

OUT-WAYNE COUNTY CONTINUUM OF CARE

RENEWAL PROJECT APPLICATION

**FY 2021 HUD COC PROGRAM NOFO LOCAL FUNDING
COMPETITION**

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

**FY 2021 Renewal Project Submission Instructions
Out-Wayne County Continuum of Care**

GENERAL INSTRUCTIONS AND INFORMATION

Applications must be submitted via email to Charlotte Carrillo (ccarrillo@waynometro.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 renewal application for only one project or for several projects:

- For Agencies Submitting for Only One Project: Submit one combined document with all attachments for the project application.
- For Agencies Submitting Renewal Applications for Multiple Projects: Attachments 13, 14 and 15 are documents that only have to be submitted once even when an agency has submissions for multiple renewal projects. Attachments 13, 14 and 15 should be combined into one PDF File and submitted separately from Attachments 1 through 12 that contain documentation that is unique to each project. For each renewal application, Attachments 1 through 12 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 renewal application that is complete, accurate and meets all requirements listed in the RFP.

Red Maple Resources 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 consolidating grants, a separate application must be submitted for each renewal grant.

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.

For Projects Serving Domestic Violence Populations

If an applicant for a renewal or new project is a victim service provider, the agency is not required to participate in the HMIS System but must use a comparable database and provide de-identified information to the Out-Wayne CoC. The applicant should complete as much of the application as possible in the following manner:

- Provide as much comparable information to what is requested in the application as possible for the period of July 1, 2020 through June 30, 2021
- Provide a description of the comparable database (See Section A, Page 7)

Scoring for a renewal or new project application will be based on the data generated from the comparable database for the applicable metrics and evaluation criteria.

GUIDE TO WHAT IS CONTAINED IN THE FY 2021 RENEWAL APPLICATION:

- 1) General Instructions and Information - Page 1
- 2) Submission Checklist - Page 4
- 3) Application Forms - Page 5
- 4) Budget Pages - Page 12
- 5) Scoring Sheet & Criteria - Page 15
- 6) Additional Information for Evaluation - Page 17
- 7) Signature Page - Page 20

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@waynemetrol.org and Mitchel Blum-Alexander.

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

Agency Name:		Included (✓)	Not Applicable (✓)
Project Name:			
Attachment Number	Attachment Description <i>Each individual project application must have the following attachments, as they apply to that project:</i>		
#1	Submission Checklist and Completed Renewal Application (Including Scoring Sheet)		
#2	Signature Page – must be signed by recipient and subrecipient(s)		
#3	Match Documentation (if available)		
#4	APR generated from HMIS for the project for the period July 1, 2020 - June 30, 2021		
#5	Most recently completed APR for the project submitted to HUD via Sage		
#5a	Data Completeness Report Cards and Discharge Destination Report (see Component #4a and 4b of Scoring Criteria on page 19)		
	If project had significant project changes (Part B):		
#6	Written communication to HUD requesting the significant change		
#7	HUD’s written approval of the change requested		
	If monitored by HUD since January 2018 (Part C):		
#8	Notification from HUD that project will be monitored		
#9	Monitoring report from HUD		
#10	Organization’s response to monitoring report		
#11	Documentation from HUD that monitoring concern or finding satisfied		
#12	Any other monitoring-related correspondence		
	<i>Agencies only need to submit one copy of the following, even if they are submitting multiple renewal applications. Documents provided for Attachments 13, 14 and 15 should be combined into one PDF file and submitted separately from the PDF file containing documents for Attachments 1 through 12 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 Renewal Applications.”</i>		
#13	Most recent Single Audit (i.e. A-133 audit)		
#14	Most recent agency financial audit		

**FY2021 Renewal 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)	
<input type="checkbox"/> Information same as above	
Name:	Phone Number:
Name:	Email:
Project Name:	Grant Number:
Project Address:	
Street:	
City:	State: ZIP:
<input type="checkbox"/> Check if project provides scattered-site leasing or rental assistance	
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 (if applicable)	
Street:	
City:	State: Zip:
Contact Person of Project Sub-recipient	
Name:	Phone Number:
Title:	Email:
Project Component Type - check off the appropriate project type:	
<input type="checkbox"/> Permanent Supportive Housing (PSH), Check If: _____ Dedicated Plus _____ 100% dedicated to Chronic Homelessness	<input type="checkbox"/> Safe Haven (SH)
<input type="checkbox"/> Rapid Rehousing (RRH)	<input type="checkbox"/> Supportive Services Only (SSO)
<input type="checkbox"/> Transitional Housing (TH)	<input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO-CE)
<input type="checkbox"/> Joint TH-RRH Component	<input type="checkbox"/> HMIS

PART A: General Project Information (continued)

Proposed Changes to Project for FY 2021 Renewal

Provide an explanation if you intend to:

- Elect to incorporate changes to populations
- Reduce the amount of the grant, resulting in funding available for reallocation
- Propose to consolidate projects of the same component into one grant
- Propose to transition an existing grant(s) to a new project component
- Exercise the expansion option

Brief Description of Project

Include information in one or two paragraphs to address the following issues:

- Populations served
- Design of housing and services
- Implementation using Housing First principles

PART A: General Project Information (continued)

Projects Serving DV Populations

Provide the following information for projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and who meet the definition of homeless in paragraph (4) of 24 CFR 578.3:

1. How the project improved safety for participants
2. A description of the comparable database for client information (Victim Service providers are not required to participate in the HMIS System but must use a comparable database and provide de-identified information to the Out-Wayne CoC)

PART B: Significant Project Changes Requested from HUD

Any changes noted may require additional review

Question #1

Are there any significant changes in the project since the last funding approval?

Yes No

If “Yes” is checked off for Question #1 complete the chart below to describe the change:

	Previous	New
Indicate change in the number of persons served		
Indicate change in the number of units		
Indicate change in project site location		
Indicate change in target population		
Indicate change in the project sponsor		
Indicate change in the component type		
Indicate change in the grantee/applicant		
Indicate change in the number of beds		
Line item or cost category budget changes more than 10%		
Other (explain) _____		

If “Yes” is checked off for Question #1 include as many of the following that apply as attachments to your application. Check “N/A” if not applicable:

Attached (✓)	<u>Documentation</u>
	Attachment #6: Written communication to HUD requesting the significant change
	Attachment #7: HUD’s written approval of the change requested <input type="checkbox"/> N/A: HUD has not yet provided written approval of the requested change

PART C: HUD Monitoring Findings

Any findings may require further review

Question #1

Has this project been monitored by HUD within the last three years? (Since January 2018)

Yes No

If “Yes,” include as many of the following that apply as attachments to your application. Check “N/A” if not applicable:

Attached (✓)	<u>Documentation</u>
	Attachment #8: Notification letter or email from HUD that your project will be monitored
	Attachment #9: Monitoring report from HUD (the report that identifies any concerns or findings); OR <input type="checkbox"/> N/A: HUD has not yet provided our organization with their monitoring report
	Attachment #10: If monitoring report identified concerns, findings, or other items requiring a response, provide your organization’s response to these items; OR <input type="checkbox"/> N/A: The monitoring report did not contain any items requiring our organization’s response
	Attachment #11: Documentation from HUD that a monitoring concern or finding has been satisfied; OR <input type="checkbox"/> N/A: HUD has not yet responded to our organization’s response to the monitoring report
	Attachment #12: Any other monitoring-related correspondence between your organization and HUD; OR <input type="checkbox"/> N/A: No other correspondence to provide

PART D: APR Information

Rationale given for late APR submissions to HUD will be reviewed

Question #1:

Provide the information requested for the most recent APR submitted to HUD:

Term of most recent APR submitted to HUD:

*Operating Year
Start Date
(DD/MM/YY)* To _____
*Operating Year End
Date (DD/MM/YY)*

Date APR submitted to HUD via Sage:

Date (DD/MM/YY)

Question #2:

Was your APR submitted via Sage to HUD within 90 days after the end of the project term?

Yes No Unsure

If “no”, please explain why the APR was not submitted to HUD in a timely fashion, and steps the grantee is taking to ensure timely submission in the future:

NOTE: Grantees should note that the CoC Lead Agency is able to view in Sage if an agency has submitted its APR in a timely fashion. The CoC Lead Agency is also able to directly view the APRs submitted in Sage.

PART E: Financial Performance

Question #1

Complete the chart for the three most recent years of a fully completed grant term and answer the questions below.

The information provided here may be verified with the local HUD Field Office and/or via a review of the project's APR.

			A	B	C
Grant Term	Project Name	Project Grant Number	Total grant amount	Total amount drawn down from LOCCS as of 90 days after the end of the most recently completed project term	Percentage of funds expended: [(B/A) x 100]

Question #2

If the percentage of funds expended (column C) for the most recently completed grant term is less than 95% (if a non-rental assistance project) or less than 90% (if a rental assistance project), provide an explanation why not all funds were expended: *(1/2 page or less)*:

PART F: Budget Pages

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 cash 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)		
Subtotal 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 G: SCORING

**FY 2021 SCORING SHEET – RENEWAL PROJECT APPLICATIONS
OUT-WAYNE COUNTY CONTINUUM OF CARE**

Each applicant should complete the “Agency Self-Score” column in the Scoring Sheet. Renewal projects will be scored based upon the following components, for a total of 100 possible points. Refer to the detailed description of the Scoring Criteria following the Scoring Sheet and also documented in Exhibit A of the Out-Wayne County Continuum of Care (“CoC”) RFP for the FY 2021 HUD CoC NOFO Local Program Completion for a full description of the scoring metrics, the scoring range for each element, the reporting period, the data source, and for which project type each metric applies.

Project Name:		Agency:	
Project Component Type:			
<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Safe Haven (SH)		
<input type="checkbox"/> Rapid Rehousing (RRH)	<input type="checkbox"/> Supportive Services Only (SSO)		
<input type="checkbox"/> Transitional Housing (TH)	<input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO-CE)		
<input type="checkbox"/> Joint TH-RRH Component	<input type="checkbox"/> HMIS		
COMPONENT #1: INCOME & EMPLOYMENT Total Possible Points: 15 – For PSH, RRH, TH, and SH			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Leavers with Any Cash Income		
B	Leavers with Any Non-Cash Benefits		
C	Leavers with Earned Income (Employment)		
D	Increases in Total Cash Income		
	Subtotal Points for Income & Employment		
COMPONENT #1: INCOME & EMPLOYMENT Total Possible Points: 15 – For SSO			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Leavers with Any Cash Income		
B	Leavers with Any Non-Cash Benefits		
C	Leavers with Earned Income (Employment)		
	Subtotal Points for Income & Employment		
COMPONENT #2: HOUSING PERFORMANCE Total Possible Points: 40 – For PSH			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Retention/Exit to PH		
B	Utilization		
	Subtotal Points for Housing Performance		
COMPONENT #2: HOUSING PERFORMANCE Total Possible Points: 40 – For TH and RRH			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to PH		
B	Utilization		
	Subtotal Points for Housing Performance		
COMPONENT #2: HOUSING PERFORMANCE Total Possible Points: 40 – For SSO			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to Positive Housing Destination		
B	Exits to PH		
	Subtotal Points for Housing Performance		
COMPONENT #2: HOUSING PERFORMANCE Total Possible Points: 40 – For SH			
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to Permanent Housing or Care Setting		
B	Utilization		
	Subtotal Points for Housing Performance		

**FY 2021 SCORING SHEET – RENEWAL PROJECT APPLICATIONS
OUT-WAYNE COUNTY CONTINUUM OF CARE**

Project Name:		Agency:	
Project Component Type:			
<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Safe Haven (SH)		
<input type="checkbox"/> Rapid Rehousing (RRH)	<input type="checkbox"/> Supportive Services Only SSO)		
<input type="checkbox"/> Transitional Housing (TH)	<input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO-CE)		
<input type="checkbox"/> Joint TH-RRH Component	<input type="checkbox"/> HMIS		
COMPONENT #3: FINANCIAL PERFORMANCE		Total Possible Points: 15 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
	Projects that do not have a rental assistance line		
	Projects that include a rental assistance line		
	Subtotal Points for Financial Performance		
COMPONENT #4: HMIS PARTICIPATION		Total Possible Points: 20 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	90% UDE Completion		
B	At least 75% of clients exited to known destinations		
C	Submitted required 2021 HIC data on time		
	Subtotal Points for HMIS Participation		
COMPONENT #5: CONTINUUM OF CARE PARTICIPATION		Total Possible Points: 5 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Attendance at Continuum of Care meetings		
B	Participation in Point in Time Count	NOT SCORED	NOT SCORED
	Subtotal Points for CoC Participation		
COMPONENT #6: COORDINATED ENTRY PARTICIPATION		Total Possible Points: 5 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
	Agency participation in Coordinated Entry System		
	Subtotal Points for Coordinated Entry Participation		
TOTAL MAXIMUM POINTS ACHIEVED		Total Possible Points: 100	
		Agency Self-Score	Reviewer Score
	Total Points		

Ranking Committee Reviewer Name: _____

PART H: Additional Information for Evaluation

Serving Clients with Greatest Severity of Needs (PSH, RRH, TH, SH, SSO Only, SSO-CE)

Renewal projects (PSH, RRH, TH, SH, SSO Only, SSO-CE) will be required to provide data for three factors that will not be scored but will assist the Ranking Committee with ensuring that projects ranked in Tier 1 are serving clients with the greatest severity of needs:

- Percentage of clients that entered the program with zero income
- Percentage of clients that entered the program as chronically homeless
- Percentage of persons served by the program who have harder to serve conditions at entry

The reporting period is July 1, 2020 through June 20, 2021. Data should be compiled from the APR pulled from HMIS.

1) Calculation for the number of clients that entered the program with zero income:

Number of adults entering the program with zero income: _____
Total number of adults entering program: _____
Percentage of clients that entered with zero income: _____

2) Calculation for the number of clients that entered the program as chronically homeless:

Number of client households entering the program with zero income: _____
Total number of client households entering program: _____
Percentage of client households that entered with zero income: _____

3) Calculation for the number of clients who met harder to serve conditions at entry:

Number of persons entering the program with one or more conditions: _____

- a. Mental Illness
- b. Alcohol Abuse
- c. Drug Abuse
- d. Chronic Health Conditions
- e. HIV/AIDS
- f. Developmental Disabilities
- g. Physical Disabilities

Total number of persons served: _____
Percentage of persons with one or more harder to serve conditions: _____

Projects Serving DV Populations

The following information will be used to evaluate the performance of projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and who meet the definition of homeless in paragraph (4) of 24 CFR 578.3:

1. Describe how the project improved safety for participants
2. Describe the comparable database used by the victim service provider

This information can be provided on page 7 as part of Section A, General Project Information. The reporting period is July 1, 2020 through June 20, 2021.

Consumer Participation

The following element is requested for informational purposes only for the FY 2021 local funding competition. The reporting period is July 1, 2020 through June 20, 2021.

For all renewal projects, applicants should describe how people with lived experience, for the project or within their agency:

- Participated on boards or committees for policy making or program design
- Were employed at the agency
- Other ways a program or agency engaged people with lived experience

The information gathered will help inform creating objective scoring criteria for future local funding competitions.

Project Costs – For Informational Purposes Only (Applicable Only to PSH and RRH Projects)

The following element is requested for informational purposes only for the FY 2021 local funding competition.

To assist the Coalition with developing a better understanding of reasonable costs for Permanent Housing projects, PSH and RRH projects are asked to provide the following data:

- Total project costs divided by total units
- Total project costs divided by the sum of permanent housing exits and stayers

Please explain your calculation. The source of data is the most recently completed project APR submitted in Sage. Data may help inform objective criteria to develop for scoring in future local funding competitions.

Explanation of Performance Outcomes and Continuous Quality Improvement (Optional)

Agencies may provide, in one-half page or less, an explanation or commentary on the project's performance outcomes for the items in any of the components and any steps the agency may be taking to implement a continuous quality improvement program. While this question will not be scored, an explanation may be included to help reviewers understand any special circumstances that contributed to the project's performance.

Applicants for renewal projects that encountered performance issues as a result of factors related to the COVID-19 pandemic are encouraged to provide information regarding the experience of the program during the evaluation period of July 1, 2020 to June 30, 2021. This information can include a narrative describing actions the applicant has taken or plans to take to improve program effectiveness. Data from the period prior

to March 2020 would assist the Ranking Committee with evaluating the impacts of the pandemic on a program and the potential for performance improvements.

Signature Page

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 the Coordinated Entry Process 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 Project Ranking Policies contained in the Out-Wayne County CoC RFP for the FY 2021 HUD CoC NOFO Local Funding Competition 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: