

2022 Southern Nevada Homelessness Continuum of Care (CoC)

LOCAL PROJECT APPLICATION INSTRUCTIONS



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. This year, HUD has released a Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness. Information from this local application will be used to determine inclusion in the 2022 Consolidated Application to HUD for the CoC Homeless Assistance funds.



Note:

The Continuum of Care Unsheltered NOFO Local Application is mandatory for anyone who wishes to participate in the Southern Nevada Homelessness Continuum of Care Unsheltered NOFO 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 CoC Unsheltered Application Instructions
- ✓ Local CoC Unsheltered 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

HUD Compliance

All project applicants are expected to demonstrate compliance with the requirements of the CoC Program Interim 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, the Southern Nevada Homelessness Continuum of Care will be offering weekly office hours through August 31, 2022 to support agencies with the application process. Office hour sessions will be held via WebEx from 7:30 am to 9:00am. Agencies who have questions or need additional support with the application process are encouraged to attend. A link to join the office hours session can be found on <https://helphopehome.org/funding-opportunities/> on the timeline for the 2022 Southern Nevada Local HUD CoC Supplemental to Address Unsheltered Homelessness.



Uploads Required for ZoomGrants

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

- ✓ Budget Form
- ✓ Cash Match Letter
- ✓ Agency List of Board Members
- ✓ IRS Form I-990
- ✓ Audit or Financial Review, Findings and Correction Action Plan
- ✓ HUD Code of Conduct Documentation
- ✓ 501(c)3 Tax-exempt Organization Documentation
- ✓ SF-LLL, Disclosure of Lobbying Activities
- ✓ HUD 2880: Applicant/Recipient Disclosure/Update Report
- ✓ Organizational Chart
- ✓ Organizational Policies and Procedures
- ✓ Subrecipient Reporting
- ✓ Indirect Cost Rate
- ✓ Additional Information



IMPORTANT DATES

Note: The following dates are subject to change based upon information received from HUD and/or the release of other project documents.

<i>Release Date:</i>	<i>June 22, 2022</i>
<i>1st Technical Assistance Meeting / Program Application Opens for those in attendance</i>	<i>August 8, 2022, 1pm to 3pm</i>
<i>Agency Application Due</i>	<i>August 22, 2022</i>
<i>Project Application Due</i>	<i>August 31, 2022 at 8am</i>
<i>Scoring & Administrative/Threshold Reviews</i>	<i>September 1 - 12, 2022</i>
<i>Review & Ranking Process</i>	<i>September 13, 2022</i>
<i>Intent to Appeals Due</i>	<i>September 16, 2022</i>
<i>Reconvening of Scoring & Ranking if necessary for Appeals Hearing</i>	<i>September 19, 2022</i>
<i>CoC Receives Recommendations</i>	<i>October 13, 2022</i>

Applicants are encouraged to attend the Southern Nevada Homelessness Continuum of Care Unsheltered **Homelessness Comprehensive Informational Webinar on August 8th, 2022** and to participate in weekly office hours to revive additional support throughout the application process. Links to all webinars and virtual meetings can be found on the Unsheltered NOFO 2022 timeline located on the Help Hope Home website under Funding opportunities.

<https://helphopehome.org/funding-opportunities/>

Note: Applications are due on August 31, 2022 by 8:00 AM PST via ZoomGrants. Paper applications will not be accepted.



ZOOMGRANTS APPLICATION

About ZoomGrants

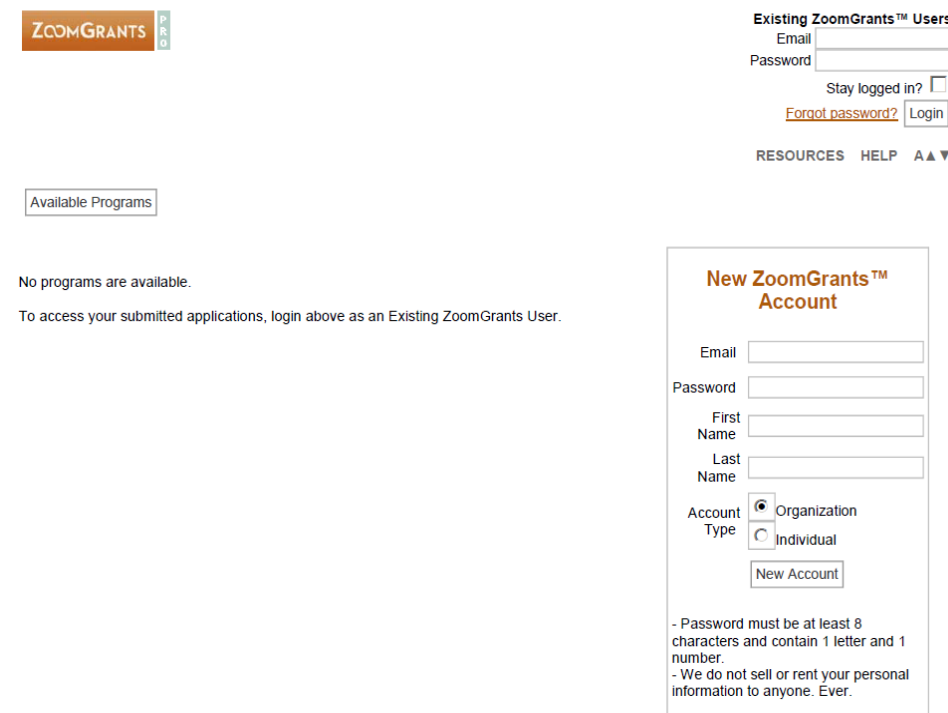
ZoomGrants is a streamlined electronic grant portal that provides the capacity to manage the components of the Local CoC application online. The application consists of five major sections all of which are required. The first section is the Summary for contact information data, the second is the Agency Application to acknowledge the instructions manual and document experience and capacity, the third is the Project Application, the fourth is Tables, and the fifth section is the Documents supplemental section which includes 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.



The screenshot displays the ZoomGrants application interface. At the top left is the ZoomGrants logo. Below it is a section titled "Available Programs" which states "No programs are available." and "To access your submitted applications, login above as an Existing ZoomGrants User." To the right is the login section for "Existing ZoomGrants™ Users" with fields for Email and Password, a "Stay logged in?" checkbox, and links for "Forgot password?" and "Login". Below the login section is a "New ZoomGrants™ Account" form with fields for Email, Password, First Name, and Last Name. The "Account Type" section has radio buttons for "Organization" (selected) and "Individual". A "New Account" button is at the bottom of the form. Below the form are two lines of text: "- Password must be at least 8 characters and contain 1 letter and 1 number." and "- We do not sell or rent your personal information to anyone. Ever." To the right of the form is a yellow starburst callout box with the text "First time users must create a new account" and an arrow pointing to the "New Account" button.

Description of Menu Items

Menu Items	Description
Description	The description tab provides an overview of the funding opportunity to provide context and background.
Requirements	This tab shows the requirements for project applications and applicants to apply for this funding opportunity. PLEASE NOTE: Project applicants are required to have an active Employer Identification Number (EIN), also known as the Federal Employer Identification Number (FEIN) or the Federal Tax Identification Number and an active Unique Entity ID (UEI) in order to apply for funding under the Unsheltered NOFO SNH CoC Program Competition. Links are available on the tab to facilitate this process.
Restrictions	<i>None</i>
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 <i>Account Information</i> 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 <i>Agency Application</i> questions in the instructional guide for further details and/or clarification.

- Project 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** The *Project Budget* is a required attachment which captures a summary of the program budget. In previous years these questions were captured in the Budget summary section. 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, UEI, 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.

2022 CoC Unsheltered Homelessness NOFO Project Applications

Question 1) Indicate the number of each type of 2022 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. REMEMBER TO HIGHLIGHT WORK DONE WITH UNSHELTERED POPULATIONS

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 experiencing unsheltered homelessness; 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. Make sure to highlight medical service providers and other organizations that serve the unsheltered homeless population!

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 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 current CoC program 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

Question 12) Have you received, or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)?

Select “Yes” if this applies to your agency and you will receive funding in excess of \$200,000 during the fiscal year in regard to this and other application submissions.

If you select “Yes” briefly explain the funding source and approximate amount. You will need to submit a completed HUD 2880 form in the documents tab. A PDF template of this form can be found under the documents tab.

SOAR Services

Question 13) 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 “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 “At least annual 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.

Select “Access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency” 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 “Access to staff that has completed SOAR Training in the past 24 months” if participants will have access to staff who have completed SOAR Training within the past 24 months. This staff can be employed through the project applicant, a subrecipient, or a partner agency—through a formal or informal relationship.

Question 14) Please select each item below to certify that you agree to comply with the required policies and that you will submit any additional documentation required including code of conduct approval/submission, cash match, and other forms or back-up requested by the funder by October 1, 2022.

By selecting each item, you agree to comply with policies and submit documentation required for funding by October 1, 2022, for the following items:

Certification for a Drug Free Workplace- HUD 50070- Certification that applicant will provide a drug free workplace and adhere to proscribed federal guidelines.

Certification Regarding Lobbying- Certification that agency has not used federal funds for lobbying activities or to pay for participation in lobbying activities in connection with the awarding of any federal grant, loan, or cooperative agreement, and that any non-federal funds used for this purpose have identified on the Disclosure of Lobbying Activities Form.

Disclosure of Lobbying Activities- Provides disclosure of all non-federal funds used in connection with the awarding of any federal grant, loan, or cooperative agreement.

Assurances- Non-Construction Programs - SF-424B- Comply with federal mandates, guidelines and requirements for non-construction projects.

Documentation of Code of Conduct Approval/Submission- Documentation of submission of agency code of conduct to HUD or approval and posting of code of conduct to HUD website.

Project/Organizational Policies and Procedures- Policies and procedures for the agency/project that guide program development and ensure compliance to all federal and local regulations. Can include guidance on a range of topics including fiscal management, organization hierarchy, grievance policy, data and reporting etc.

Documentation of Cash Match- Documentation of secured or promised cash match from internal and external sources.

Additional forms and documentation required by funding source- Any additional forms that may be requested from the funder will provided.

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

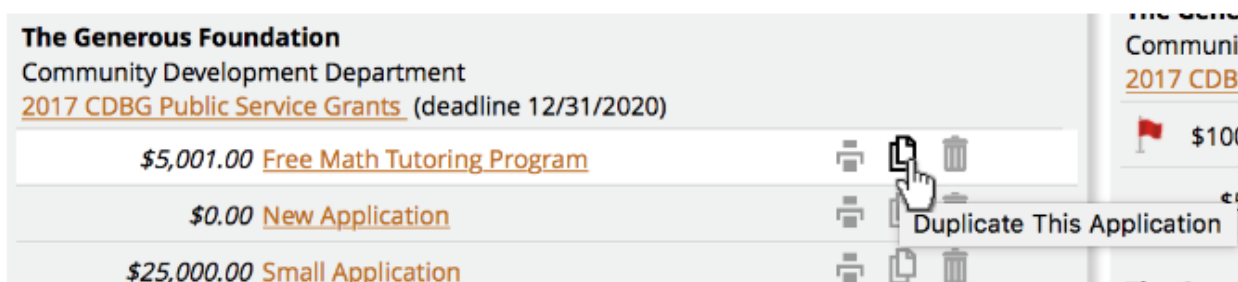
[Submit Agency Application](#)

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.

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 it 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 *Special NOFO 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 funding you are requesting.

Projects can apply for Unsheltered NOFO program funding, future funding opportunities, or both. If you are not sure on which funding you want to apply for at this time, please select "Both." This will ensure that you are eligible for any funding. Please note that all applications, regardless of funding selection, will be kept on file for 12 months and be considered for funding opportunities that may arise.

Question 3) Will it be feasible for the project to be under grant agreement by September 15, 2024?

All Unsheltered NOFO projects will need to be able to launch by September 15, 2024. If this is not something that your program can achieve, please make sure that you apply for future funding options or both in question 2.

Question 4) Describe how your organization currently engages people with lived experience of homelessness in the decision-making process and how it is utilized across all projects.

Question 5) Briefly describe your agency's: procedure for conducting background checks, emergency situations plan, and your grievance policy. Please identify if your agency has this policy in place and what it entails.

Each component should be addressed. If not currently in place, please identify when it will be instituted. This documentation can be added under the documents tab if needed. (6500 Characters)

Questions 6 is a branched 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.

Question 6) Please select the project component type for which you are applying:

Please select the project component type. If more than one applies, you must submit a separate application for each.

Scope of Project

Question 7) Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?

Question 8) I certify that funds requested in this new project application will not replace state or local government funds (24 CFR 578.87(a)).

Subrecipients

Question 9) Are you applying by yourself or with a sub-recipient?

If yes please identify any expected sub-awards, the sub-recipient or contractor, and their intended scope of work? Be sure to identify if each partner is a sub-recipient or a contractor. You will also need to complete the subrecipient worksheet 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-esq-and-coc-programs/>.

Project Description

Question 10) Provide a description that addresses the entire scope of the proposed project.

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 11) Describe how the proposed project is consistent and supports either A) The plan described by the CoC in response to Unsheltered Homelessness in Southern Nevada or B)The CoC general goals.

If you are requesting funding from the Unsheltered NOFO only- answer option A. All other funding requests should respond to option B. Please see the library for additional information.

All answers should include support for individuals and families experiencing unsheltered homelessness or identified subpopulations. Limit response to 1000 characters.

Question 12) Please identify the roles and number of staff with lived experience in this project and describe how your organization actively recruits and hires people with lived experience of homelessness.

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

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.

Limit response to 3000 characters.

Question 14) Identify and provide an example of how your organization utilizes local data and performance reports to inform and change your program services.

Identify specific data and reports and include details on specific changes made and the impact made on programming.

Question 15) 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:

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.

Project Subpopulations

Question 16) Indicate whether the project is DedicatedPLUS, or N/A.

All projects in our community are DedicatedPLUS and should show the breakdown of chronic beds versus regular.

If your project serves chronically homeless clients, select 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. Please review the definitions of each on the HUD website before finalizing your selection.

Question 17) Does your project have a specific population focus?

Check all that apply.

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 18) If project is serving individuals not represented by a listed subpopulation, please describe their demographics and breakdown.

This may include what population, demographics, or specific service needs they may require as well as how they are tracked and best served by your project.

Coordinated Entry

Question 19) Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

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 and 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 20) Does the project ensure that clients are quickly moved into permanent housing?

YES or NO. Briefly explain.

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. Select “No” if the project does not work to move program participants quickly into permanent housing. The questions in this section help identify whether your project operates consistent with a Housing First approach.

Question 21) Project will enroll program participants who have the following barriers. *Select all that apply.*

Check the box next to each item to confirm that your project will enroll participants who may 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 project will not enroll participants despite the barriers to housing at the time of completing this application, select “None of the above.”

Question 22) Project will ensure that participants are not terminated from the program for the following reasons.

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 23) Does the project: (1) follow a Housing First strategy; (2) drug test clients; (3) require abstinence from alcohol or drugs; (4) require compliance with services or program requirements?

YES or NO. Please explain how you do or do not follow a Housing First strategy Please note: Any project application submitted as using a Housing First approach must continue operating as such.

Property Occupancy

Question 24) 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. 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.

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 25) Will more than 16 persons live in one structure?

YES or NO. Briefly explain.

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.

Goals and Objectives

Question 26) Describe how participants will be assisted to obtain and remain in permanent housing. Include how you will measure performance and evaluate this goal.

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, childcare 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 programming and other childcare 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 27) Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

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.

Discharge Practices

Question 28) Does this project have any discharge plans?

Explain how the project ensures clients are not exiting to homelessness and any supports that are provided at time of discharge to help ensure client does not exit back to homelessness.

Compliance with Community and Federal Efforts

Question 29) 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:

How does it 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.

Education

Question 30) 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.

Question 31) 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.

Indirect Cost Rate

Question 32) 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.

Program Income

Question 33) 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 in the documents section

SSO Projects

Question 34) As an SSO non-CE project answer the following questions: PART 1: Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. PART 2: Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? *Please limit your response for Parts 1 & 2 to 3000 characters each.*

SSO CE Projects

Question 35) Will the coordinated entry process use a comprehensive, standardized assessment process?

Please respond Yes or No. If Yes describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services. If No please provide documentation or a plan to implement an assessment. 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.

Question 36) If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: adults without children, unaccompanied youth, households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and persons at risk of homelessness?

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

Question 37) Will the coordinated entry process cover the CoC's entire geographic area?

Question 38) Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?

Question 39) Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

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 40) Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

TABLES TAB

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 one 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 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).

- **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.
- **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.
- **Subrecipient Documentation**- 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.
- **Copy of Annual Performance Report (APR)** – If you are a current CoC funded applicant please submit your most recent contact with HUD

Help Hope Home

www.HelpHopeHome.org

email: HelpHopeHome@ClarkCountyNV.gov

*(Email specific application questions to the address above.
Be sure to enter "2022 CoC Unsheltered Special NOFO Application Question" in the
subject line.)*

