**FY2022 Continuum of Care New Project Application**

This application form is for federal funds made available by HUD per the Fiscal Year 2022 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). The Anne Arundel County CoC can apply for up to $180,504 in bonus funding for domestic violence programs.

**Requirements**

CoC programs serve persons who meet the definition of HUD Category I or HUD Category IV homeless. Eligible bonus projects include rapid re-housing and permanent supportive housing programs, only. Domestic Violence bonus projects include rapid re-housing and TH-RRH Joint Component. All CoC funded projects must agree to comply with Housing First principles and must agree to fully participate in Coordinated Entry, thereby accepting program referrals from the County Housing Access List. All CoC grants operate on a reimbursement basis.

**Project Types**

Rapid Re-Housing programs provide short to medium term rental assistance and services to help families obtain housing quickly, increase self-sufficiency, and stay housed. The goal is for the rental assistance to be temporary in duration. Permanent Supportive Housing combines a permanent rental subsidy with support services to address the needs of chronically homeless people, and homeless people with a disability. TH-RRH Joint Component combines transitional housing and rapid re-housing into a single project, and is available for domestic violence bonus funds, only. More information on eligible CoC project types can be found in the FY2022 NOFO available on the HUD website.

Local provider applications are due **Friday, August 26, 2022 via email at 3pm** to Hannah Breakstone at hbreakstone@acdsinc.org. Due to the COVID-19 pandemic, applications will only be accepted via email. Submission of an application does not guarantee funding. If you have questions about the application, please reach out to Hannah Breakstone at hbreakstone@acdsinc.org or (410) 222-3958.

**Section I. GENERAL INFORMATION**

**Legal Name of Applicant**:

Address:

City, State, Zip:

Federal Tax Employer Identification Number:

DUNS Number:

Plus 4:

*Grant contact information*

First Name: Last Name:

Phone: Email:

*Executive Director contact information*

First Name: Last Name:

Phone: Email:

Application Funding Type

* Bonus Funding
* Domestic Violence Bonus Funding

Program Type

* Permanent Supportive Housing
* Rapid Re-Housing

S**ection II: ORGANIZATIONAL EXPERIENCE**

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.
3. 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.
4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

 If yes: Describe the unresolved monitoring or audit findings:

**Section III: NEW PROJECT DETAIL**

Project Name:

1. Provide a description of the entire scope of the proposed project in detail including the type of program, the number of clients, and the target population. Describe the services you will provide, and how a client will move through the program.
2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.
3. Will your project participate in a CoC Coordinated Entry Process?
* Yes
* No
1. Please identify the project’s specific population focus (Select ALL that apply)
* Chronic Homeless
* Veterans
* Youth (under 25)
* Families
* Domestic Violence
* Substance Abuse
* Mental Illness
* HIV/AIDS
* LGBTQ+
* Other
1. Describe the evidence-based practices and best practices that you use in service provision. Describe the anticipated frequency of supportive services and how you will engage clients who are difficult to serve.
2. Describe how you will implement the project during the COVID-19 pandemic.
3. Describe how the project will use Housing First approach.
4. Does the project ensure that participants are not screened out based on the following items? Select all that apply
* Having too little or little income
* Active or history of substance use
* Having a criminal record with exceptions for state-mandated restrictions
* History of victimization (e.g. domestic violence, sexual assault, childhood abuse
* None of the above
1. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply:
* Failure to participate in supportive services
* Failure to make progress on a service plan
* Loss of income or failure to improve income
* Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic are
* None of the above
1. Is the project proposing to develop a new capital project with CoC funds? **If yes, please contact CoC Planning and Grant Manager for additional project questions**.
* Yes
* No

**Section IV. HOUSING TYPE**

Describe the type of housing the project will provide by answering the questions below:

* Tenant Based Rental Assistance
* Fixed Location
1. Total units:
2. Total beds:
3. Total dedicated beds for chronically homeless:
4. If site specific, address:

 Street:

 Street:

 City

 State:

 Zip code:

1. If combined TH/PH – How many transitional units, and are they private or semi-private rooms:

**Section V. TARGET POPULATION**

Indicate the expected population that the project will serve by answering the following questions:

1. What is the number of households the project will serve?

 With at least one adult and one child:

Without children:

 Households with only children:

1. What is the total number of *persons* the project will serve?
2. Indicate the expected household composition that the project will serve:
* Adults over age 24

 With at least one adult and one child:

 Without children:

* Adults ages 18-24

 With at least one adult and one child:

 Without children:

* Accompanied Children under age 18

With at least one adult and one child:

 Households with only children:

* Unaccompanied Children under age 18

 Households with only children:

1. Indicate the expected subpopulations of the households the project will serve by indicating the number of project participants for each subpopulation below:

***Persons in Households with at Least One Adult and One Child***

Number of Adults over age 24:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

Number of Adults ages 18-24:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

Children under age 18:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

***Persons in Households without Children***

Number of Adults over age 24:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

Number of Adults ages 18-24:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

***Persons in Households with Only Children***

Number of Accompanied Children Under Age 18 :

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

Number of Unaccompanied Children Under Age 18:

|  |  |
| --- | --- |
| # Chronically Homeless Non-veterans:   | # Severely Mentally Ill: |
| # Chronically Homeless Veterans: | # Victims of Domestic Violence: |
| # Non-Chronically Homeless Veterans: | # Physical Disability: |
| # Chronic Substance Abuse: | # Developmental Disability:  |
| # Persons with HIV/AIDS: | # Persons not represented by listed subpopulations: |

**Section VI: OUTREACH FOR PROJECT PARTICIPANTS**

Explain how you will target outreach to project participants by answering the questions below.

1. Enter the percentage of project participants that will be coming from each of the following locations. The total percentages must equal 100%:

|  |  |
| --- | --- |
| % Directly from the street or other locations not meant for human habitation:  | % Persons fleeing domestic violence:  |
| % Directly from emergency shelters:  | % Directly from the TH Portion of a Joint TH and PH-RRH Component project: |
| % Directly from safe havens: | % Persons receiving services through a Department of Veterans Affairs (VA) funded homeless assistance program:  |

1. Describe the outreach plan to bring these homeless participants into the project. Please also address the ways in which you will ensure equitable outreach practices.

**Section VII.  EQUITY FACTORS (New Section)**

HUD is asking all applicants to reflect on their efforts and progress in becoming more equitable to under-represented populations both with regard to who is served by the program and those hired or represent on your board of directors.

**Agency Leadership, Governance, and Policies**

1. Do you have under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions within your organization.  Please describe in detail.
2. Does your board of directors include representation from more than one person with lived experience of homelessness?  Please describe in detail.
3. Does your agency have relational process for receiving and incorporating feedback from persons with lived experience?   Do you have committees, policies, to allow participant feedback?  Please describe in detail.
4. Have you recently reviewed internal policies and procedures with an equity lens and developed a plan for developing and implementing equitable policies that do not impose undue barriers?  Please describe in detail.

**Equity Outcomes**

The following questions ask you to analyze how successful is our CoC in supporting successful outcomes for under-represented individuals?  How successful is your program ensuring housing and serves are offered in a manner to ensure equal access to all services?

1. Have you reviewed your program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age?   Please explain how your agency works to ensure all individuals have access?
2. Has your agency identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes?

**Section VIII. BUDGET INFORMATION**

1. Complete the budget below to detail your funding request and add additional rows as needed. Indicate the type of funding below.
* Bonus Funding
	+ Permanent Supportive Housing (must meet the HUD definition of Category I homeless)
	+ Rapid Re-Housing (must meet the HUD definition of Category I homeless)
* Domestic Violence Bonus Funding
	+ Permanent Supportive Housing (must meet the HUD definition of Category I or Category IV homeless)
	+ Rapid Re-Housing (must meet the HUD definition of Category I or Category IV homeless)
	+ Joint Component TH-RRH

|  |  |
| --- | --- |
| **Program Activity** | **Amount** |
| Rental Assistance Funds | $ |
| Supportive Services Costs(indicate staff title, role, FT/PT, anticipated hours on project) | $ |
| Admin | $ |
| TOTAL Funding Request | $ |

1. CoC funds require a 25% match, cash or in-kind, of the total award. Describe how you will meet the match requirement if the project is funded.

**Section IX: NEW PROJECT BONUS POINTS**

1. The HUD NOFO indicates that new PSH/RRH projects can receive bonus points for leveraging **housing resources** (NOFO Section VII.B.6.a.). To receive bonus points:
	1. PSH projects must provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs for least 25 percent of the units included in the project; or
	2. RRH projects must provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs to serve at least 25 percent of the program participants anticipated to be served by the project.

Describe how your project will leverage housing resources. Please note that if you indicate yes, letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support will be required at a later date.

1. CoCs may also receive bonus points for new projects that leverage **healthcare resources** (including behavioral health) to help individuals and families experiencing homelessness, including:
	1. direct contributions from a public or private health insurance provider to the project, or
	2. provision of health care services by a private or public organization tailored to the program participants of the project.

Describe how your project will leverage healthcare resources. Please note that if you indicate yes, letters of commitment, contracts, or other formal written documents that demonstrate the healthcare resources will be required at a later date. Eligibility for the project must be based on HUD CoC Program fair housing requirements and cannot be restricted by the health care service provider.

**Section X: SIGNED CERTIFICATION AND REQUIRED ATTACHMENTS**

“I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).”

Name:

Signature:

Date:

Title:

**Required Attachments**:

Please attach the following documents to the FY2022 CoC Application

* Certificate of Good Standing
* By-laws
* Articles of Incorporation
* Latest audited financial statement/audit

K:\Planning Documents\Continuum of Care\Continuum of Care Applications\2022 CoC Application\FY22-CoC-New-Project-Application.docx