

Central Florida Continuum of Care (CoC FL-507)
FINAL 2016 Application for HUD CoC Program Funding

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Application Instructions:

Complete all relevant sections of this Application, including all required attachments and certifications, prior to the application submission deadline.

Section I. Applicant Information

Applicant Legal Name: _____

Applicant d/b/a (if any): _____

Applicant Agency Type:

- Corporation exempt from taxation under §501(c)(3) of the Internal Revenue Code
- Unit of local or state government
- Instrumentality of local or state government
- Other (explain): _____

Applicant Mailing Address: _____

Applicant Website (if any): _____

Federal EIN (Tax ID #): _____

Applicant Points of Contact:

	Primary Contact (for Purposes of this Application)	Secondary Contact (for Purposes of this Application)
Name		
Title		
Phone Number		
E-mail Address		

Declaration by Authorized Representative (individual authorized to act for the Applicant and to assume the obligations imposed by the Federal laws, program regulations, NOFA requirements, and conditions from a grant or grant application, including the applicable Federal regulations):

I agree that I am the Authorized Representative for the Applicant, and I certify that the Applicant agrees that to be bound by all terms and conditions associated with this request for funding, and certifies that data and content in the Application (including all attachments and certifications) are true and correct.

Signature of Authorized Representative Printed Name and Title of Authorized Representative Date

Section II. Basic Project Information, Classification and Status

a. Title of proposed new or renewal Project:

b. Total amount of HUD CoC Program funding requested by Applicant for the Project: \$ _____
(must match Proposed Budget - Section XIV, Line 1(A))

c. Total amount of HUD CoC Program funding requested for the ENTIRE Project: \$ _____
(must match Proposed Budget – Section XIV, Line 1(B) – SKIP if you are renewing part of an existing bundled project)

NOTES:

- Throughout the remainder of this Application, the proposed new or renewal Project is referred to as “the proposed Project” or “the Project.”
- If the Applicant is proposing or collaborating on multiple Projects, a separate application should be submitted for each Project.

d. Overall Project Type:

- Permanent Supportive Housing (PSH) Rapid Rehousing (RRH) Transitional Housing Renewal
 Supportive Services Only Other (Explain): _____

Notes:

- HUD will not fund new Transitional Housing Projects.
- HUD will not fund new Supportive Services Only Projects unless they are bundled with Housing or provide critical system supports.

e. Which of the following best describes the Applicant’s status in relation to the proposed new or renewal Project? (check the best response)

- Applicant seeks RENEWAL of its currently HUD-funded Project (or its portion of the overall Project) with no changes or very minor changes (and no requested additional funding) - **SKIP directly to part g.**
- Applicant seeks RENEWAL of its currently HUD-funded Project (or its portion of the overall Project) with proposed expansion or significant changes
(NOTE: Applicants are strongly encouraged to separate Project renewals from any proposed expansion and submit separately.)
- NEW/Different type of Project reallocating or combining funds from one or more renewals
- Bundling/COMBINING of two or more currently HUD-funded Project RENEWALS into one Project
- Other NEW Project

If the Project includes any activity pertaining to a currently or previously HUD-funded Project, provide all relevant HMIS Project ID #(s):

f. Which of the following best describes the proposed Project and the entity(ies) directly requesting funding from HUD to implement it? (check the best response)

Collaborative (“Bundled”) Project with One Application

This is a collaborative Project, and our agency is serving as the Applicant and lead Project partner. Our agency would serve as the Sub-recipient of HUD funding, and would further sub-grant to the other HUD-funded Project partners.

IMPORTANT: For bundled Projects submitting collectively via one application, where the term Applicant is used below, separate and distinct responses must be provided for each HUD-funded Project partner whenever applicable.

Collaborative (“Bundled”) Project with Separate Applications (Housing Provider Only)

This is a collaborative Project. Our agency is applying to provide only the Housing and directly housing-related services and payments for the proposed Project. The Applicant(s) proposing to provide Supportive Services for the proposed Project is (are): _____.

Collaborative (“Bundled”) Project with Separate Applications (Supportive Services Provider Only)

This is a collaborative project. Our agency is applying to provide only the Supportive Services for the Project. The Applicant(s) proposing to provide Housing and directly housing-related services and payments for the Project (under a separate application are): _____.

Solo Project for Both Housing and Services

Our agency is the sole Applicant requesting funding for the Project, and would provide both the Housing and the Supportive Services for the Project.

Solo (“Unbundled”) Project for Supportive Services Only

Our agency is applying to operate a Supportive Services Only Project. We do not have a partner applying to provide Housing as part of our proposed Project. We understand that Supportive Services must either be linked to Housing or provide critical system supports. *(To be eligible for funding under this category, you must check one of the boxes below.)*

The proposed Project is available to the CoC for combining (“bundling”) with Permanent Supportive Housing or Rapid Rehousing Projects and/or with other Projects that provide Supportive Services to those Housing Projects.

The proposed Project provides CoC-wide critical system supports *(specify)*: _____

g. Project Start and End Dates (for purposes of this Application):

Proposed Project start date: _____

Proposed Project end date: _____

Section III. Key Project Characteristics - Housing

a. Find the one box in the table below that describes the Project. Enter the total # of units of housing to be **dedicated to the Project in that box**. Supportive Services Only Projects, enter 0.

NOTE: For purposes of this application, “unit” of housing means a house, apartment, group of rooms, or single room occupied or intended for occupancy as separate living quarters, whether in fixed locations or in scattered sites. Units and beds are different concepts. See the 2016 NOFA Detailed Instructions for more information.

Type of HUD Subsidy Project Type	Housing in scattered-site units with Supportive Services		Housing in particular units, structures or complexes with Supportive Services			Supportive Services Only (F)
	Rental assistance (tenant-based) (A)	Leasing (B)	Rental assistance (either project-based or sponsor-based) (C)	Leasing (D)	Operations (E)	
Permanent Supportive Housing	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Rapid Rehousing	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Transitional Housing (for youth up to age 25) – Renewal only	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
Transitional Housing (for any population other than youth up to age 25)	<u>Note:</u> HUD will NOT fund new Transitional Housing Projects, and all other previously funded, non-youth Transitional Housing programs have been reallocated.					
Other: Describe: <hr/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Note:</u> Certain types of Projects are unlikely to be funded based on HUD priorities.						

b. Based on your response in part a., indicate the total number of BEDS (vs. units) to be dedicated to the Project. _____

c. Select the type of housing structures in which Program Participants will be housed.

- Barracks Dormitory, shared or private rooms Shared housing
 Single Room Occupancy Clustered apartments
 Scattered-site apartments (including efficiencies) Single family homes/townhomes/duplexes

If you need to check more than one box to indicate that more than one type of housing will be provided, provide the number of units and the number of beds to be located within each type and explain the nature of the mixed Housing type Project: _____

d. Enter the physical address at which the Housing units in the Project are or will be located. For Projects with multiple sites, enter the address where the majority of beds will be located. (For tenant-based rental assistance and scattered-site leasing Projects, enter the address for the Housing provider’s Project’s administrative offices.) _____

Parts e. and f. pertain ONLY to Applicants with renewal Projects that include the provision of Housing. (New Projects or existing Supportive Services Only Projects, SKIP to Section IV.)

e. Will the HUD-funded Housing units currently dedicated to the Project be used for the same type of Project and category of Housing as the box filled in part a. above?

YES

NO Explain the proposed change (for example, leasing to rental assistance):

f. Complete the table below, based on the number of Housing units listed in part a. above.

For purposes of the table below, “on-line” means that the Housing unit, voucher or slot is either: i) serving an eligible Program Participant, or ii) was fully available to the Project to serve an eligible Program Participant for at least one day during July 2016. (Applicants are encouraged to fully utilize resources already available for Housing before seeking funding for additional Housing units.)

Line	Question Re: Housing Units Dedicated to this Project	# of Dedicated Units
(1)	How many HUD-funded units dedicated to this Project are currently on-line?	Click here to enter text.
(2)	How many HUD-funded units dedicated to this Project have not yet come on-line (for example, the Project does not yet have a contract for funds awarded under the 2015 HUD NOFA)? If the # is not zero, during what NOFA year(s) were these units funded? _____	Click here to enter text.
(3)	How many HUD-funded units dedicated to this Project were previously on-line at some point during the life of the Project, but are not currently on-line?	Click here to enter text.
(4)	How many HUD-funded units (whether or not they are on-line) are currently dedicated to this Project? Note: This is expected to equal (1) + (2) + (3). If not, explain: _____	Click here to enter text.
(5)	Of the amount in Line (1), how many units would no longer be available if this Project is not renewed?	Click here to enter text.

g. If the Project includes construction, rehabilitation or operations activities, does the Applicant commit to incorporating energy-efficiency measures into such activity as applicable, including but not limited to the replacement of older obsolete products and appliances with Energy Star-labeled products whenever replacing existing products is more cost-effective than repair or the appliance is no longer in operating condition?

Yes

No

Section IV. Key Project Characteristics – Supportive Services

NOTE: Part a. pertains to the Project as a whole. Parts b. and c. pertain to the Applicant’s request.

a. Complete the table below, listing all of the Supportive Services to be provided as part of the **Project** that will help ensure that Program Participants can choose, obtain and retain permanent housing. Then, for each Supportive Service to be made available, **check all that apply**. For a complete list of Supportive Services that are eligible to be funded by HUD, please refer to Attachment D of the Request for Applications.

List of Supportive Services to be made available to Project Participants	Check the box if: The overall Project Budget in Section XIV includes requested funding to provide the service (List dollar amount in right column below; list “0” if no HUD funds to be used)		For each Supportive Service: Check at most one box total from among the 2 columns below		Frequency of Service Provision
			Check the appropriate box if: Every Program Participant who needs and requests the service will receive it through the Project	Check the box if: Every Program Participant who needs and requests the service will be linked to appropriate services or resources that could meet the service need	
Case Management and Housing Stability Planning	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
O T H E R S E R V I C E S	Outreach and Engagement	<input type="checkbox"/>	<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
	Assistance with Moving Costs	<input type="checkbox"/>	<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
	Child Care	<input type="checkbox"/>	<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
	Education Services	<input type="checkbox"/>	<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
				<input type="checkbox"/> Provided directly by	

Employment Assistance and Job Training	<input type="checkbox"/>		<input type="checkbox"/> Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Food	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Housing Search and Counseling Services	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Legal Services	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Life Skills Training	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Mental Health Services	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Outpatient Health Services	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Substance Abuse Treatment Services	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed
Transportation	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed

				MOU) w. outside partner		
	Utility Deposits	<input type="checkbox"/>		<input type="checkbox"/> Provided directly by Applicant <input type="checkbox"/> Provided by funded Project partner <input type="checkbox"/> Provided through formal partnership (incl. an MOU) w. outside partner	<input type="checkbox"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> as needed

Part b. pertains ONLY to Applicants with currently HUD-funded Projects. (New Projects or existing Supportive Services Only Projects, SKIP to part c.)

b. Complete the table below, based on the number of full-time equivalent (FTE) staff positions providing any HUD-funded Supportive Service(s) listed in the table in part a. above (for the Applicant only.)

For purposes of the table below, a position is “on-line” when the individual filling the position has actively provided Supportive Services to Program Participants for at least half of July 2016.

Line	Question Re: Program Staff FTEs Dedicated to this Project (Re: Applicant ONLY)	# of Dedicated FTEs
(1)	How many HUD-funded FTE positions dedicated to providing Supportive Services to the Project are currently online?	
(2)	How many HUD-funded FTE positions are dedicated to this Project, but have not yet come online (for example, the Project does not yet have a contract for funds awarded under the 2015 HUD NOFA)? If the # is not zero, during what NOFA year(s) were these FTEs funded ? _____	
(3)	How many HUD-funded FTE positions dedicated to this Project were previously on-line but are not currently on-line?	
(4)	How many HUD-funded FTEs are currently dedicated to this Project? <u>Note:</u> This should equal (1) + (2) + (3). If not, explain: _____	
(5)	Of the amount in Line (1), how many FTEs would no longer be available if this Project is not renewed?	

c. Detailed Explanation of Applicant’s Supportive Services Funding Request

For each Supportive Service for which the Applicant is requesting HUD funding for the Project, please complete the two tables explaining the specific activities to be performed, amounts of funding requested and the amounts of service to be provided. The explanations should only pertain to the Supportive Services that are to be provided by the Applicant and specifically dedicated to the Project.

1. Case Management/Housing Stability Planning

If Applicant is not requesting funds for case management through this Project, check this box and SKIP to #2.

# of Case Management FTEs	
---------------------------	--

to be dedicated to the Project	
Expected Project caseload per FTE of case mgmt.	
Expected average duration of service to Program Participants (in months)	
Expected average frequency of service to Program Participants (per month)	
For Rapid Rehousing Projects Does the Applicant commit (at a minimum) to follow-up with exited Program Participants:	(check all that apply) <input type="checkbox"/> 6 months after placement in Housing? <input type="checkbox"/> 12 months after placement in Housing?

Please list and cost out the case management/housing stability activities associated with the Project.

Activity or Item	Description of Activity or Item – Include Quantity and Detail	HUD Funding Request Amount	Total Project Budget Amount

Briefly describe how the case management activity is grounded in the Housing First approach. (1000 characters max)

2. Outreach and Engagement Activity

If Applicant is not requesting funding for outreach and engagement activity, through this Project, check this box and SKIP to #3.

# of Outreach and Engagement FTEs to be dedicated to the Project	
Expected Project caseload or service load per FTE	

Please list and cost out the outreach- and engagement-related activities associated with the Project.

Activity or Item	Description of Activity or Item – Include Quantity <u>and</u> Detail	HUD Funding Request Amount	Total Project Budget Amount

Briefly describe how the outreach and engagement activity is grounded in the Housing First approach. (1000 characters max)

3. Other Supportive Services (list): _____

For each additional Supportive Service for which HUD funding is requested, complete the three tables below. For a complete list of Supportive Services that are eligible to be funded through the HUD CoC Program, please refer to Attachment D of the Request for Applications.

# of FTEs to be dedicated to the Project	
Expected Project caseload or service load per FTE	
Expected duration of service to Program Participants (in months)	
Expected frequency of service to Program Participants (per month)	

Please list and cost out the specific Supportive Service activities associated with the Project.

Activity or Item	Description of Activity or Item – Include Quantity <u>and</u> Detail	HUD Funding Request Amount	Total Project Budget Amount

Briefly describe how the case management activity is grounded in the Housing First approach. (1000 characters max)

d. Coordination of Housing and Services

If this Application is part of a “bundled” (collaborative) Project, specifically explain how the Housing and Supportive Services activities will be coordinated across the collaborating Project partners without gaps or interruptions, such as agreements, structures, processes, coordination of efforts, etc. Also, explain how the Project will work within the CoC’s Coordinated Entry System. (max 1500 characters)

If this is a Solo Project, SKIP to Section V.

Section V. Geographic Coverage and Responsiveness to Participating Jurisdictions

The rows in the table below list the jurisdictions represented within the Central Florida Continuum of Care. For each row, indicate which of the following conditions corresponding to the codes and their descriptions below will be met by the Project (*check all that apply*).

Jurisdiction	Check the Box if the Project Meets Code (see description below)				
	A	B	C	D	E
City of Kissimmee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Orlando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Sanford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osceola County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminole County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A = The Project will serve individuals and/or households who are homeless and/or who are using community services and resources (including hospitals, jails, etc.) within the jurisdiction.

B = **For county-specific Projects only:** The appropriate official (from a relevant jurisdiction) has certified that the Project is the highest priority among all proposed county-specific Projects to be considered through this RFA process. (The jurisdictional official should complete Section 2 of Attachment A-2, Jurisdictional Representative Certification Form.) **OPTIONAL**

C = **For county-specific Projects only:** The appropriate official (from a relevant jurisdiction) has certified that the jurisdiction has a history of financial investment in current or past projects operated by the Applicant and/or has quantified the amount of the investment over the past five (5) years. (The jurisdictional official should complete Section 2 of Attachment A-2, Jurisdictional Representative Certification Form.) **OPTIONAL**

D = **For Projects serving multiple counties only:** The appropriate official (from a relevant jurisdiction) has certified that Projects currently or previously operated by the Applicant have served individuals and/or households within the jurisdiction. (The jurisdictional official should complete Section 2 of Attachment A-2, Jurisdictional Representative Certification Form.) **OPTIONAL**

E = The Project is specifically designed in direct response to a high-priority need identified by the jurisdiction. (Specify the need addressed by the Project and the source used to verify that the need is a jurisdictional priority: _____.) **OPTIONAL**

Section VI. Target Population(s)

a. **If the Project includes housing**, complete the table below explaining how the Project will serve members of each target population listed below. Most Projects are not expected to serve all populations. HUD expects Permanent Supportive Housing Projects to prioritize chronically homeless individuals and Rapid Rehousing projects to prioritize families with children or youth.

Total # of **UNITS** at Project full capacity (must match Section III.a.): _____

Total # of **BEDS** at Project full capacity (must match Section III.a.): _____

Target Population	How many UNITS will be dedicated only for this population? (Note: Totals do NOT need to add up to 100%) (A)	How many BEDS will be dedicated only for this population? (Note: Totals do NOT need to add up to 100%) (B)	Will the Project's outreach and marketing efforts expressly state that the Project seeks to serve this population? (C)	For what reason(s) could a member of this population be denied entry to/eligibility for the Project? (list the reasons) (D)
1. Chronically Homeless Individuals and Households			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Families with Children	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
3. Youth (up to age 25) <input type="checkbox"/> Check this box if the units are reserved for LGBTQ Youth		Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Check this box if the units are accessible to LGBTQ Youth	Click here to enter text.
4. Veterans	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
5. Survivors of Domestic Violence	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
6. Victims of Human Trafficking	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
7. Persons with Substance Abuse Disorders	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
8. Persons with Severe Mental Illnesses	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.
9. Other (explain): _____	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Click here to enter text.

b. Beds Prioritized for Chronically Homeless Individuals or Families

If there are other beds in the Project that are NOT dedicated for chronically homeless individuals or families but will be prioritized upon vacancy, how many such beds are in the Project (do NOT include any beds already dedicated included in the number in Box 1(B) above)? _____

c. Household/Family Composition

1. How many of each of the following types of households will be served by the Project at full capacity?

	Households with at least one adult and at least one child over 18	Households with no children under age 18	Households with ONLY children under age 18
ALL Households Served	Click here to enter text.	Click here to enter text.	Click here to enter text.

2. How many of each of the following types of individuals in each type of household will be served by the Project at full capacity?

	Households with at least one adult and at least one child over 18	Households with no children under age 18	Households with ONLY children under age 18
# of Chronically Homeless Non-Veterans			
# of Chronically Homeless Veterans			
# of Non-Chronically Homeless Veterans			
# of Chronic Substance Abusers			
# of Persons with HIV/AIDS			
# of Persons diagnosed with a severe mental illness			
# of Survivors of domestic violence (meets #4 of the homeless definition)			
# with a developmental disability			
# with a physical disability			
# not represented by an identified subpopulation			
Adults over age 24			
Adults ages 18-24			
Children under age 18 – Accompanied (by parent or legal guardian)			
Children under age 18 – Unaccompanied			

Section VII. Housing First/Zero Barrier Approach

a. Will the Project place any of the following restrictions/limitations on program eligibility (above and beyond HUD’s eligibility requirements)? See also Sections II.A.7 and VII.A.1.g of the 2016 HUD NOFA. Please explain any “YES” answers.

NOTE: Eligibility refers specifically to Project eligibility only. For example, if the Applicant or partner is not also the landlord, reasonable methods used by landlords to screen prospective tenants are not considered denials of eligibility.

Factor potentially affecting eligibility	Will the Project <u>ever</u> deny eligibility based on this factor?	Provide any additional explanation as needed
Too little or no income	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Current or past history of substance use	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Current or past history of domestic violence (e.g., lack of protective order, period of separation from abuser, still with abuser, law enforcement involvement)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Criminal record (except for state- or federally-mandated restrictions)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Disability/Type of disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Family (as defined for HUD Equal Access purposes) composition	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Sexual orientation/ Gender identity	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Lack of transportation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Project hours of intake/operation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Accompanied by pets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (explain):	<input type="checkbox"/> YES <input type="checkbox"/> NO	

b. Will the Project terminate participants from the program for any of the following reasons? Please explain any “YES” answers.

Potential reason for termination	Will the Project <u>ever</u> terminate Program Participants for this reason?	Provide any additional explanation as needed
Failure to participate in supportive services	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Failure to make progress on a service plan or case plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Loss of income or failure to increase income	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Survivor of domestic violence who reunites with abuser	<input type="checkbox"/> YES <input type="checkbox"/> NO	
A violation of program rules (other than an offense for which a tenant can be evicted from housing under terms of a typical lease agreement that complies Florida landlord-tenant law)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (explain): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

c. Will the Project allow for changes in service intensity and duration based on changes in Program Participants' needs or circumstances? (Example: frequency of home visits increases for clients experiencing a crisis that threatens housing stability) YES NO

If YES, describe the circumstances and the specific process by which adjustments are made.

d. Will Program Participants be required to live in a particular structure or area at some point during their period of participation in the Project? YES NO

If YES, explain the requirement and provide a copy of the applicable policy or procedure:

e. Does your Project have Supportive Service participation requirements or other prerequisites to acceptance into the proposed Project? YES NO

If YES, explain, and attach a copy of the applicable policy or procedure:

Section VIII. Prioritization Based on Need

a. For Permanent Supportive Housing Projects (per HUD Notice CPD-16-11)

1. Does the Applicant commit to giving first priority in the Project to persons experiencing chronic homelessness with the highest needs and longest histories of homelessness?
 YES NO N/A

2. Does the Applicant commit, when serving persons who are not experiencing chronic homelessness, to giving first priority to those who are at greatest risk for chronic homelessness?
 YES NO N/A

3. Does the Applicant meet HUD-required and CoC-defined recordkeeping requirements related to documenting chronic homelessness and the prioritization processes described in a. and b.?
 YES NO N/A

b. For Projects Serving Households with Children:

1. Does the Applicant commit to prioritizing households for service based on CoC-wide established needs criteria?
 YES NO N/A

2. Will the Applicant deny admission to or separate the members of a family when entering the Project for any reason?
 YES NO N/A

3. Does the Applicant commit to entering into a Memorandum of Understanding or agreement to accept and/or refer (as applicable) households for services referred through the Coordinated Entry System, which will use the CoC's adopted needs criteria as a basis for making referrals? (same question as Section IX.c.4.)
 YES NO N/A

4. Place Resided Prior to Program Entry

What percentage of the individuals served by the Project at full capacity will have entered housing directly from the following locations?

	Place of Residence Immediately Prior to Program Entry	Percentage
A	Streets or other locations not meant for human habitation	Click here to enter text.
B	Emergency shelters	Click here to enter text.
C	Safe Havens	Click here to enter text.
D	Transitional Housing (and previously resided in one of a, b or c above)	Click here to enter text.
E	Persons fleeing or attempting to flee domestic violence (incl. human trafficking, victims of sexual assault, stalking and dating violence)	Click here to enter text.

F	Other	Click here to enter text.
	TOTAL (should equal 100% except for rounding)	Click here to enter text.

Important Notes:

1. Individuals coming from an institution for 90 days or less AND have entered the institution (e.g., Jail, Hospital, Detox, CSU) from a, b or c above should be counted as coming from a, b or c, respectively.
2. Individuals coming from transitional housing (d above) who are chronically homeless and temporarily placed in transitional housing while waiting for placement in Permanent Supportive Housing should be included under their original source of entry into the system.

Section IX. CoC Involvement and Engagement

IMPORTANT:

Throughout this section, when double asterisks (**) are used, if information about the Applicant’s activity/performance pertaining to the Project are not available (e.g., with a new Project), information from any current or homelessness assistance activity on the part of the Applicant may be reviewed instead.

a. Applicant’s Membership and Participation in the CoC

- 1. Has a representative of the Applicant attended the CoC general meetings (held the 4th Tuesday of each month)? YES NO

If YES, how many meetings did a representative attend during the period July 2015 through June 2016?

- 1-2 3-7 8 or more

- 2. Has a representative of the Applicant participated in at least 2 CoC advisory committee meetings during the period July 2015 through June 2016? YES NO

If YES, in which advisory committee(s) did the Applicant’s representative(s) participate?

NOTE: Information about the Applicant’s participation in the 2016 Point-in-Time (PIT) Count and Housing Inventory Count (HIC) will be evaluated as part of the application scoring process. See Attachment A-1.

b. Applicant’s Participation in HMIS

- 1. Has the Applicant actively and continuously participated in the CoC’s HMIS since July 2015? YES NO
- 2. Does the Applicant commit to active and continuous participation in the CoC’s HMIS throughout the grant award period? YES NO
- 3. Are ALL beds associated with all units/vouchers/slots currently operated or administered by the Applicant that **ever provide housing to homeless individuals/households** are covered under HMIS (unless exempted or prohibited from participation by law)? YES NO

If NO: How many such beds are NOT covered under HMIS? _____

What percentage of all such beds does this account for? _____

- 4. Does the Applicant commit to ensuring that ALL beds associated with all units/vouchers/slots **funded in any manner through the Project** are covered under HMIS throughout the award period (unless specifically exempted or prohibited from participation)? YES NO

5. Does the Applicant commit to ensuring that ALL beds associated with all units/vouchers/slots that **ever provide housing to homeless individuals/households** are covered under HMIS throughout the award period (unless specifically exempted or prohibited from participation)? YES NO

NOTES:

- DV providers that actively and continuously use alternative systems that meet HUD requirements may check “YES” in 1 through 5 above.
- Program data and related information available about and as a result of the Applicant’s participation in HMIS will be used to assess data quality and completeness, evaluate Project performance, and to review baseline system performance data. See Attachment A-1.

c. Applicant’s Participation in the Coordinated Entry System

1. Has the Applicant** actively and continuously participated in the CoC’s Coordinated Entry System (CES) during the first half of 2016?

YES NO

2. Has a representative of the Applicant** attended any of the CES Registry Management meetings during the first half of 2016? (Chronically Homeless Individuals, Homeless Families, or Homeless Veterans)

YES NO

If YES, how many meetings did a representative attend? 1-3 4-6 7 -11 12 or more

3. For Applicants providing Housing through the Project:

Has the Applicant had at least one individual/household placed into Housing that it operates or administers through the CES during the first half of 2016? YES NO N/A

For Applicants providing Supportive Services through the Project:

Has the Applicant** provided Housing “navigation” services to at least one individual/household assisted through the CES during the first half of 2016? (In general, navigation involves assisting households to get to the point of move in, including but not limited to obtaining identification, completing housing preference forms, looking at prospective units, signing leases, preparing for move in)

YES NO N/A

If YES, how many individuals/households did the Applicant assist with navigation services during the first half of 2016?

1–10 11–50 51+

4. For Applicants providing Housing through the Project (same as Section VIII.b.3.):

Does the Applicant commit to entering into a Memorandum of Understanding or agreement to accept individuals/households matched by the Coordinated Entry System, which will use the CoC’s adopted needs criteria as a basis for making referrals?

YES NO N/A

For Applicants providing Supportive Services through the Project (same as Section VIII.b.3.):

Does the Applicant commit to entering into a Memorandum of Understanding or agreement to refer individuals/households referred from the Coordinated Entry System, which will use the CoC's adopted needs criteria as a basis for making referrals?

YES NO N/A

d. Applicant's Participation in the Point in Time Survey (PIT) and Housing Inventory Count (HIC)

1. Did a representative of the Applicant participate in any of the following activities related to the most recent PIT? (check all that apply)

- PIT planning sessions PIT street surveys (night of count)
 PIT service provider surveys (post-night of count)

2. Does the Applicant commit one or more representative(s) to participate in activities related to the next PIT?

YES NO

3. Does the Applicant commit to ensuring that all beds in all associated with all units/vouchers/slots that ever provide Housing to housing homeless individuals/households are appropriately included as part of the next HIC?

YES NO

Section X. Increasing Access to Mainstream Benefits

- a. Does the Applicant or other Project partner commit to incorporating, as an ongoing component of case management for all Project Participants, follow-up activities to ensure that mainstream benefits are received and renewed, including efforts to ensure that:
 - 1. Mainstream benefits for which Project Participants may be eligible are identified;
 - 2. Applications for mainstream benefits are submitted as appropriate;
 - 3. The eligibility determination process is completed and benefits are being received; and
 - 4. Applications to ensure eligibility renewals are submitted as needed.

YES NO

- b. Does the Applicant or other Project partner commit to serving as an ACCESS Community Partner (“Assisted-Service Site” level) with the Department of Children and Families for the purpose of facilitating enrollment in mainstream benefits accessed through the ACCESS Florida system?

YES NO

(See <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/community-partner-network>)

- c. If NO, will the Applicant or other Project partner commit to providing all Project Participants with the same services as those provided by as an ACCESS Community Partner (“Assisted-Service Site” level)?

YES NO

- d. Does the Applicant or other Project partner commit to providing regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs.

YES NO

- e. For Permanent Supportive Housing Projects:

Does the Applicant or other Project Partner commit to entering into a Memorandum of Understanding or agreement with the designated SOAR program provider to ensure that potentially eligible Program Participants can access SSI, SSDI and other publicly administered income supports?

YES NO

- f. If serving families or youth, does the Applicant or other Project partner commit to have a designated staff person whose responsibilities specifically include ensuring that children are enrolled in school and receive appropriate services as required by federal law?

YES NO

- g. Has the Applicant or other Project partner formalized any other agreements or partnerships with entities administering mainstream benefit resources and services that will streamline and/or expedite access for Program Participants?

YES NO

If YES, list all such entities and describe the nature of any agreements or partnerships.

Attach a copy of any documentation of the agreement or partnership with each such entity.

Section XI. Proximity of Key Resources and Services to Housing

a. List the locations of 5 Housing units in the Project (or other Housing units that will be used for comparison purposes) in the space provided below, based on the following instructions:

(1)	<p>If the Project will provide housing at a fixed location or locations: List the specific addresses of any 5 of those in the space provided below and check the box at right.</p>	<input type="checkbox"/>
(2)	<p>If the Applicant currently provides scattered-site Housing for homeless individuals/households (through the Project or otherwise): List the specific addresses of any 5 units in which the homeless individuals/households were housed during July 2016 in the space provided below and check the box at right.</p>	<input type="checkbox"/>
(3)	<p>If neither (1) nor (2) above apply, if the Applicant currently provides scattered-site Housing to any other individuals/households: Follow the instructions in (2) above in relation to such other scattered-site housing, except check the box at right.</p>	<input type="checkbox"/>

Specific Addresses of 5 Selected Housing Units:

1. _____
2. _____
3. _____
4. _____
5. _____

b. Calculate the Average Distance from Housing Units to Resources and Services

Complete the table below based on the locations of the 5 Housing units listed in part a. above.

NOTE: HSN will complete the table below for any Applicant that provides the precise addresses or locations of the resources and services listed in the table for each of the 5 Housing units to HSN by August 5, 2016.

First, calculate the distance from each housing unit to the requested destination (for example, the nearest public transportation stop to the unit). Use a tool at least as precise as Google Earth. Calculate each distance in miles and round to 2 decimal places. More specifically:

- (1) If the unit is not located within a larger structure or complex, take the distance from the center of the unit to the center of the destination.
- (2) If one or more units listed in part a. are located within a single larger structure, for each such unit, take the distance from the center of the structure to the center of the destination.
- (3) If one or more units listed in part a. are not located within a single larger structure, but are located within a single larger complex, for each such unit, take the distance from the center of the complex to the center of the destination.

Then calculate the average of these distances for all of the units listed in part a. If the units listed in part a. are scattered across multiple locations, structures or complexes, take the straight-line distance from the center of

each unit/structure/complex as described in (1), (2) and (3) above. Then calculate the weighted average based on the number of units in each.

Example:

Suppose your Project has 5 Housing units that were occupied by homeless households during July 2016.

Structure A contains 2 of the units. Using (2) above, you calculate the distance to the nearest public transportation stop as .75 miles.

Complex B contains 2 of the units. Using (3) above, you calculate the distance to the nearest stop as 0.42 miles.

Finally, 1 unit is a single-family dwelling. Using (1), above you calculate the distance to the nearest stop as .68 miles.

Finally, to find the average distance, add $(2 \times .75) + (2 \times .52) + (1 \times .68) = 3.22$ miles. Then divide that by 5 units. The average distance is 0.64 miles.

For the units listed in part a., calculate each of the following	Check the appropriate range from each list below
The average distance from a unit to the nearest public transportation stop	<input type="checkbox"/> less than ¼ mile <input type="checkbox"/> at least ¼ mile, but less than ½ mile <input type="checkbox"/> at least ½ mile, but less than 1 mile <input type="checkbox"/> 1 mile or more
The average distance from a unit to the nearest full-service grocery store (not a convenience store)	<input type="checkbox"/> less than ½ mile <input type="checkbox"/> at least ½ mile, but less than 1 mile <input type="checkbox"/> at least 1 mile, but less than 2 miles <input type="checkbox"/> 2 miles or more
The average distance from a unit to the nearest full-service pharmacy	<input type="checkbox"/> less than ½ mile <input type="checkbox"/> at least ½ mile, but less than 1 mile <input type="checkbox"/> more than 1 mile, but less than 2 miles <input type="checkbox"/> more than 2 miles
The average distance from a unit to the location where case management services are provided	<input type="checkbox"/> 1 mile or less <input type="checkbox"/> at least 1 mile, but less than 2 miles <input type="checkbox"/> at least 2 miles, but less than 5 miles <input type="checkbox"/> more than 5 miles

Section XII. Program and Financial Management

- a. For Applicants Seeking Funding as Part of a Renewal:
- i. Has the Applicant made or facilitated the timely and successful submission of the HUD Annual Progress Report (APR) for the most recently expired grant term? If the most recently expired grant term expired after April 30, 2016, answer this question for the prior grant term.)

 YES NO N/A (First-time renewal – Answer part ii. below)
 - ii. For All Other Applicants:
Has the Applicant made or facilitated the timely and successful submission of the HUD Annual Progress Report (APR) for the most recently expired grant term (before May 1, 2016) of any applicable HUD-funded project?
 YES NO N/A
- b. Has the Applicant returned funds to HUD within the past two (2) years?
 YES NO
- c. Has the Applicant returned funds to any other federal or state agency within the past two (2) years?
 YES NO
- d. Has the Applicant left any HUD funds unspent from any expired award within the past two (2) years?
 YES NO
- e. Does the Applicant have an outstanding obligation or debt to HUD that is in arrears or for which a payment schedule has not been agreed upon?
 YES NO
- f. Does the Applicant have any unresolved HUD Monitoring and/or Office of Inspector General (OIG) Audit findings related to this or any other currently operational projects providing homelessness assistance?
 YES NO
- g. What time period is covered by the Applicant’s most recently completed independent financial audit and management letter? [Click here to enter text.](#)
If a copy of the most recently completed independent financial audit and management letter have not already been provided to the CoC, attach and check this box.

Does the audit include findings and/or call for corrective action?
 YES NO
- h. If the Applicant is required to file Form IRS 990, for which period did the Applicant last file?
[Click here to enter text.](#)

- i. Has the Applicant been found to be in serious or continuous non-compliance with a grant agreement or had a grant agreement terminated by a funder within the last two (2) years?
- YES NO
- j. Has a Fair Housing Complaint been lodged against the Applicant within the last two (2) years?
- YES NO

Please provide a detailed explanation of the circumstances associated with each “YES” answer above, including dates and amounts pertaining to any incidents or findings, as well as any changes made or corrective actions taken as a result.

[Click here to enter text.](#)

Section XIII. Key Information Regarding New Projects

This section is to be completed by Applicants submitting a proposed NEW project (or as part of a NEW Project) only. Applicants submitting as part of a renewal Project should SKIP this section.

1. Is the Applicant’s portion of the Project scalable (i.e., can the Applicant’s proposed activities under the Project be expanded or reduced to meet CoC priority and capacity needs)?

Yes No

2. If the Applicant’s portion of the Project includes Supportive Services, will at least 80% of services be conducted in the field, rather than office-based?

Yes No N/A – Applicant’s activity does not include services

3. Please use the chart below to provide a project timeline that indicates when the following key events will occur during the course of the Project’s first year:

- a. Hiring of staff
- b. Serving of first household
- c. Placement of first household into permanent housing
- d. Project is operating at full capacity
- e. Management plan
 - i. Supervision
 - ii. Internal monitoring
 - 1. HMIS
 - 2. Outcomes/Performance Measures
 - 3. Client files
 - 4. Financial

Month of Award Period	Activities Accomplished from Above List
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Section XIV. Applicant and Project Budget

h. Total Budget

Complete the tables below, including all income and expenses as they pertain to both the Applicant’s portion of the Project as well as for the Project as a whole. More information about eligible activities can be found in Attachment D of the Request for Applications and the 2016 HUD NOFA. **If the Applicant is requesting renewal as part of a FY 2015 “bundled” Project, complete the Applicant portions of the tables only. SKIP the Project portions of the tables.**

PROJECT INCOME

Line #	Income (cash sources only) Category	Applicant Total (A)	Project Total (B)
1	HUD CoC Program Funding Request	\$	\$
2	Matching Funds (must equal at least 25% of the total amount in lines 8 through 11 – unless match will be in-kind)	\$	\$
3	All Other Funds to Be Dedicated to Project List sources and amounts: _____	\$	\$
4	Program Income (if any/included)	\$	\$
5	TOTAL (add lines 1 through 4)	\$	\$

PROJECT EXPENSES

Line #	Expense (cash only) Category	APPLICANT			ENTIRE PROJECT		
		HUD \$ (A1)	All Other \$ (A2)	Total \$ (A)=(A1)+(A2)	HUD \$ (B1)	All Other \$ (B2)	Total \$ (B)=(B1)+(B2)
6	Leasing: Other Structures	\$	\$	\$	\$	\$	\$
7	Leasing: Housing Units	\$	\$	\$	\$	\$	\$
8	Rental Assistance	\$	\$	\$	\$	\$	\$
9	Supportive Services	\$	\$	\$	\$	\$	\$
10	Operating Costs	\$	\$	\$	\$	\$	\$
11	HMIS (costs for YOUR agency to participate in HMIS only)	\$	\$	\$	\$	\$	\$
12	TOTAL (add lines 6 through 11)	\$	\$	\$	\$	\$	\$

NOTES:

- Totals in Column (A) from each table must match. Totals in Column (B) from each table must match.
- Information provided in this budget and elsewhere in the application will be used to evaluate and appropriately compare the cost-effectiveness of projects. See Attachment A-1.
- Supportive Services costs are listed and explained in Section IV.

i. Leasing Costs

If the Project includes leasing activity (Lines 6 and 7 above), complete the table below. The information provided should only pertain to those units, vouchers, slots or facilities that are dedicated to the Project. More information

about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2016 HUD NOFA.

Cost out the leasing activity associated with the Project based on the units or facilities anticipated to be leased by the Project. Costs are subject to future adjustment based on 2017 Fair Market Rent (FMR) amounts.

Unit Size	2016 Fair Market Rent (FMR) Amount	# of Units (A)	Actual Leasing Amount (if different from FMR) (B)	Total Project Budget Amount (C) = (A) x (B) 12	Total HUD Budget Amount (D) = (C), less \$ from other sources
0 Bedroom	\$748				
1 Bedroom	\$835				
2 Bedroom	\$1003				
3 Bedroom	\$1332				
4 Bedroom	\$1608				
5 Bedroom	\$1849				
SS Facility					
TOTAL					

NOTES:

- For renewal Projects, the number of units must not exceed the number of units by unit size as previously approved by HUD.
- The total in Column (C) must equal the total of (B)6 + (B)7 under Expenses in part a. The total in Column (D) must equal the total of (B1)6 + (B1)7 under Expenses in part. a.

j. Rental Assistance Costs

If the Project includes funding for rental assistance (Line 8 above), complete the table below. The information provided should only pertain to the units, vouchers or slots that are dedicated to the Project. More information about eligible rental assistance costs can be found in Attachment D of the Request for Applications and the 2016 HUD NOFA.

Cost out the rental assistance associated with the Project based on the anticipated distribution of Housing units. Costs are subject to future adjustment based on 2017 Fair Market Rent (FMR) amounts.

Unit Size	2016 Fair Market Rent (FMR) Amount	# of Units (A)	Actual Rental Assistance (only if less than FMR) (B)	Total Project Budget Amount (C) = (A) x (B) x 12	Total HUD Budget Amount (D) = (C), less \$ from other sources
0 Bedroom	\$748				
1 Bedroom	\$835				
2 Bedroom	\$1003				
3 Bedroom	\$1332				
4 Bedroom	\$1608				
5 Bedroom	\$1849				
TOTAL					

NOTES:

- For renewal Projects, the number of units must not exceed the number of units by unit size as previously approved by HUD.
- The total in Column (C) must equal the total of (B)8 under Expenses in part a. The total in Column (D) must equal the total of (B)18 under Expenses in part. a.

k. Operating Costs

If the Project includes operating costs (Line 10 in part a.), complete the table below. The information provided should only pertain to those operating costs that are dedicated to the Project. More information about eligible operating costs can be found in Attachment D of the Request for Applications and the 2016 HUD NOFA.

Please list and cost out the operating costs associated with the Project.

Type of Expense (A)	Description of Costs Including Quantities and Details (e.g., .75 FTE hours and benefits for staff to perform specific duties X and Y) (B)	Total Project Budget Amount (C)	Total HUD Budget Amount (D) = (C), less \$ from other sources

Maintenance and Repair			
Property Taxes and Insurance			
Replacement Reserves			
Building Security			
Electricity, Gas and Water			
Furniture			
Equipment			
TOTAL			

NOTES:

- The quantities and details provided in Column (B) above must fully explain the amount listed in Column (C).
- The total in Column (C) must equal the total of (B)10 under Expenses in part a. The total in Column (D) must equal the total of (B)10 under Expenses in part. a.

I. HMIS Costs.

If the Project includes HMIS costs (Line 11 in part a.), complete the table below. The information provided should only pertain to those operating costs that are dedicated to the Project.

Type of Expense	Description of Costs Including Quantities <u>and</u> Details (e.g., .75 FTE hours and benefits for staff to perform specific duties X and Y)	Total Project Budget Amount	Total HUD Budget Amount (D) = (C), less \$ from other sources
(A)	(B)	(C)	
Software (e.g., user licenses)			
Equipment			
Service (e.g., Internet access)			
Personnel			
Space and Operations			
TOTAL			

--	--	--	--

NOTES:

- For renewal Projects, the number of units must not exceed the number of units by unit size as previously approved by HUD.
- The total in Column (C) must equal the total of (B)11 under Expenses in part a. The total in Column (D) must equal the total of (B)11 under Expenses in part. a.

f. Applicant Commitment of Matching Funds to Project

The Applicant must commit an amount equal to at least 25% of total of lines (A)8, (A)9, (A)10, (A)11 in part a. above to the Project. However, the amount of match listed in (A)2 in part a. may be less than that, if some or all of the required match amount is to be provided from in-kind sources. Complete the table below:

Nature of Matching Source (not all will be applicable) (A)	Detailed Description of Matching Source (B)	Date of Written Commitment (C)	Value of Written Commitment (D)
Private cash source #1			
Private cash source #2			
Government cash #1			
Government cash #2			
In-Kind source #1			
In-Kind source #2			
TOTAL			

Attach written documentation of the source and amount of each match commitment.

g. Restricted Covenants

Are any of the properties in this Project subject to an active restricted covenant?

- YES NO

h. Indirect Cost Rates

Does the Applicant plan to allocate funds according to an indirect cost rate?

- YES NO

If YES, does each Applicant have an approved indirect cost plan in place, or have plans to propose one?

- YES (More information may be requested, but this will not affect the application review process)
 NO

Section XV. Project Performance, Cost-Effectiveness and Alignment with System Performance Measurement Initiatives

NOTE:

Throughout this section, when double asterisks (**) are used, if data and information are not available about the Applicant’s activity/performance in relation to the proposed Project (e.g., with a new Project), data and information from any current Project of the Applicant will be substituted.

- a. **Applicant’s** Past Performance with Regard to HUD Administrative Performance Measures and Goals**
- b. **Applicant’s** Past Performance with Regard to HUD Program Performance Measures and Goals**
- c. **Applicant’s** Alignment with System Performance Measurement Initiatives**

NOTE:

Program data and related information available as a result of the Applicant’s** administrative/financial/program reporting and participation in HMIS will be used to evaluate past Project performance as well as to generate baseline system performance data. See Attachment A-1.

d. Applicant and Project Cost-Effectiveness

NOTE:

Project- and Applicant-specific measures of cost-effectiveness will be calculated based on information provided in Sections III, IV and XIV. See Attachment A-1.

In addition, please complete the following table regarding the average expected duration of assistance to the 3 groups of individuals/households facing different levels of barriers to housing retention/stability. Assume that one-third of individuals/housing have the least significant barriers to housing retention, that another one-third face moderately significant barriers, and that the remaining one-third face the most significant barriers, The information provided will only be used to compare similar Projects with one another.

	Expected Average Duration of Assistance <i>(in months)</i>	
	Rental Assistance	Supportive Services
The 1/3 of Individuals/Households Facing the <u>Least Significant Barriers</u> to Housing Retention	— months	— months
The 1/3 of Individuals/Households Facing <u>Moderately Significant Barriers</u> to Housing Retention	— months	— months
The 1/3 of Individuals/Households Facing <u>Most Significant Barriers</u> to Housing Retention	— months	— months

Section XVI. New Projects: Narrative for Applicants Providing Supportive Services

This section is to be completed by Applicants proposing to provide Supportive Services as part of a NEW Project. Applicants submitting as part of a renewal Project should SKIP this section.

Responses provided here are in addition to but should be consistent with responses provided in Section IV.

a. Describe the Applicant’s experience with and investment in activities that use the Housing First model. Responses should explain any evolution on the part of the Applicant to adopt Housing First principles into its service delivery, and how that evolution occurred. Include reference to any specific policies adopted by the Applicant in support of Housing First activity. *(max 2,000 characters)*

b. Describe any experience and/or training that Applicant’s staff have had/will have with Housing First core competencies such as motivational interviewing, trauma-informed care and the Housing First approach to service delivery *(max 1,000 characters)*.

c. Please describe any experience that Applicant’s supervisory staff have had/will have with activities grounded in the Housing First approach. *(max 1,000 characters)*

d. What training will be most important for funded staff to receive to help those staff to provide Housing First services to individuals or households. *(max 1,000 characters)*

e. Case Management

Check this box if Applicant is not providing case management services, and SKIP to part f.

Note: Housing Stability Case Management has much in common with other forms of case management, but it is a specialization based on a low-demand, Housing First approach. Attachment A-3, Housing Stability Case Management Scope of Work, describes standards for these specialized case management activities. The Applicant should reference the Scope of Work in responding to the following:

1. Describe Applicant’s perception of how individuals or households assisted through this Project may be similar or different from households with which Applicant currently works/historically has worked, and the steps Applicant is taking to ensure housing retention and stability with the target population for this Project. Responses should include any residual implications of Applicant’s previous experience working with individuals or households. *(max 2,000 characters)*

2. Identify tasks in the Scope of Work that are not part of current staff’s job descriptions/expectations. Describe how Applicant staff will be supported in incorporating these new expectations into their activities. *(max 1,500 characters)*

f. Outreach and Engagement.

Check the box if Applicant will not provide outreach and engagement services for the Project, and SKIP to part. g.

1. The Central Florida region currently faces gaps in outreach capacity in several key areas. Please describe how your Project will help fill any of the identified gaps:

- A. Evenings and overnights (5 p.m. – a.m.)
- B. Weekends
- C. Individuals with high cognitive impairments that result in communication and engagement challenges
- D. Non-English speaking/Limited English Proficient individuals or households *(max. 2000 characters)*

2. Describe how Applicant’s outreach and engagement activity will complement other outreach projects to maximize coverage of the Central Florida region. Include discussion of how staff will participate in the Coordinated Entry System and in CoC efforts to coordinate geographic and sub-population coverage as part of an overall outreach strategy. *(max. 2000 characters)*

Section XVII. New Projects: Narrative for Applicants Providing Housing

This section is to be completed only by Applicants proposing to provide Housing as part of a NEW Project. Applicants submitting as part of a renewal Project should SKIP this section, as should Applicants proposing to provide Supportive Services as part of a new Project.

- a. Provide an overview of the entire scope of the Housing Project, including but not necessarily limited to, descriptions of:
 1. The number, nature and configuration of the units in which Program Participants are to be Housed;
 2. The nature and amount of the HUD subsidy to be made available to the Project (tenant-based, project-based or sponsor-based rental assistance, leasing funds, operating subsidies);
 3. The nature of the relationships among and responsibilities of the Applicant, landlords, intermediaries and tenants;
 4. The sources of and process for assuring the coordination of Supportive Services and other resources prior before, during and after housing placement; and
 5. The identifiable and applicable steps in the housing placement process, from identification or assignment of individuals/households to identification and selection of housing units to lease execution and move-in to the implementation of housing retention and stabilization strategies. *(max 5000 characters)*

- b. Describe the Applicant's experience with and investment in activities that use the Housing First model. Responses should explain any evolution on the part of the Applicant to adopt Housing First principles into its housing provision, and how that evolution occurred. Include reference to any specific policies adopted by the Applicant in support of Housing First activity. *(max 3000 characters)*

- c. The region currently faces housing inventory gaps in several key areas. Please describe how the Project will help fill any of the gaps identified below. For each gap category addressed, please specify if the units will be accessible to persons who are actively using drugs and/or drinking *(max 3000 characters)*
 1. 1-bedroom units
 2. Wheelchair-accessible units
 3. 1st-floor units for persons with mobility impairments

4. Units available to persons with criminal records, including felonies and sex offenses
5. Assisted living facilities or family care home-level/type units for \$0 income individuals/ households

d. Please indicate whether residents will be assigned to a case manager through and as part of the Coordinated Entry System process, or whether a specific Project partner will be providing case management services to residents of the Project. *(max 2000 characters)*

Attachment A-1
Applicant/Project Information Generated Using Administrative/External Data

RESERVED

Attachment A-2

**Central Florida Continuum of Care (CoC FL-507): 2016 Regional Application for HUD CoC Program Funding
Jurisdictional Representative Certification Form**

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Section 1 (to be completed by Applicant’s authorized representative):

Name of Applicant: _____

Name of Project: _____

Brief Description of Project: _____

Other Agencies/Organizations Requesting HUD Funding for the Project (*list all*):

Check **at most** one of the following boxes that apply to the above-described Project:

- This is a county-specific Project** (i.e., the Project will exclusively serve persons experiencing homelessness in a single county, or will incidentally serve persons experiencing homelessness outside of the single county).
- This is a multi-county Project** (i.e. the Project will substantially serve persons experiencing homelessness in more than one county).

Signature of Applicant’s Authorized Representative

Date

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Section 2 (to be completed by a jurisdictional representative):

Jurisdiction Represented (*check only one*):

<input type="checkbox"/> Orange County	<input type="checkbox"/> City of Orlando
<input type="checkbox"/> Osceola County	<input type="checkbox"/> City of Kissimmee
<input type="checkbox"/> Seminole County	<input type="checkbox"/> City of Sanford

Name of Jurisdictional Representative: _____

Title of Jurisdictional Representative: _____

If Applicant indicated that Project is a Single-County Project, check at least one box below, but all that apply:

- The Project is the Jurisdiction’s single highest priority for inclusion in the CoC FL-507 2016 submission to HUD.
- The Jurisdiction has provided financial support to homelessness assistance activities performed by the Applicant for any of the following periods (*check all that apply*):
 - FY 2016-17 List amount of funding provided through jurisdiction (if available): _____
 - FY 2015-16 List amount of funding provided through jurisdiction (if available): _____
 - FY 2014-15 List amount of funding provided through jurisdiction (if available): _____
- None of the above statements apply.

If Applicant indicated that Project is a Multi-County Project, check at least one box below, but all that apply:

- The Applicant has a past history of serving persons experiencing homelessness within the jurisdiction.
- The Project already serves persons who are experiencing homelessness within the jurisdiction.
- None of the above statements apply.

Signature of Jurisdictional Representative

Date

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Completed forms may be emailed to hsngrants@hcnfl.org or hand-delivered to HSN by 4:59 p.m., EST, August 19, 2016.

Attachment A-3
Housing Stability Case Management Scope of Work

- I. Enter all relevant household data into HMIS (comparable system for DV programs)
- II. Participate in Coordinated Entry System (CES) intake process
 - a. Complete Universal Data elements on all household intakes and enter into HMIS
 - b. Complete assessment tool on household intakes and enter into HMIS or comparable system for DV programs
- III. Participate in Registry Management to link priority unsheltered, sheltered and unstably housed households to case management services.
 - a. Participate in face to face and conference call Registry Management meetings.
 - b. Fill Housing Stability Case Management caseload from referrals made via Coordinated Entry System and Case Conferencing
 - i. Link household to appropriate bridge housing that will provide household with safe place to be until permanent housing unit is identified and available
 - ii. Begin assessment and planning process needed to fulfill remainder of the scope of work
 - c. Develop and implement process for emergency referrals for un-sheltered household identified through the Coordinated Entry System.
 - i. Conduct face to face meeting with household within 24 hours
 - ii. Link household to appropriate bridge housing that will provide household with safe place to be until permanent housing unit is identified and available
 - iii. Conduct assessments needed to begin process of obtaining and maintaining stable housing
- IV. Help households referred through the Coordinated Entry System/ Registry Management to identify and select among various permanent housing options based on their unique needs, preferences and financial resources
 - a. Discuss Housing Preferences with household including
 - i. long-term affordability in relation to current or anticipated income
 - ii. safety
 - iii. location preferences related to other life goals
 - iv. potential landlord barriers
 - v. accessibility needs
 - b. Complete Housing Preference Forms on all participating households
 - c. Submit Housing Preference Forms to HSN Housing Locator Team for matching purposes within one week of program enrollment
 - d. Review potential housing units
 - i. Ensure transportation to potential units for household to assess
 - ii. Review each unit's location, size and design with household, comparing with overall household goals for housing stability
 - iii. Assist with completing applications, paying special attention for barriers related to English as a Second Language (ESL) and functional literacy
 - iv. Pay application fees. Up to \$200 in application fees may be reimbursed by HSN without prior approval by HSN.

- e. Update HMIS on progress of housing selection, including notation of units not selected, applications submitted, supports provided, status of applications submitted and reasons for denials if any.
- V. Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues)
- a. Complete background check on all adults in household.
 - b. Obtain credit report on household
 - i. Review background and credit reports with household to identify potential barriers with landlords. Work with household to create financial stability plan that includes debt reduction and addresses outstanding debt (including judgments)
 - c. Assist with linkage to legal services and credit repair agencies when appropriate
 - d. Assist with writing Request for Reasonable Accommodations (RRA) when appropriate. RRAs may be submitted with the application for housing or after a denial from the landlord/property manager.
 - i. Submit copies of first 3 RRAs to HUD Grants Manager for review prior to submitting to landlord
 - ii. Track use of and outcome of RRAs in HMIS
- VI. Help individuals and families negotiate manageable and appropriate lease agreements with landlords.
- a. Review with the household the template lease of units in which the household has interest
 - b. Once unit is selected, review all lease components in detail, focusing on tenant rights and responsibilities, including but not limited to
 - i. Rent payments and fees found in the lease, with emphasis on fees not in the lease that cannot be charged to the tenant
 - ii. Maintenance protocols
 - iii. Landlord and maintenance access to the unit
 - iv. Limits on overnight guests
 - c. Provide HSN with information and documents needed to establish rental assistance contract with the landlord/property manager.
 - i. Amount of deposit
 - ii. Date lease will be active
 - iii. Amount of pro-rated first month's rent to be paid by household, if applicable
 - iv. Amount of rent to be paid by household during first month(s) of financial assistance
 - v. Any changes in amount of rent paid by the household must be submitted to HSN by the 15th of the month, to be reflected in payment made to landlord/property manager on the 1st of the following month.
- VII. Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing
- a. Create Housing Stability Plan with household, to include as appropriate, but not limited to
 - i. Housing Stability Goals
 - 1. Employment
 - a. Plan must include concrete steps for increasing income through employment
 - 2. Non-employment income
 - 3. Positive social networks
 - 4. Moving into new unit

- a. Furniture
 - b. Household goods
 - c. Transportation of items to new unit
 - d. Physically moving items into unit
 - e. Household setup
 - 5. Unit orientation, as appropriate
 - a. Maintenance activities to be done by tenant
 - b. On/Off for all utilities (water valve, circuit breaker, etc.)
 - c. Use of appliances
 - d. Emergency exits
 - e. Cleaning techniques for the surfaces in the unit (carpet vs. tile; wood vs paint, etc.)
 - f. Transportation to
 - i. Employment
 - ii. Child-care/schools
 - iii. Groceries
 - iv. Support group meetings
 - v. Social networks, including faith based affiliations
 - 6. Work with household to develop disaster weather plans, if appropriate
 - 7. Work with household to develop holiday crisis plans, if appropriate
 - 8. Develop plan for frequency of caseworker visits and phone contact based on needs of household.
 - a. How many visits/calls the first week of tenancy
 - b. How many visits/calls the first month of tenancy
 - c. Schedule for visits/calls will be titrated, and based on what criteria
 - d. Criteria and process for re-engagement of more intensive schedule of visits/calls if needed
 - ii. Any payments to be made on behalf of the household
 - 1. Rental Assistance to be paid by HSN
 - 2. Utility assistance to be paid by agency and reimbursed by HSN
 - iii. Case manager and supervisor's approval of strategic use of payments
 - b. Update Housing Stability Plan before expenditure of any funds, with emphasis on how funds are being used strategically to ensure housing stability. Include detailed actions to be taken by household and by agency to achieve housing stability for the household.
 - c. Submit required documentation to HSN by 15th of each month to ensure rental assistance paid to landlord by 1st of the following month
 - d. Submit documentation to stop or alter financial assistance when changes are needed or household stability is obtained. Submit by the 15th of the month to ensure appropriate payments are or are not made to the landlord by the 1st of the next month.
- VIII. Monitor participant's housing stability and be available to resolve crises, at a minimum during the time rental assistance is provided
- a. Housing Stability Case Management must be provided during any month that the household receives PSH or RR rental assistance

- b. Housing Stability Case Management services may be provided during months that rental assistance is not provided
 - i. Assistance does not need to be provided in consecutive months
 - c. Agency must develop plan for how it will assist households who had previously stabilized and need additional assistance after a new crisis if services had previously been reduced or stopped.
- IX. Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. Provide or ensure household has access to resources related to (if needed/appropriate)
- a. Employment
 - b. Benefits
 - c. Community-based services

Develop and implement plan for how agency will implement sustained engagement of households receiving financial assistance but refusing Housing Stability Case Management se