funds, conduct an A-133 Audit.

  In accordance with HHH policy, any agency that expends between $200,000 through $749,999 in federal funds will be required to have a CPA Audited Financial Statement submitted to HHH. The funds expended may be from one or multiple federal sources.

Each Subrecipient with revenue less than $199,999 must submit Annual Certified Financial Statements (ACFS), in addition to an IRS stamped copy of their most recent IRS 990 form. Annual Certified Financial Statements (ACFS) must be certified (signed and dated) by the Treasurer and Board President and must include a balance sheet and profit and loss statement. Please also include Audit Findings or Financial Review and the Correction Action Plan (if applicable).

- **Certification of Acknowledgement** - Complete the Document Template.
- **Copy of Annual Performance Report (APR)** - Your most recent contact with HUD (Renewals Only)
- **HUD Code of Conduct Documentation** - If agency is not on HUD Code of Contact list, please upload documentation.
- **501(c)3 Tax-exempt Organization Documentation** - Dated letter from the IRS or other documentation showing registration as a 501(c)3 tax-exempt organization.
- **SF-LLL, Disclosure of Lobbying Activities** - Complete the Document template.
- **Anti-Lobbying Certification** - Complete the Document template.
- **HUD 2880**: Applicant/Recipient Disclosure/Update Report - Refer to the Document template. You must complete this report if: (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year; (2) You are updating a prior report to reflect substantial changes to the initial applicant disclosure reports; or (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.
- **HUD 50070: Certification for a Drug-Free Workplace** - Complete the Document template.
- **Organizational Chart** - Showing your organizational structure and how this project fits in.
- **Indirect Cost Rate** - As applicable - If your organization uses an indirect cost rate and plans to charge these costs against this grant, please provide verification of the federal agency which approves this rate; what the current rate (%) is and date it was last approved.
- **Additional Information** - Submit additional information needed to explain your application, if applicable.

SCORING OF APPLICATION

QUESTION	TOPIC	MAX POINTS
AGENCY APPLICATION TAB		
2	Experience serving population	3
3 – Part 1	Experience utilizing federal funds	2
3 – Part 2	Experience leveraging funding streams	2
4	Collaborations with other providers	5
5	Management structure; Financial accounting system	3
6	Participation in regional efforts	2
7	Level of participation in regional efforts	6
12, 13	Level of SOAR assistance	2
PROJECT APPLICATION		
9	Under agreement by 9/30/2020	1
10	Population of focus	Possible bonus points
12	Description of project	8
13	Description of staffing, schedule, management plan	4
14	Alignment with local plans and goals	5
15	Compliance with federal policy	3
16	Participation in CE or DV CE	4
17, 18, 19, 20	Housing First Strategy	5
21	Develop, operate, and maintain property	2
22	Client choice	1
25, 26	Compliance with educational policy	Based on population
27	Obtain and remain in PH	5
28	Increase employment or income; Live independently	5
29	Outreach plan	4
31	Discharge plan	3
45	Voluntary Reallocation	Possible bonus points
TABLES		
	Supportive Services	6
	Housing Types	4
DOCUMENTS		
	Budget Forms	14
	Cash Match Forms and Letter	1

*Please note that the remaining questions are used for Project Threshold Reviews and Administrative Scoring. Therefore, the remaining questions are mandatory.

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email: HelpHopeHome@ClarkCountyNV.gov

(Email specific application questions to the address above.
Be sure to enter "2018 CoC Local Application Question" in the subject line.)

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