OUT-WAYNE COUNTY CONTINUUM OF CARE

NEW PROJECT APPLICATION

FY 2021 HUD COC PROGRAM NOFO LOCAL FUNDING COMPETITION

DEADLINE FOR SUBMISSION: MONDAY 3 P.M., OCTOBER 18, 2021

GENERAL INSTRUCTIONS AND INFORMATION

Applications must be submitted via email to Charlotte Carrillo (ccarrillo@waynemetro.org) **AND** Mitchel Blum-Alexander (mitch@red-maple-resources.com) by 3 pm on Monday, October 18, 2021. *Mailed or faxed application packets will not be accepted.*

There are different submission instructions for an agency depending on whether they are submitting a new project application for only one project or for several projects:

- For Agencies Submitting for Only One New Project: Submit one combined document with all attachments for the project application.
- For Agencies Submitting New Applications for Multiple Projects: Attachments 7 through 13 are documents that only have to be submitted once even when an agency has submissions for multiple new projects. Attachments 7 through 13 should be combined into one PDF File and submitted separately from Attachments 1 through 6 that contain documentation that is unique to each project. For each new project application, Attachments 1 through 6 should be submitted as one combined document.

All parts of the application should be submitted in the order presented in the Submission Checklist. Each attachment should have a cover page with the attachment number and name of the attachment. If an attachment does not apply, place a (✔) in the "Not Applicable" column.

Applicants should review the Out-Wayne County Continuum of Care ("CoC") RFP for the FY 2021 HUD CoC NOFO Local Program Completion to insure that they submit a new project application that is complete, accurate and meets all requirements listed in the RFP.

Red Maple Resources, Inc. and Wayne Metropolitan Community Action Agency, as the agencies designated by the Out-Wayne County CoC to lead the local funding competition process, reserve the right to request additional project or organizational information at a later date if needed. Any items not included in the checklist that are requested and submitted at a later date above will not result in points deducted from the application.

If an agency is transitioning an existing grant to another component, the applicant must submit a renewal application for the existing grant and a new application for the new transition grant.

If an agency is expanding a renewal, the applicant must submit a renewal application for the existing grant and a new application for the expanded portion of the proposal.

GUIDE TO WHAT IS CONTAINED IN THE FY 2021 NEW PROJECT APPLICATION:

1) General Instructions and Information - Page 1
2) Submission Checklist and General Project Information - Page 3
3) Application Questions - Page 6
4) Budget Forms - Page 11
5) Scoring Sheet & Criteria - Page 14
6) Signature Page - Page 17

QUESTIONS

Questions should be addressed to Mitchel Blum-Alexander at mitch@red-maple-resources.com. Questions on how to access information in HMIS should be addressed to both Christine Chapa at ccchap@waynemetro.org and Mitchel Blum-Alexander.

FY 2021 New Project Submission Checklist
Out-Wayne County Continuum of Care

Agency Name:	Included (✓)	Not Applicable (✓)
Project Name:		

Each individual project application must have the following attachments, as they apply to that project:

Attachment Number	Attachment Description		
#1	Submission Checklist and Completed New Project Application		
#2	Signature Page – must be signed by recipient and subrecipient(s)		
#3	Agreement with Medicaid billable providers (Question 13)		
#4	Match Documentation, if available (Part C)		
#5	Eviction prevention policies (Question 18)		
#6	Sample lease agreement (Questions 19)		

Agencies only need to submit one copy of the following documents, even if they are submitting multiple new project applications. Documents provided for Attachments 7 through 13 should be combined into one PDF file and submitted separately from the PDF file containing documents for Attachments 1 through 6 that are unique to the specific projects. The PDF file should have a cover page with the agency name and be titled "Common Submission Materials for FY 2021 New Project Applications."

	If monitored by HUD since January 2018 (Question 17):		
#7	Notification from HUD that project will be monitored		
#8	Monitoring report from HUD		
#9	Organization's response to monitoring report		
#10	Documentation from HUD that monitoring concern or finding satisfied		
#11	Any other monitoring-related correspondence		
#12	Most recent Single Audit (i.e. A-133 audit)		
#13	Most recent agency financial audit		

FY2021 New Project Application
Out-Wayne County Continuum of Care

PART A: General Project Information

Applicant Organization's Name:

Project Applicant Address:
Street:
City: State: ZIP:

Contact Person of Project Applicant

Name:	Phone Number:
Title:	Email:

Contact information for Project Applicant Executive Director (if different from above)

__ Information same as above Name:	Phone Number: Email:

Project Name:

Project Address:
Street:
City: State: ZIP:

Project Sub-recipient Organization Name:
If there are additional Sub-recipients, please list with address and contact information on separate sheet):

Project Sub-recipient's Address:
Street:
City: State: Zip:

Contact Person of Project Sub-recipient:

Name:	Phone Number:
Title:	Email:

Project Component Type - check off the appropriate project type:

☐ Permanent Supportive Housing (PSH) – Project Based
☐ Permanent Supportive Housing (PSH) – Scattered Site
☐ Rapid Re-housing (RRH)
☐ Joint Transitional Housing (TH-RRH) - Rapid Re-housing Component Project
☐ Supportive Services Only for Coordinated Entry (SSO-CE)
☐ Dedicated HMIS carried out by the CoC's HMIS Lead

Funding Source for New Project – check off all that apply:

☐ Bonus
☐ Domestic Violence (DV) Bonus
☐ Reallocation (Including Transition)

Transition and Expansion of Existing Programs – if a new project is being created through an expansion or transition of an existing CoC program check off all that apply:

☐ Expansion
☐ Transition

List the name and grant number for the existing project:

Applicants should fully respond to the following questions. Questions must be <u>answered as succinctly and completely as possible</u>. Responses to each question should be consistent with and make reference to other parts of this application as necessary.

<u>For each question, applicants applying for funding through the DV Bonus should describe barriers unique to persons fleeing domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and how your agency will address those barriers.</u>

1. **Applicant Experience:** Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds (especially existing CoC grants) and performing the activities proposed in the application, given funding and time limitations. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following:
   a. Working with and addressing the target population's identified housing and supportive service need
   b. Developing and implementing relevant program systems, and/or services;
   c. Identifying and securing matching funds from a variety of sources; and
   d. Managing basic organizational operations including financial accounting systems.

2. **Organization & Management Structure:** Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

3. **Project Description:** Provide a description of the project that addresses the entire scope of the project, including the following:
   a. Provide a description of the project including the housing, supportive services or program activities that will be provided. If the project is applying for DV Bonus funding, describe how the safety and privacy of clients will be ensured.
   b. The target population(s) to be served. If applicable, note the eligibility criteria that will be selected such as Dedicated PLUS, 100% Chronically Homeless, etc.
   c. Provide data and describe the need for the project in the portfolio of the CoC if the project is proposing to target:
      • Populations eligible under the DV Bonus; or
      • More narrowly defines a target population than what is required by the FY 2021 HUD CoC NOFO
   d. The plan for addressing the identified needs/issues of the target population(s) or CoC infrastructure and capacity needs.
   e. Projected outcome(s).
   f. Subrecipients: If this is a collaborative application with subrecipients or other partners, please clearly describe the distinct roles and responsibilities of each entity identified in the application.
   g. Identify additional sources of funding that will be used to support this project, and indicate whether or not these funds have already been secured.

4. **Participation in the Out-Wayne County CoC:** Respond to the following:
    a. How did your agency participate in the Coordinated Entry process over the past year? "Participation" is defined as sending/receiving referrals to/from central intake, participating in workgroup meetings to review status of clients, attending in service trainings, etc.
    b. Describe how this project will work with Coordinated Entry to solely receive referrals for these units and to help ensure the referrals received are successfully housed.
    c. Describe the experience your agency has in participating in HMIS. How does your agency insure timely and high quality of data entry? If an applicant is a victim service provider, the agency is not required to participate in the HMIS System and should describe the comparable database used and the process to provide de-identified information to the Out-Wayne County CoC.
    d. Note other CoC activities that your agency participated in over the past year, including membership meetings, committees, PIT Count, etc.

5. **Site Description: As applicable, p**rovide a description of the site(s) that you anticipate will be used for this project. Provide a response to each of the items below.
    a. Address(es) of the proposed site.
    b. How many units of housing will be provided by this project and what will be the size of the units (i.e., SRO, studio, 1 bedroom, etc.)?
    c. Is this property currently in use, or is it vacant?
    d. If currently in use, what is the site currently being used for?
    e. If the current use differs from the proposed project, what will happen with the current residents and/or programming currently occurring in the building?
    f. Are there any restricted use covenants on the property or zoning changes needed? If so, please explain.
    g. Describe the physical layout of the units in which the participants will reside. Specifically, indicate the following: if the participant will have private sleeping quarters, if the participant will have private or shared bathing facilities, and if the participant will have access to space to store and prepare food.
    h. Describe any rehabilitation work needed to the site to develop it and the timeline for completing the work, progress on the rehabilitation to date, and sources of funding applied for or secured to fund the rehabilitation work.

6. **Landlord Relationships:** Describe how your organization reaches out to, and engages with local landlords to recruit their participation in making their units available to program participants. In your description, explain how your organization maintains an ongoing positive relationship and communication with landlords renting to your organization's program participants.

7. **Project Schedule:** Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will be ready to begin housing activities in a timeframe that meets the requirements listed in the FY 2021 HUD CoC NOFO.

8. **Obtaining & Maintaining Permanent Housing:** Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other

supportive services that will be offered through the project. If 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.

9. **Increasing Employment/Income:** Describe specifically how participants will be assisted to increase their employment and/or income and to maximize their ability to live independently. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

10. **Current Provider**: Does the applicant or subrecipient currently administer or is a subgrantee for a project that is part of a Continuum of Care?   Yes _____   No_____

    If "yes," identify the:
    *   CoC the project is located in
    *   Project Name and Grant Number
    *   Project type (PSH, RRH, etc.)
    *   Type of funding the project receives (CoC, ESG, SSVF, etc.)

    _____

    _____

    _____

    Attach additional pages if needed to list all projects.

11. **Housing First Experience:** Please respond to both parts of this question.
    a. Do your current housing programs (PSH, RRH, TH, Emergency Shelter, etc.) follow a "Housing First" model?
        ___ Yes for all of our current projects (regardless of funding source)
        ___ Yes for some, but not all of our projects (regardless of funding source)
        ___ No, none of our projects practice Housing First
        ___ N/A, we do not currently operate any housing programs

    b. Describe how your organization currently puts into practice a Housing First model of service delivery. If your organization does not currently practice Housing First, describe how you will implement Housing First.

12. **Leveraging Medicaid**: Does the applicant and/or subrecipient currently have the capacity to bill Medicaid for Medicaid-billable services?

___ Yes (if "yes", answer question "**a**" below)

    a. Explain how this billing arrangement works and what aspects of supportive housing services your organization currently bills for.

___ No (if "no", answer both parts of question "**b**" below)

    b. Does the applicant and/or subrecipient currently have a formal partnership as evidenced by a Memorandum of Understanding (MOU) or Business Associates Agreement (BAA) or other similar agreement with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers)?

        ___ Yes   ___ No

        If "yes", identify these providers and submit as Attachment #3 a copy of the MOU, BAA, or other similar agreement.

13. **Enrolling Clients in Medicaid:** Describe the specific activities that are in place to enroll clients in Medicaid.

14. **Linking Participants to Mainstream Resources:** Describe how your organization assists clients with accessing mainstream resources that help them to achieve greater stability and integration into the community.

15. **Past Outcomes:** Describe successes and outcomes the applicant and subrecipient(s) have had in assisting clients in their existing projects to:
    a) Remain stably housed or to move to other permanent housing; and
    b) Increase income and employment

The response should include narrative describing the strategies for maintaining clients in permanent housing and increasing income and employment, data specific to the outcomes, and a comparison of data for the most recent year available with the previous year. Specify the time period for any data and outcomes provided.

16. **Current Continuum of Care Grant Issues:**
Respond to both of the following. If the response is for an Out-Wayne County CoC grant for which you are submitting a renewal application, you do not have to provide a detailed response but instead indicate that additional information can be found in the renewal application (specify project name and grant number) submitted to the Ranking Committee.
    a) State whether the applicant had any unexpended funds from its most recently completed HUD CoC grant(s), including how much was unexpended and steps being taken to ensure all funds are expended for future grants. If there were no unexpended funds, respond "N/A."

    b) If the organization has been monitored by HUD since January 2018, complete the following table and attach the required documents. If the organization has not been monitored since June 2016, respond "N/A."

Attached (✓)	Documentation
	Attachment #7: Notification letter or email from HUD that your project will be monitored
	Attachment #8: Monitoring report from HUD (the report that identifies any concerns or findings); **OR** ☐ N/A: HUD has not yet provided our organization with their monitoring report
	Attachment #9: If monitoring report identified concerns, findings, or other items requiring a response, provide your organization's response to these items; **OR** ☐ N/A: The monitoring report did not contain any items requiring our organization's response
	Attachment #10: Documentation from HUD that a monitoring concern or finding has been satisfied; **OR** ☐ N/A: HUD has not yet responded to our organization's response to the monitoring report
	Attachment #11: Any other monitoring-related correspondence between your organization and HUD; **OR** ☐ N/A: No other correspondence to provide

17. **Eviction Prevention:** Describe how the project will prevent evictions. Provide a copy of the organization's eviction prevention policies as Attachment #5. If the organization does not have eviction prevention policies, describe how the organization will develop such policies.

18. **Lease Obligations:** Tenants in PSH should have a lease or sub-lease that is identical to that of a non-supportive housing tenant. The lease should have no service requirements nor limits on length of stay as long as the terms of the lease are met. Please respond to the following:
    a. **Current PSH providers:** Submit a copy of a lease or sub-lease agreement for a client who is currently residing in one of your PSH projects as Attachment #6. **ALL CLIENT IDENTIFYING INFORMATION MUST BE REDACTED WHEN SUBMITTING THIS INFORMATION**. This lease will be reviewed to determine the extent to which it meets the standards given above.
    b. **New PSH providers:** For applicants that do not currently operate a housing project, describe how, if funded, you will develop lease or sub-lease agreements that meet the standards given above.

Submit the appropriate budget information for this project using the charts below. Note that the following budget line items may not be combined in a single project:
- Rental Assistance + Leasing = Not Allowed
- Rental Assistance + Operating = Not Allowed

Based on the budget option being requested, complete the following budget line item charts below.

SUMMARY BUDGET

The following information summarizes the CoC funding request and the available match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

CoC Activities	CoC Dollars Request	Comments
Acquisition		
Rehabilitation		
New Construction		
Subtotal (Lines 1 through 3)		
Real Property Leasing (from Leasing Budget Chart)		
Leased Structures (from Leased Structures Budget Chart)		
Rental Assistance (from Rental Assistance Budget Chart)		
Supportive Services (From Supportive Services Budget Chart)		
Operations (From Operating Budget Chart)		
HMIS (From HMIS Budget Chart)		
Subototal CoC Request		
Administrative Costs		
Total CoC Request		
Cash Match		
In-Kind Match		
Total Project Cost		

GRANT TERM
Please note the requested grant term: _____

LEASING/RENTAL ASSISTANCE BUDGET
(monthly amount cannot exceed FMR)

Unit Size	# of units	Amount/month	12 months	Total
SRO				
0 bedroom				
1 bedroom				
2 bedrooms				
3 bedrooms				
4 bedrooms				
5 bedrooms				
Total Units				
Total Request				

LEASED STRUCTURES BUDGET

Leased Structures Costs	CoC Dollars Requested
HUD Paid Rent Per Month	
TOTAL ANNUAL ASSISTANCE REQUESTED	
Total Structures	

SUPPORTIVE SERVICES BUDGET

Supportive Services Costs	CoC Dollars Requested
Assessment of Service Needs	
Assistance with moving costs	
Case Management	
Child Care	
Education Services	
Employment Assistance	
Food	
Housing/Counseling Services	
Legal Services	
Life Skills	
Mental Health Services	
Outpatient Health Services	
Outreach Services	
Substance Abuse Treatment	
Transportation	
Utility Deposits	
Operating Costs	
TOTAL ANNUAL ASSISTANCE REQUESTED	

OPERATING BUDGET

Operating Costs	CoC Dollars Requested
Maintenance/Repair	
Property Taxes and Insurance	
Replacement Reserves	
Building Security	
Electric, Gas and Water	
Furniture	
Equipment (lease, buy)	
TOTAL ANNUAL ASSISTANCE REQUESTED	

HMIS BUDGET

HMIS Costs	CoC Dollars Requested
Equipment	
Software	
Services	
Personnel	
Space and Operations	
TOTAL ANNUAL ASSISTANCE REQUESTED	

MATCH

The following details for the proposed match should be listed below. It is not necessary to provide documentation or have a commitment at the time the application is submitted.

Type	Source	Contributor	Value	Comments
TOTAL VALUE OF ALL MATCH COMMITMENTS:				

PART D: Scoring

FY 2021 SCORING SHEET – NEW PROJECT APPLICATONS
OUT-WAYNE COUNTY CONTINUUM OF CARE

New projects will be scored based upon the following components, for a total of 105 possible points. Scoring for ranking is based upon a percentage of points achieved and relevant to the project component type. For new project applications completed for an expansion of an existing CoC grant, the score that will be utilized for ranking will be for the renewal project that the expansion is based upon.

Project Name:	Agency:

Project Component Type:	Funding Source for New Project (Check All That Apply):
☐ Permanent Supportive Housing (PSH) – Project Based ☐ Permanent Supportive Housing (PSH) – Scattered Site ☐ Rapid Re-housing (RRH) ☐ Joint Transitional Housing (TH) - Rapid Re-housing (RRH) Component Project ☐ Supportive Services Only for Coordinated Entry (SSO) ☐ Dedicated HMIS carried out by the CoC's HMIS Lead	☐ Bonus ☐ Domestic Violence (DV) Bonus ☐ Reallocation (Including Transition) **Expansion/Transition – Check off if this new project is being created through an expansion or transition:** ☐ Expansion ☐ Transition

EXPERIENCE AND CAPACITY		Total Possible Points: 20
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Experience working with proposed population and housing type • Concerns with current CoC grants • Clarity of roles of partners (if applicable) • Collaborative relationships with other service providers • Satisfactory organizational structure and financial management systems		

PROJECT DESCRIPTION AND TIMELINE		Total Possible Points: 10
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Clearly and comprehensively addresses all key points for project structure highlighted in application • Operational within timeframe required by HUD • Site-related information complete based on type of project		

HOUSING FIRST EXPERIENCE/EVICTION PREVENTION		Total Possible Points: 15
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Fidelity with Housing First principles • Eviction prevention strategy		

COC PARTICIPATION		Total Possible Points: 10
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Current participant (Membership, PIT Count, Committees) • Satisfactory data quality performance in HMIS (or comparable database if applicant is a victim service provider) • Coordinated Entry (referrals, workgroup meetings) • Agencies that have not participated will be unable to earn these points		

ABILITY TO LEVERAGE MEDICAID AND MAINSTREAM RESOURCES		Total Possible Points: 10
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Plan to facilitate applications for Medicaid and other mainstream resources • Ability to bill Medicaid (PSH only) • Extent to which agency is able to leverage mainstream resources		

DESIGN OF HOUSING AND SUPPORTIVE SERVICES AND PROGRAM ACTIVITIES		Total Possible Points: 15
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Service and housing design or program activities meets type and needs for targeted population or CoC infrastructure • Efficacy of service or program design to increase employment/income and living independently • Plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable and accessible to their needs • Demonstrated Outcomes (agencies that are not current providers for targeted populations, housing types or program activities will be unable to earn these points) • For DV project, plans included to ensure safety for participants and meet unique challenges to permanent housing		

ORGANIZATIONAL AND FINANCIAL MANAGEMENT		Total Possible Points: 10
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Experience utilizing Federal funds especially HUD grants • Successful drawdown of all funds • Satisfactory organizational and management structure and capacity • Strength of financial management team		

BUDGET AND MATCH		Total Possible Points: 10
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• Proposed plan for match • Budget shows only allowable costs • Budget reflects reasonable and customary costs		

ATTACHMENTS (INCLUSION AND CONTENT) Total Possible Points: 5		
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
• All submitted • Audit will be reviewed separately		

TOTAL POINTS ACHIEVED		Total Possible Points: 105
Evaluation Dimension	**Reviewer Score**	**Reviewer Comments**
Total Points		

Ranking Committee Reviewer Name: _____

ADDITIONAL REVIEWER COMMENTS:

This page is to be signed by the Executive Director of the recipient agency or their authorized representative.

My signature below affirms the following:

1) If awarded Continuum of Care funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care Program Interim Rule 24 CFR Part 578.

2) The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with the HMIS Data Standards and HMIS Policies & Procedures.

3) The funded project will participate in the Coordinated Entry process in accordance with Coordinated Entry Policies and Procedures adopted by the Out-Wayne County Continuum of Care.

4) The data submitted with this application (in both the APR submitted to HUD via Sage and any data generated from HMIS) is complete, accurate, and correct.

5) It is understood that renewal and new projects will be submitted to HUD in accordance with the Out-Wayne County CoC ranking decisions based upon the ranking policies detailed in the RFP for the FY 2018 New and Renewal Project Ranking Protocol and that such project ranking decisions are final.

6) It is understood that the Out-Wayne County Continuum of Care is responsible for making decisions on which new and renewal projects are submitted to HUD each year as part of the annual CoC competition, and that the ultimate decision in whether or not a project is funded is made by HUD. It is further understood that 24 CFR §578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD's policies and procedures, is the final recourse that may be taken for the project.

Signed: _____   Date: _____
            (Executive Director or authorized representative)

Title:

Name Printed:

Name of Agency: