Central Florida Continuum of Care (CoC FL-507)
Interim 2017 Application for HUD CoC Program Funding
with clarifying corrections – August 5, 2017

Do Not Complete This Version – Complete the Online Version

Table of Contents

Application Instructions:

Complete and submit all relevant sections of this Application, including all required attachments and certifications, by **12:00 noon EST, Saturday, August 26, 2017.**

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 or arm 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 of the terms and conditions associated with this Application 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.   Information About Proposed Project and Activities

Background:

1. Please carefully read this Application together with the Request for Applications and its attachments. You may email questions to HSNGrants@hsncfl.org through August 22, 2017.

2. Throughout the remainder of this Application:

a. The words "you" and "your" are interchangeable with "the Applicant."

b. "HUD CoC Program-funded" or "HUD CoC-funded" means funded through the HUD Continuum of Care Program under the CoC Interim Rule.

c. "Services" means eligible supportive services as defined in §578.53 of the CoC Interim Rule.

d. "Housing" means eligible housing-related assistance in the form of leasing, rental assistance or operations under §578.49, §578.51 or §578.55, respectively, of the CoC Interim Rule.

e. Your proposed activities (whether new or renewal) will be referred to as either Housing, Services, or Housing and Services, whichever is applicable.

f. "Client" refers to a program participant as defined at §578.3 of the CoC Interim Rule.

g. "Project" refers to the total set of Housing and/or Services activities that are collectively dedicated to housing placement and stability for the target population, consistent with §578.3 of the CoC Interim Rule.

3. If your proposed Housing and/or Services will be linked with Housing and/or Services to be provided by one or more applicants other than you, the entire set of all of these activities together are considered to be the Project. Renewals that are part of a "bundled" project are one example of this.

4. All Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH) and TH-PH/RRH Projects must include both Housing and Services. In many cases, however, HUD CoC Program funds are not used to fund both the Housing and Services components, particularly because the extent to which the HUD CoC Program provides funding for Services is limited. In addition, you are not required or, in most cases, even expected to directly provide both Housing and Services.

5. If you are proposing or collaborating on multiple Projects, you must submit a separate application for each Project.

6. Throughout this Application, we may use administrative or externally generated data as a comparison with/confirmation of your responses. See Attachment A-1 to this Application.

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a. **Which of the following best describes your proposed activities for the Project?** *(select the best answer)*

☐ You are seeking RENEWAL funding as part of a currently HUD CoC-funded Project for the same activities and at the same funding level as under your current sub-recipient agreement.

> ***(If you checked this box, skip the rest of this section and go to Section III.)***

☐ You are seeking RENEWAL funding as part of a currently HUD CoC-funded Project, but with some proposed changes to your role or relationship to the Project.

☐ You are seeking RENEWAL funding as part of a currently HUD CoC-funded Project, as well as funding for an expansion of those same activities.

*(**Note:** You do NOT need to submit a separate application for the expansion portion.)*

☐ You are seeking RENEWAL funding as part of a currently HUD CoC-funded Project, as well funding for additional types of NEW activities for which you are NOT currently HUD CoC-funded.
*(**Note:** Please submit separate applications for the RENEWAL and NEW activities.)*

☐ You are seeking funding only for activities that are NOT currently HUD CoC-funded.
****

b. Under which overall Project type should your proposed activities be classified? [1]

☐ Permanent Supportive Housing (PSH)
☐ Rapid Rehousing (RRH)
☐ Transitional Housing (TH)   ☐ TH-RRH (Transitional Housing-Rapid Rehousing)
☐ Supportive Services ONLY (i.e., the entire Project consists of direct services to clients that are not connected to specific sources of rental subsidy)
☐ Essential System Supports (Homeless Management Information System (HMIS), Coordinated Entry System (CES))
☐ Other *(explain)*:_____

Additional Notes:
1. HUD will likely not fund new Transitional Housing Projects, except as part of the TH-PH/RRH project type.
2. HUD will likely not fund new Supportive Services Only Projects, unless they are connected with Housing or provide Essential System Supports.
3. HUD CoC funds cannot be used to assist individuals or families who are at-risk for homelessness.
****

c. For your proposed Project, which of the following are YOU proposing to directly provide? *(check all that apply)*

☐ Services -   Street Outreach
☐ Services -   Housing Navigation
☐ Services -   Housing Stability Case Management
☐ Services -   Other Supportive Services (list): _____
☐ Housing -   Scattered-Site Rental Assistance or Leasing (Tenant-Based)
☐ Housing -   Facility- or Complex-Specific Rental Assistance or Leasing (Project-Based)
☐ Housing -   Agency-Operated Rental Assistance or Leasing (Sponsor-Based)

****

d. Total amount of HUD CoC Program funds you are requesting as part of the Project (for a 12-month grant period).

Your Services Funding Request**	$	
Your Housing Funding Request**	$	Must match Section XIV.a.
Your Total Funding Request	$	

** If you are only directly providing Services to the Project, do not provide a Housing funding request amount. If you are only directly providing Housing to the Project, do not provide a Services funding request amount.
****

e. If any proposed activity is related to a Project that is currently entering or has previously entered data into HMIS, provide all relevant HMIS Project ID #(s):

_____   _____

****

f. **Which of the following apply to the proposed overall Project and the relationship between the Housing and the Services that will be provided?**

 1. **Applicants proposing to provide Services to the Project** *(select all that apply)* **:**

 ☐ Other applicants besides you will likely provide the same or similar Services as part of the Project (also known as "bundling.")

 ☐ Your Services will be linked with Housing assistance that is administered by another applicant that is also part of the Project.

 ☐ You are only willing to participate in the Project if you are selected as the sole provider of the type of the Services you propose to deliver (i.e., you are not willing to participate in "bundling.")

 ☐ All Services you propose to provide will be available to the Project throughout the entire grant term, which may begin by April 1, 2018.

 2. **Applicants proposing to provide Housing to the Project** *(select all that apply):*

 ☐ Your Housing will be linked with Services to be provided by one or more additional applicants that are part of the Project (also known as "Bundling")

 ☐ You are only willing to participate in the Project if you are selected to provide both the Housing <u>and</u> the Services (i.e., you are not willing to participate in "Bundling."

 ☐ All Housing you propose to provide will be available to the Project throughout the entire grant term, which may begin by April 1, 2018.

III. **Key Project Characteristics - Housing**

Important:

If you are proposing to provide only Services as a participant in a PSH, RRH, TH, or TH-PH/RRH Project, or you are part of a proposed Supportive Services Only Project, select the most applicable statement below. **Then skip to Section IV.**

☐ One or more Project partners will provide the Housing (units, vouchers or slots) for all of our clients.
Name of Project partner(s):_____

☐ One or more Project partners will provide the Housing for a portion of our clients.
Name of Project partner(s):_____

☐ We do not know which entity(ies) will provide the Housing for our clients.

****

NOTE: For purposes of this Application, a "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 NOFA Detailed Instructions for more information.

For the proposed Project:

a. What is the total number of Housing Units (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period? _____

b. Of the the amount listed in part a., how many Housing Units/Vouchers/Slots will be HUD CoC-funded? _____

c. Of the remaining Housing Units/Vouchers/Slots in the Project not funded by HUD (i.e., not listed in part b.), how many are fully committed and available to the Project? _____

Please attach evidence of any such commitment and availability as a separate file.

d. Find the one box in the table below that best describes the Housing to be provided through the Project.

Enter the number of HUD-funded[2] Housing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project.[3]

Type of HUD Subsidy Project Type	# of Scattered-Site Rental Units/Vouchers/Slots (along with Supportive Services)		# of Rental Units in Specific Structures, Complexes, etc. (along with Supportive Services)		
	Rental Assistance *(tenant-based)* **(A)**	Leasing *(tenant-based)* **(B)**	Rental Assistance *(either project-based or sponsor-based)* **(C)**	Leasing *(either project-based or sponsor-based)* **(D)**	Operations **(E)**
Permanent Supportive Housing (PSH)	a. 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 (RRH)	b. 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 (TH) Renewal only All non-youth TH programs have been reallocated.	c. 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 – Permanent Hsng/Rapid Rehousing (TH-RRH)					
Other - Describe: **_____**	Note: Certain types of Projects are unlikely to be funded based on HUD's stated priorities.				

e. Based on your response in part a., indicate the total number of HUD-funded BEDS (not Units) that will be dedicated to the Project throughout the grant period. _____

f. **Select the type of housing structures in which Program Participants will be housed** (*select all that apply*).

☐ 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 Beds to be located within each type and explain the nature of the mixed Housing type Project: _____

g. **Enter the physical address at which the Housing for the Project is 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.) _____

Only Housing Applicants requesting renewal funding should complete parts h. and i. (Housing Applicants with New Projects, SKIP to Section IV.)

h. **Is the HUD-funded Housing currently dedicated to the Project the same type of Project and category of Housing as the box filled in part d. above?**

☐ YES

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

i. **Complete the table below, based on the number of Housing units listed in part d. above.**

For purposes of the table below "operational" means that the Housing Unit, Voucher or Slot is either: i) serving an eligible client, or ii) was fully available to the Project to serve an eligible client at least one day during the past month.

(Applicants are encouraged to fully utilize resources already available for Housing before seeking funding for additional Housing units.

Line #	Questions Re: Housing Units (including Vouchers or Slots) Dedicated to this Project Reminder: Report Units, Not Beds	# of Dedicated Units
1	How many HUD-funded Units dedicated to this Project are currently operational?	Click here to enter text.
2	(a) How many HUD-funded Units dedicated to this Project are not yet operational?	
	(b) If the # reported in Line 2a is not equal to 0, please explain why the Units are not currently operational:	■■■■■■
(3)	How many HUD-funded Units dedicated to this Project were previously operational at some point during the Project project, but are not currently operational?	Click here to enter text.
(4)	How many HUD-funded Units (whether or not they are operational) are currently dedicated to this Project? Note: This # should 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.

j. If your Project includes Units/Vouchers/Slots dedicated to providing Housing for chronically homeless individuals and families, would you be willing to relax the Project's eligibility criteria to operate as a "Dedicated Plus" Project, as defined at Section ** of the FY 2017 HUD NOFA?

☐ Yes   ☐ No

Section IV. Key Project Characteristics – Supportive Services

Important:

If you are providing Housing only for the Project (not Services), select the most applicable statement below. Then skip to Section V.

☐ One or more Project partners will provide the Services (or the funds for the Housing) for all of our clients. Name(s) of Project partner(s):_____

☐ One or more Project partners wil be providing the Services for an estimated _____% of our clients.

☐ We do not know which entity will provide the Services for any of our clients.

****

Instructions:

All activities referenced below are explained in detail in the Housing Navigation and Housing Stability Case Management Scope of Work (Scope of Work), which is Attachment F to the RFA.

HUD CoC Program funding provides between ½ and 3 FTEs of Services positions in any Project. It is strongly recommended that applicants seeking Services funding request a number of FTE positions within this range.

The current regional standard for the annualized cost of 1 FTE of Housing Navigation and Housing Stability Case Management is $53,000, which includes salary, fringe benefits and employment-related liabilities, and a limited allowance for mileage and supplies. The standard is only a reference; however, applicants are strongly encouraged not to exceed it.

For RRH: Applicants will be funded in part based on their ability to sustain and support the regional system of Housing and Services. Applicants not willing to serve all 3 counties** may request no more than 1 HUD CoC-funded FTE total. Applicants not willing to provide BOTH Housing Navigation AND Housing Stability Case Management may request no more than 1 HUD-funded FTE for the function they wish to provide.

Applicants may request HUD funding for Services in increments of ¼ FTE. If you request consideration for a total number of HUD-funded Services that is not a whole number (for example, 1.25 hours), you must either: i) irreversibly commit to providing the remaining funds to provide a whole number of FTEs (in this case, the remaining .75 hours), or ii) indicate that you will use part-time positions to provide these functions.

For PSH: Same as RRH, except that Housing Navigation is not a HUD-funded activity in the region due to the reliance on Street Outreach. Additionally, no HUD CoC Program funding is currently used to fund Housing Stability Case Management in PSH, as these resources are provided to PSH Projects through non-HUD, matching sources.

** By indicating that you will serve all 3 counties, you specifically agree that you will accept assignments through the Coordinated Entry System and continuously provide Services to clients who are experiencing homeless in any of the 3 counties, who are seeking services in any of the 3 counties, who express a preference to be housed in any of the 3 counties, or who have been housed in any of the 3 counties, whichever are relevant to the Housing Navigation and/or Housing Stability Case Management Services you propose to provide.

****

Complete the tables below regarding the Supportive Services you will make available to clients as part of the **Project** that will help ensure that clients can choose, get and keep 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.

a. **Street Outreach and Engagement, Housing Navigation and Housing Stabilty Case Management**

Supportive Service	Do you commit to provide this service to clients as part of the Project?	If you answered "Yes" in Column (B), answer these questions also		
		In providing this service through the Project, do you commit to following the Housing Navigation and Housing Stability Case Management Scope of Work?	Do you commit to provide this service to the Project only as assigned[4] through the Coordinated Entry System (where clients are prioritized by need)?	Will you provide most of these services in the field (rather than at your offices)?
(A)	**(B)**	**(C)**	**(D)**	**(E)**
Street Outreach and Engagement **Select Target Pop(s):** ☐ **Chronic Adults** ☐ **Families w. Children** ☐ **Unaccomp. Youth** ☐ **Veterans** ☐ **Other:_____**	☐ YES, we will provide directly ☐ NO, but the following Project partner(s) have committed to provide: _____ ☐ NO	☐ YES ☐ NO	N/A	☐ YES ☐ NO
Intake/Entry Assessment **Select Target Pop(s):** ☐ **Chronic Adults** ☐ **Families w. Children** ☐ **Unaccomp. Youth** ☐ **Veterans** ☐ **Other:_____**	☐ YES, we will provide directly ☐ NO, but the following Project partner(s) have committed to provide: _____ ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Housing	☐ YES, we will	☐ YES	☐ YES	☐ YES

Navigation **Select Target Pop(s):** ☐ **Chronic Adults** ☐ **Families w. Children** ☐ **Unaccomp. Youth** ☐ **Veterans** ☐ **Other:_____**	provide directly ☐ NO, but the following Project partner(s) have committed to provide: _____ ☐ NO	☐NO	☐NO	☐NO
Housing Stability Case Management **Select Target Pop(s):** ☐ **Chronic Adults** ☐ **Families w. Children** ☐ **Unaccomp. Youth** ☐ **Veterans** ☐ **Other:_____**	☐ YES, we will provide directly ☐ NO, but the following Project partner(s) have committed to provide: _____ ☐ NO	☐YES ☐NO	☐YES ☐NO	☐YES ☐NO Note: Project-based rental assistance Projects may answer "YES"

Renewal Projects: For all boxes checked and explanations provided in the table above, do you commit to performing these activities, effective October 1, 2017?

<div align="center">☐ Yes   ☐ No   ☐ N/A</div>

****

b. **Proposed Staffing for Street Outreach and Engagement, Intake and Assessment, Housing Navigation and Housing Stability Case Management**

i. **Project Services Staffing – Current and Proposed New**

Complete the table below, based on the number of full-time equivalent (FTE) staff positions that will provide the Services listed in part a. above for which you answered "YES."

For purposes of the table below, a position is considerd "already on-line" when the individual filling the position has actively provided Services to clients for at least half of July 2017, and the position is expected to continue for the next grant period.

Line #	"FTE" means Full-Time Equivalent and refers to a position that is 40 hours per week or at least 2,000 hours per year. Note: Do not report any specific FTE (or portion of any specific FTE) on more than one line. Choose the one line that is most applicable and report the number on that one line only. IMPORTANT: For all responses provided below, refer to direct client services only. Exclude all staff hours to be provided for supervision or administration.	Positions Already On-Line		Proposed New Positions		
		# of HUD-Funded FTEs Dedicated to Project (A)	# of Non-HUD Funded FTEs Dedicated to Project (B)	# of HUD-Funded FTEs to be Dedicated to Project (C)	# of Committed Non-HUD Funded FTEs to be Dedicated to Project (D)	Total # of FTEs for Project (E) = (A) +(B) +(C) +(D)
(1)	# of FTE positions to be dedicated to providing Intake and Entry Assessment to the Project? *All HUD-funded FTEs may complete a limited number of intakes and entry assessments depending on need.*	■		■		
(2)	# of FTE positions to be dedicated to providing Street Outreach and Engagement to the Project? *For chronic indivs/fams or youth only*					
(3)	# of FTE positions to be dedicated ONLY to providing Housing Navigation to the Project? *For families with children or youth only*					
(4)	# of FTE positions to be dedicated ONLY to providing Housing Stability Case Management to the Project? *All target populations*					
(5)	# of FTE positions to be dedicated flexibly to EITHER Housing Navigation OR Housing Stability Case Management as needed by the system *For families with children or youth only*					
(6)	Total # of FTE positions to be dedicated to the Project. This should equal (1) + (2) + (3) + (4) + (5).[5] If not, explain:_____					

ii. Proposed NEW Services Positions (Applicants seeking renewals with no funding for additional positions, skip to part c.)

Responses in this table should correspond to those provided in the table above.	Proposed NEW Services Positions (HUD CoC-funded ONLY)		
	MINIMUM number of new or additional FTEs for which you wish to be considered – in increments of ¼: ¼ , ½ , ¾ , 1, etc.	**MAXIMUM** number of new or additional FTEs for which you wish to be considered - in increments of ¼: ¼ , ½ , ¾ , 1, etc.	**Staffing plan if awarded funds for a fraction of an FTE (not a whole number, for ex., ½)** **Please select the appropriate box in each relevant section below**
# of FTE positions to be dedicated to providing Street Outreach and Engagement (which may include Housing Navigation) to the Project? *For chronic indivs/fams or youth only*			☐ We commit to funding the rest of the FTE for use in the Project as a condition of the award ☐ We commit to funding the rest of the FTE for some purpose unrelated to the Project ☐ We will use part-time positions.
# of FTE positions to be dedicated ONLY to providing Housing Navigation to the Project? *For families wth children or youth only*			☐ We commit to funding the rest of the FTE for use in the Project as a condition of the award ☐ We commit to funding the rest of the FTE for some purpose unrelated to the Project ☐ We will use part-time positions.
# of FTE positions to be dedicated ONLY to providing Housing Stability Case Management to the Project? *All target populations*			☐ We commit to funding the rest of the FTE for use in the Project as a condition of the award ☐ We commit to funding the rest of the FTE for some purpose unrelated to the Project ☐ We will use part-time positions.
# of FTE positions to be dedicated flexibly to EITHER Housing Navigation OR Housing Stability Case Management as needed by the system *For families with children or youth only*			☐ We commit to funding the rest of the FTE for use in the Project as a condition of the award ☐ We commit to funding the rest of the FTE for some purpose unrelated to the Project ☐ We will use part-time positions.
Total # of proposed new FTE positions to be dedicated to the Project.[6]			☐ We commit to funding the rest of the FTE for use in the Project as a condition of the award ☐ We commit to funding the rest of the FTE for some purpose unrelated to the Project ☐ We will use part-time positions.

c. **System Orientation of Street Outreach, Housing Navigation and Housing Stability Case Management.**

The Central Florida Continuum of Care serves Orange, Osceola and Seminole Counties. Services must be provided throughout this entire region. Resource allocation for limited Services dollars must take this need into account. By checking a box below corresponding to a portion of the region, you are committing to provide Services to individuals and families who become homeless in that area, who seek assistance in that area, and/or those who prefer to be permanently housed in that area, whenever relevant.

i. **If you are proposing to provide Street Outreach and Engagement:**

A. In which areas will you regularly conduct outreach and engagement activity? *(check all that apply):*

☐ Downtown Orlando/Central Orange County
☐ East Orange County
☐ West Orange County
☐ Osceola County
☐ Seminole County
☐ Region-wide

B. If you are proposing to provide Street Outreach and Engagement for chronically homeless individuals or unaccompanied youth, are you willing also to reach and engage families with children for at least 4 hours per week?

☐ Yes   ☐ No

ii. **If you are proposing to provide Housing Navigation, in which areas will you directly verify homelessness assist clients with becoming "document ready", etc.?** *(check all that apply):*

☐ Downtown Orlando/Central Orange County
☐ East Orange County
☐ West Orange County
☐ Osceola County
☐ Seminole County
☐ Region-wide

iii. **If you are proposing to provide Housing Stability Case Managment, in which areas will you provide at least 80% field-based services outside of your offices (home visitation, etc.) regardless of where outreach or housing navigation occured?** *(check all that apply):*

☐ Downtown Orlando/Central Orange County
☐ East Orange County
☐ West Orange County
☐ Osceola County
☐ Seminole County
☐ Region-wide

Renewal Projects: For all boxes checked in part c. above, do you commit to performing these activities, effective October 1, 2017?   ☐ Yes   ☐ No   ☐ N/A

2. Outreach, Housing Navigation and Housing Stability Case Management – Other Essential Elements

i. **If you are providing Housing Navigation and/or Housing Stability Case Management, for each FTE position in the Project, do you commit to accept assignment of and continuously serve a caseload of up to:**
   - 25 families with children (and/or youth, if applicable), for RRH, Youth TH, or TH-RRH Projects?
   - 15 chronically homeless individuals and/or families, for PSH Projects?

   ☐ Yes   ☐ No

   If No, explain and quantify the caseload level you will commit to accepting and continuously serving:
   _____

ii. **Do you commit to follow the Scope of Work in all current and future HUD-funded Outreach, Housing Navigation and Housing Stability Case Management, effective October 1, 2017 ?**

   ☐ Yes   ☐ No

iii. **Do you commit to follow the applicable CoC FL-507-adopted standards for the appropriate project type?** (For example, if you are part of a RRH Project, will you follow the CoC FL-507 Rapid Rehousing Standards?)   ☐ Yes   ☐ No

iv. **Do you have minimum educational or training requirements for staff providing the Services proposed in part a.?**   ☐ Yes   ☐ No
   If YES, please describe:_____

v. **Do you have job descriptions for the staff providing the Services proposed in part a.?**

   ☐ Yes   ☐ No

   If YES, please attach as a separate file.

vi. **Will you provide professional oversight of and supervision for the Services proposed above?**

   ☐ Yes   ☐ No

   If YES, please attach as a separate file either a resume for each professional currently providing such oversight/supervision, or a description of a detailed plan for ensuring the provision of this oversight/supervision to the Project?

vii. **How will you ensure cultural competence in your service provision?** *(max 200 words)*

viii. **How will you address language barriers/Limited English Proficiency in your service provision?** *(max 200 words)*

ix.   **Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core trainings, if made available by CoC FL-507?**

Housing First	☐ Yes	☐ No
Motivational Interviewing	☐ Yes	☐ No
Trauma-Informed Care	☐ Yes	☐ No
Harm Reduction	☐ Yes	☐ No

x.   **Renewal Projects:** For all boxes you checked and explanation you provided in this part d. (i. through ix.), do you commit to these activities and levels, effective October 1, 2017?

☐ Yes   ☐ No

d. **Other Services to Be Provided Through the Project**

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

As a result, applicants need to be aware that the HUD CoC funding available for other Supportive Services requests through this RFA process is expected to be minimal. Applicants are strongly encouraged to find and use other sources of funding/access other systems for the services listed below to the greatest extent possible.

Service	Will you or a Project partner make this Service available to all clients who need it?	If you answered YES in Column (A), how will the Service be provided?	Are you requesting HUD funding through this Application to provide this Service?	How often will the Project typically provide this Service? *(select the best answer)*
Application Fees for Housing	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Assistance with Moving Costs	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed

Child Care	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Education Services	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Employment Assistance and Job Training	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Food	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Housing Counseling Services (incl. helping clients understand tenant rights & responsibilities)	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Legal Services	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed

Life Skills Training	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Mental Health Services	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Outpatient Health Services	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Substance Abuse Treatment Services	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Transportation	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed
Utility Deposits	☐ Yes ☐ No ☐ Don't know/not sure	☐ You will provide the Service directly ☐ The following Project partner will provide the Service: _____ ☐ A partner that is not part of the Project has committed to provide the Service (Attach commitment letter or MOU as a separate file.) ☐ None of the above	☐ Yes ☐ No	☐ One time ☐ Daily ☐ Weekly ☐ Monthly ☐ As needed

e. Detail for Additional Supportive Services Funding Request.

If you are requesting HUD CoC funding for any Supportive Services in part d., please complete the table below explaining the specific types and costs of 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 you will provide and dedicate entirely to the Project. **The amount of HUD CoC funding available for Supportive Services in part d. is expected to be minimal.**

For a complete list of Supportive Services that are eligible to be funded through the HUD CoC Program, please see Attachment D of the RFA.

Supportive Service Type + Activity or Item Example: Transportation – Bus passes for housing search and appointments	Description of Activity or Item (Include Quantity, Detail and Cost) Example: 200 round-trip Lynx bus passes at $2.00 each	# of Clients Assisted	HUD Funding Requested for this Service	Total Project Budget Amount for this Service (from all sources serving this Project)

Section V.   Geographic Coverage and Responsiveness to Jurisdictional Priorities

The rows in the table below list the jurisdictions participating in the Central Florida Continuum of Care. For each row, indicate which of the following codes apply to the Project, based on the descriptions provided below *(check all that apply)*.

Jurisdiction	Check the Box if the Project** Meets Code (see description below)				
	A	B	C	D	E
City of Kissimmee	☐	☐	☐	☐	☐
City of Orlando	☐	☐	☐	☐	☐
City of Sanford	☐	☐	☐	☐	☐
Orange County	☐	☐	☐	☐	☐
Osceola County	☐	☐	☐	☐	☐
Seminole County	☐	☐	☐	☐	☐

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

B =   **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the Project is the jurisdiction's highest priority among all proposed Projects to be considered through this RFA process.   **OPTIONAL**

C =   **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the jurisdiction has a history of financial investment in homelessness-specific projects you have operated and/or has quantified the amount of the financial investment provided over the past three (3) years.   **OPTIONAL**

D =   **For Projects that serve multiple counties or the entire region:** The appropriate official (from a relevant jurisdiction) has certified that projects you currently operate or have previously operated within the past three (3) years have served individuals and/or families experiencing homelessness within the jurisdiction.   **OPTIONAL**

E =   **For all Projects:** The Project is specifically designed in direct response to a high-priority need that has been formally identified by the jurisdiction in a plan, study or report . (Specify the need addressed by the Project and the source used to verify that the need is a jurisdictional priority: _____ and attach a copy of the relevant pages of the document as a separate file.   **OPTIONAL**

For each of B, C and D, the appropriate jurisdictional official should complete Section 2 of the Jurisdictional Representative Certification Form below.

==OPTIONAL FORM – Not a Required Part of the Application==

Central Florida Continuum of Care (CoC FL-507): 2017 Regional Application for HUD CoC Program Funding
Jurisdictional Representative Certification Form

++

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

Name of Applicant: _____

Name of Project: _____

Brief Description of Project: _____

Applicant's Role in Project: _____

Check 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 regional Project** (i.e. the Project will substantially serve persons experiencing homelessness in all 3 counties).

_____   _____
Signature of Applicant's Authorized Representative   Date

++

Section 2 (to be completed by an appropriate jurisdictional representative):

Jurisdiction Represented *(check only one):*   ☐ Orange County   ☐ City of Orlando
                                                         ☐ Osceola County   ☐ City of Kissimmee
                                                          ☐ Seminole County   ☐ 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 2017 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 2017-18   List amount of funding provided through jurisdiction (if available):   _____
    ☐ FY 2016-17   List amount of funding provided through jurisdiction (if available):   _____
    ☐ FY 2015-16   List amount of funding provided through jurisdiction (if available):   _____
☐ None of the above statements apply.

If Applicant indicated that Project is a Regional 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

Section VI. **Identification of Target Population(s) and Service to Sub-Populations**

HUD has strongly encouraged the dedication[7] of resources to chronically homeless individuals/families in PSH Projects and the dedication of Housing resources for families with children or unaccompanied youth in RRH Projects.

Although it is possible that you may not be asked to assist all potential sub-populations, members of all of these sub-populations could be assigned to the Project through the Coordinated Entry System. By completing and submitting this Application, you are a would be expected to assist them unless a particular rejection or restriction would not violate Housing First principles, as defined in Attachment E to this RFA.
****
If y**ou are proposing to provide Housing to the Project:**
Complete this entire Section VI. , indicating the extent to which the Project will serve members of each potential target population listed below at full capacity.

If you are proposing to provide Services only to the Project, skip to the table in part c. below. Complete columns (A) and (B) as they pertain to your specific caseload/service load. Complete columns (C) and (D).

a.   **Total # of Housing Units/Slots/Vouchers at Project full capacity (must match Section III.a.):** _____

b.   **Total # of Housing Beds at Project full capacity (must match Section III.e.):**

        _____

c.   **Breakdown of Project and Bed Inventory by Target Population**

Population/Sub-population	What % of your Housing Units/Program Slots[8] will be dedicated only for this population? (Note: Totals do NOT need to add up to 100%) (A)	Will you commit to assisting members of this population if they are assigned to the Project? (B)	For what reason(s) would you ever refuse to assist a member this population deny them eligibility for the Project?(You must specifically list any such reasons) (C)
1. Chronically Homeless Adults		☐YES ☐NO	
2. Families with Children	Click here to enter text.	☐YES ☐NO	Click here to enter text.
2a. Chronically Homeless Families with Children[9]		☐YES ☐NO	
3a.Unaccompanied Youth (up to age 25)		☐YES ☐NO	Click here to enter text.
3b. Unaccompanied LGBTQ Youth		☐YES ☐NO	
3c. Youth Families with Children[10]		☐YES ☐NO	
4. Veterans	Click here to enter text.	☐YES ☐NO	Click here to enter text.

4a. Chronically Homeless Veterans		☐ YES ☐ NO	
5. Survivors of Domestic Violence	Click here to enter text.	☐ YES ☐ NO	Click here to enter text.
6. Victims of Human Trafficking	Click here to enter text.	☐ YES ☐ NO	Click here to enter text.
7. Persons with Substance Abuse Disorders	Click here to enter text.	☐ YES ☐ NO	Click here to enter text.
8. Persons with Severe Mental Illnesses	Click here to enter text.	☐ YES ☐ NO	Click here to enter text.
9. Other (explain): _____	Click here to enter text.	☐ YES ☐ NO	Click here to enter text.

c. **Units Prioritized for Chronically Homeless Individuals or Families**

If there are <u>other</u> Units/Vouchers/Slots in the Project that are NOT dedicated fo chronically homeless individuals or families but will be prioritized upon vacancy, how many such Units/Vouchers/Slots are in the Project (do NOT include any beds already dedicated included in the number in Box 1(C) above)?

_____

Section VII.   **Housing First/Zero Barrier Approach**

Please read CoC FL-507 Requirements of a Housing First Approach to Program Operations, which is Attachment E to the RFA. See also Sections II.A.7 and VII.A.1.g of the 2017 HUD NOFA.

a. **Do you or will you place any of the following restrictions or limitations on eligibility (above and beyond HUD's eligibility requirements)?**

NOTE: Eligibility refers specifically to eligibility to access to Housing and Services through your portion of the Project only. For example, unless you or a Project partner is also the landlord, reasonable methods used by landlords to screen prospective tenants that do not violate Fair Housing are not considered denials of eligibility.

Line #	Factor potentially affecting eligibility	At any point within the past 12 months, have you denied eligibility to, refused to assist, or taken steps to avoid assisting a client for this reason?	Will you ever deny eligibility, refuse to serve, or take steps to avoid assisting a client for this reason?	Explain any "Yes" response(s), including any specific circumstances or other justification for deviating from a Housing First approach
1	Client has very little or no income	☐YES ☐NO	☐YES ☐NO	
2	Composition of client's family (as family is defined by the HUD Equal Access Rule[11]) – for ex., age or gender of children, unmarried partner	☐YES ☐NO	☐YES ☐NO	
3	Client's current or past history of substance use	☐YES ☐NO	☐YES ☐NO	
4	Client's current or past mental health history	☐YES ☐NO	☐YES ☐NO	
5	Client's current or past history of domestic violence (for ex., lack of protective order, in period of separation from abuser, still with abuser, law enforcement involvement)	☐YES ☐NO	☐YES ☐NO	
6	Client's criminal record, excluding state- or federally-mandated restrictions (for ex., restrictions on where sex offenders may live)	☐YES ☐NO	☐YES ☐NO	
7	Client's history of past evictions or credit problems	☐YES ☐NO	☐YES ☐NO	
8	Client's past history with the agency or with services	☐YES ☐NO	☐YES ☐NO	

9	Client's disability, whether a general or of a specific type	☐YES ☐NO	☐YES ☐NO	
10	Client has large amount of possessions and belongings	☐YES ☐NO	☐YES ☐NO	
11	Client's sexual orientation or gender identity	☐YES ☐NO	☐YES ☐NO	
12	Client's lack of transportation	☐YES ☐NO	☐YES ☐NO	
11	Your hours of intake/operation	☐YES ☐NO	☐YES ☐NO	
12	Client's refusal to be separated from pet(s)	☐YES ☐NO	☐YES ☐NO	
11	Any other factor listed in "Requirements of a Housing First Approach to Project Operations" (Attachment ** to the RFA)	☐YES ☐NO	☐YES ☐NO	

b. If you have denied eligibility for assistance, refused to provide assistance, or taken steps to avoid assisting a client <u>for any reason</u>, where one of the factors in part a. was present, **explain how you ensured that none of these factors were in fact the reason for the action taken to deny service.**   *(maximum 200 words)*

c. **Did you or will you cut off or terminate assistance to or evict or discharge clients in the Project for any of the following reasons? Please explain any "YES" answers.**

Potential reason for cut-off or termination	At <u>any</u> point within the past 12 months, have you discharged, evicted, or cut off or terminated assistance to a client for this reason?	Will you in the future discharge, evict, or discontinue or cut off assistance to a client for this reason?	Explain any "Yes" response(s), including any specific circumstances or other justification for deviating from the Housing First approach
Client's unwillingness to participate in Services	☐ YES ☐ NO	☐ YES ☐ NO	
Client's failure to make progress on a service plan or case plan	☐ YES ☐ NO	☐ YES ☐ NO	
Client's loss of income or failure to increase income	☐ YES ☐ NO	☐ YES ☐ NO	
Client is a survivor of domestic violence who reunites with abuser	☐ YES ☐ NO	☐ YES ☐ NO	
Client's violation of program rules (other than an offense for which a tenant can be evicted from Housing under a typical lease agreement that complies Florida landlord-tenant law)	☐ YES ☐ NO	☐ YES ☐ NO	

Other (explain): _____	☐ YES ☐ NO		

d. If you have discharged, evicted, or cut off or terminated assistance to a client for any reason within the past 12 months, where one of the above factors is present, **explain how you ensure that none of these factors were in fact the reason for the action taken to deny service**. *(maximum 200 words)*

_____

e. **For Applicants in Projects with only project-based Housing:**

Will you actively continue to offer Services to a client who is evicted from, relocated from or otherwise leaves the Housing you provided, at least until client is linked with a provider of comparable services?

☐ YES   ☐ NO

For All Other Applicants

If you provide only Services to the Project, will you actively continue to offer Services to a client even if evicted from, relocated from or otherwise no longer in Housing?

☐ YES   ☐ NO   ☐ N/A

****

f. If you currently provide any Housing or Services to homeless individuals or families, what was the percentage of clients served during the past 12 months that you evicted, discharged, or cut off or terminated from assistance (for any reason)?   _____%

g. Do you have an agreement or understanding with any entity that takes actions to terminate, discontinue, discharge or evict based on the factors in parts a. or c. above?

☐ YES   ☐ NO   If YES, explain:_____

Project-Specific Questions

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

If YES, describe the factors involved and the specific process by which adjustments are made *(maximum 100 words)*

_____

i. Will clients 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 *(maximum 100 words)* and provide a copy of the applicable policy or procedure in a separate file.

_____

j. Will the Project have Services participation requirements or other prerequisites to acceptance into the proposed Project?   ☐ YES   ☐ NO

If YES, explain *(maximum 100 words)* and attach a copy of the applicable policy or procedure in a separate file.

_____

Section VIII.   **Participation in Coordinated Entry System/Prioritization Based on Need**

a. **Participation in Coordinated Entry System**
Please answer the following questions based on the year July 1, 2016 through July 1, 2017.
If you did not provide Housing and/or Services with federal, state or local government funding during the year, skip to part b.

i. **How many individuals and/or families you assisted were referred or assigned directly through the Coordinated Entry System (CES) process?**   **_____**

ii. **What % of the individuals and/or families you assisted** was this?   _____%

iii. **If the response in part b. is less than 100%, provide an explanation of why you accepted individuals and/or families who were not referred or assigned directly through CES.** *(max 200 words)*

iv. **For the individuals and/or families accepted who were not referred or assigned directly through CES, frequently were each of the following criteria used in selection?**

"First come, first served"	☐ Often	☐ Sometimes ☐ Seldom	☐ Never
Referral from a preferred source	☐ Often	☐ Sometimes ☐ Seldom	☐ Never
Agency-specific screening criteria	☐ Often	☐ Sometimes ☐ Seldom	☐ Never
Assessment as to how likely client is to succeed	☐ Often	☐ Sometimes ☐ Seldom	☐ Never
At random/Lottery	☐ Often	☐ Sometimes ☐ Seldom	☐ Never
Other:_____	☐ Often	☐ Sometimes ☐ Seldom	☐ Never

v. **How many individuals and/or families referred or assigned through CES did you <u>decline or refuse to serve</u> based on your own specific criteria or requirements?**   **_____**

vi. **What % of the total number of referrals or assignments received from CES is this?**   _____

vii. **List all of the specific reasons for which you refused to accept a referral or assignment** *(maximum 200 words)*

b. **Prioritization in Provision of Project Housing And Services**
All Projects: **Complete i. below.**
PSH Projects: **Complete ii. also.**

i. Re: Assistance to Families with Children and/or Unaccompanied Youth
1. Do you commit to accepting and assisting <u>only</u> clients referred/assigned through the Registry Management processes of the Coordinated Entry System (which uses HUD's and CoC FL-507's adopted needs criteria as a basis for making referrals)?

☐ YES   ☐ NO

2. Do you commit to prioritizing clients for assistance based on CoC-wide established needs criteria, as implemented through the Coordinated Entry System?

☐ YES   ☐ NO

3. Wil you deny any family assistance to the Project or separate the members of the family as a condition of entry into the Project for any reason[12]?

☐ YES   ☐ NO

4. Do you commit to entering into a Memorandum of Understanding to clarify your roles and responsibilities as well as those of the Coordinated Entry System?

☐ YES   ☐ NO

5. If you currently receive HUD CoC Program funding, do you commit to 1. through 4. above, effective October 1, 2017?

☐ YES (even if you have already committed)   ☐ NO   ☐ N/A

6. Do you commit to 1. through 4. above for all PSH, RRH, TH, or SSO projects in which you provide Housing and/or Services, whether HUD-funded or not, effective October 1, 2017?

☐ YES even if you have already committed)   ☐ NO

7. If you answered "NO" to any of 1. through 6. above, please provide any explanation *(maximum 200 words)*

_____

ii.   Re: Assistance to Individuals and Families Experiencing Chronic Homelessnes (Please refer to HUD Notice CPD-16-11)

1. Do you commit to accepting only clients referred/assigned through the Chronic Registry Management processs of the Coordinated Entry System?

☐ YES   ☐ NO

2. Do you commit to giving first priority in the Housing and/or Services you provide in the Project to persons experiencing chronic homelessness, and in particular to those with the most severe needs and longest histories of homelessness?

☐ YES   ☐ NO

3. Do you commit, when serving persons who are <u>not</u> experiencing chronic homelessness, to giving first priority to those who are at greatest risk for chronic homelessness?

☐ YES   ☐ NO

4. Will you assist the Coordinated Entry System with meeting HUD-required and CoC FL-507 defined recordkeeping requirements related to documentation of the chronicity of homelessness and the prioritization processes described in 1. and 2. above?

    ☐ YES   ☐ NO

5. If you currently receiving HUD CoC Program funding, do you commit to b.1. through b.4. above, effective September 1, 2017?

    ☐ YES (even if you have already committed)   ☐ NO   ☐ N/A

6. Do you commit to b.1. through b.4. above for all PSH, RRH, TH, or SSO projects in which you provide Housing and/or Services, whether HUD-funded or not, effective September 1, 2017?

    ☐ YES (even if you have already committed)   ☐ NO

7. If you answered "NO" to any of b.1. through b.6., please provide any additional explanation (maximum 200 words):

_____

c. **Place Resided Immediately Prior to Program Entry**

If you have committed to taking referrals only through the Coordinated Entry System: Skip to Section IX.

Approximately what percentage of the clients you will serve at any given time - once the Project is 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	0.0%
D	Transitional Housing (but previously resided in one of a, b or c above)	Click here to enter text.
E	Persons actively fleeing or attempting to flee domestic violence (incl. human trafficking, victims of sexual assault, stalking and dating violence) who are not literally homeless.	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. An individual coming from an institution for 90 days or less AND have entered the institution (e.g., Jail, Hospital, Detox, CSU) who resided in a street/outdoor location or in shelter should be counted as if they came from the street/outdoor location or the shelter, respectively.
2. Individuals coming from transitional housing who are chronically homeless but temporarily placed in transitional housing while waiting for placement in PSH should be counted under their original source of entry into the system.

Section IX.   CoC Involvement and Engagement

IMPORTANT:

Throughout this section, if information about your activity/performance pertaining to the Project are not available (e.g., with a new Project), information from any current or homelessness assistance activity in the region may be the basis for your response instead.

a. **Your Membership and Participation in the CoC**
1. Has your representative 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 2016 through June 2017?

☐ 1-2   ☐ 3-7   ☐ 8 or more

2. Has your representative participated in at least 2 CoC advisory committee meetings during the period July 2016 through June 2017?   ☐ YES   ☐ NO

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

_____

3. Has your representative completed a CoC FL-507 training related to Housing First, Motivational Interviewing, or other direct practice skills in the past 12 months?

☐ YES   ☐ NO

NOTE: Information about the Applicant's participation in CoC FL-507 will be evaluated as part of the application scoring process. See Attachment A-1.

b. **Applicant's Participation in HMIS**
1. Have you actively and continuously participated in the CoC's HMIS since July 2015?

☐ YES   ☐ NO

2. Dio you 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 that you currently operate or administer that **ever provide housing to homeless individuals/households** included in HMIS (i.e., all relevant data is being entered), unless exempted or prohibited from participation by law?   ☐ YES   ☐ NO

If NO: How many such beds are NOT included under HMIS?   _____
What percentage of all such beds does this account for?   _____

4. Do you commit to ensuring that <u>ALL</u> beds associated with all Units/Vouchers/Slots **funded in any manner through the Project** are continuously included in HMIS throughout the award period (unless specifically exempted or prohibited from participation)? ☐ YES ☐ NO

5. Do you commit to ensuring that <u>ALL</u> beds associated with all Units/Vouchers/Slots that **ever provide housing dedicated to homeless individuals/households** are continuously included under HMIS throughout the award period (unless specifically exempted or prohibited from participation)

☐ YES ☐ NO

6. Do you currently have an active HMIS Agency Administrator? ☐ YES ☐ NO

7. Do you have a signed HMIS Agency Partner Agreement on file with the CoC?

☐ YES ☐ NO

8. Do all of your current HMIS end users have an active HMIS license and have they all completed initial HMIS training? ☐ YES ☐ NO

9. Do you commit to following the CoC FL-507's HMIS Policies and Procedures?

☐ YES ☐ NO

10. Do you commit to requiring all HMIS end users to receive at least annual refresher training?

☐ YES ☐ NO

11. Do you commit to entering the core Universal Data Elements (UDEs) and Personal Identifying information into HMIS as necessary for ongoing evaluation and improvement of the Project's performance and the progress of the CoC FL-507 system as a whole? ☐ YES ☐ NO

12. Does the Applicant commit to supporting the CoC FL-507 Data Quality Plan, including the complete, accurate and timely entry of data into HMIS? ☐ YES ☐ NO

13. Does the Applicant commit to running the HUD Annual Progress Report (APR) and other reports on a regular basis in an effort to support the goal of complete, accurate and timely HMIS data in the system?

☐ YES ☐ NO

14. Do you commit to meeting the requirements of items 1. through 13. above, effective October 1, 2017?

15. For approximately what % of clients that you assisted between July 1, 2016 and June 30, 2017 did you, in HMIS:

    a. Complete an Entry into as well an Exit from your portion of the Project (when appropriate)?
       ____% ☐ Don't know ☐ N/A

    b. Complete an Update Assessment prior to completing an Exit from your portion of the Project?

____%   ☐ Don't know   ☐ N/A

    c. Complete an Annual Update for all clients who reached 12 months from your portion in the Project ?

____%   ☐ Don't know   ☐ N/A

NOTES:
- DV providers that actively and continuously use alternative systems that meet HUD requirements may check "YES" to all questions above.
- Program data and related information available about and as a result of your participation in HMIS will be used to assess data quality and completeness, evaluate Project performance, and to review baseline system and project performance data. See Attachment A-1.

i.   **Applicant's Participation in the Coordinated Entry System (CES)**

1. Did your representative actively and continuously participate in the CES Registry Management meetings (Chronically Homeless Individuals, Families and Unaccompanied Youth, or Veterans) during the first half of 2017?

    ☐ YES   ☐ NO   ☐ Not relevant to our current operation

If YES, how many Registry meetings did a representative attend?
    ☐ 1-3   ☐ 4-14   ☐ 15 or more

2a. If you propose to provide Housing through the Project:
Have you had any individuals/families placed into Housing that it operates or administers through the Coordinated Entry System during the first half of 2017?
    ☐ YES   ☐ NO   ☐ Not relevant to our current operation

    b. If you propose to provide Supportive Services through the Project:
Have you completed "the Big 3" (CoC FL-507, the VI-SPDAT, and the HMIS Release of Information) with individual/household assisted through the CES during the first half of 2017?
    ☐ YES   ☐ NO

If YES, how many during the first half of 2017?
    ☐ 1–10   ☐ 11–50   ☐ 51+

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

1. Did your representative participate in any of the following activities related to the most recent PIT Count? (check all that apply)
    ☐ PIT planning sessions   ☐ PIT street surveys (night of count)
    ☐ PIT service provider surveys (week following the PIT Count)

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

☐ YES   ☐ NO

3. Do you 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 Housing Inventory Count (HIC)?

☐ YES   ☐ NO

Section X.   Increasing Access to Mainstream Benefits

If you are not proposing to provide Services to the Project, skip to Section XI.

i. Do you commit to incorporating, as an ongoing component of case management for all clients, 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 renewal applications are submitted as needed.

☐ YES   ☐ NO

ii. Do you currently perform the activities in part a. as part of your ongoing case management activity?

☐ YES   ☐ NO

If YES, explain your approach to increasing access to mainstream benefits for all clients *(max 200 words)*.

iii. Do you 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)

iv. If NO, do you commit to providing all clients with the same services as those provided by as an ACCESS Community Partner ("Assisted-Service Site" level)?

☐ YES   ☐ NO

v. Are you currently serving as an ACCESS Community Partner or providing all clients with the same services as an ACCESS Community Partner?   ☐ YES   ☐ NO

vi. Do you commit to providing regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs.

☐ YES   ☐ NO

vii. Do you commit to entering into a Memorandum of Understanding or agreement with the designated SOAR program provider to ensure that clients with disabilities can access SSI, SSDI and other publicly administered income supports?   ☐ YES   ☐ NO

viii. If serving families with children or unaccompanied youth, do you 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

ix. Have you 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 up to two (2) such entities.

Section XI.   Proximity of Key Resources and Services to Housing
If you are not proposing to provide Housing to the Project, skip to Section XII.

a. **List the locations of 5 Housing Units in the Project (if a Renewal Project) or other Housing Units where your clients currently reside (if a New Project) in the space provided below, based on the appropriate set of instructions:**

(1)	**If the Project provides or will provide Housing at a specific location or locations**: List the specific addresses of any 5 of those in the space provided below and check the box at right.	☐
(2)	**If you currently provide scattered-site Housing for homeless individuals/families (through the Project or otherwise):** List the specific addresses of any 5 units in which the homeless individuals/households were housed during July 2017 in the space provided below and check the box at right.	☐
(3)	**If neither (1) nor (2) above apply, but you currently provide scattered-site Housing to any other individuals/households**: Follow the instructions in (2) above for this other scattered-site housing, but check the box at right.	☐
(4)	**If neither (1), (2) or (3) apply, check this box and skip to Section XII.**	☐

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 21, 2017.

First, calculate the distance from each Housing Unit to the requested destination (for example, the nearest public transportation stop to the Unit). Using a mapping tool such 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 2017.

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 x .75) + (2 x .52) + (1 x .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	☐ less than ¼ mile ☐ at least ¼ mile, but less than ½ mile ☐ at least ½ mile, but less than 1 mile ☐ 1 mile or more
The average distance from a unit to the nearest full-service grocery store (not a convenience store)	☐ less than ½ mile ☐ at least ½ mile, but less than 1 mile ☐ at least 1 mile, but less than 2 miles ☐ 2 miles or more
The average distance from a unit to the nearest full-service pharmacy	☐ less than ½ mile ☐ at least ½ mile, but less than 1 mile ☐ more than 1 mile, but less than 2 miles ☐ more than 2 miles
The average distance from a unit to the location where case management services are provided	☐ 1 mile or less ☐ at least 1 mile, but less than 2 miles ☐ at least 2 miles, but less than 5 miles ☐ more than 5 miles

Section XII.   Program and Financial Management

a. If you have received HUD CoC Program funding for any activities at any time since January 2014, did you make a timely and successful submission of the HUD Annual Progress Report (APR) (or ensure that such a submission could be made on your behalf) during that period?

☐ YES   ☐ NO   ☐ N/A

b. If you or your parent organization are required to file Form IRS 990, was the 990 filed in a timely manner (including any approved extensions) for the agency fiscal year that was most recently completed prior to January 1, 2017?

☐ YES   ☐ NO   ☐ N/A

If YES, please attach the most recently filed 990.

c. Were you ever required to repay or return grant funds to HUD at any time since January 2014?

☐ YES   ☐ NO

d. Were you ever required to return funds to any other federal, state or local agency since January 2014?

☐ YES   ☐ NO

e. Have you left more than 1% of HUD funds unspent from any expired award, if not a 1st year award since January 2014?

☐ YES   ☐ NO

iii. Do you 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

iv. Do you 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

v. What time period is covered by your most recently completed independent financial audit and management letter? _____

Please attach a copy of the most recently completed independent financial audit and management.

Did the audit or management letter include findings and/or call for corrective action?

☐ YES   ☐ NO

If YES, please attach any action or response prepared in response to the findings or call for corrective action..

vi. Have you been found to be in significant or continuous non-compliance with any grant agreement or had any grant agreement terminated by a funder for cause since January 2014?

☐ YES   ☐ NO

vii.   Has a Fair Housing complaint been made against the Applicant since January 2014?
☐ YES   ☐ NO

Please provide a detailed explanation of the circumstances associated with each "NO" answer in parts a. and b. above AND each"YES" answer in part. c. through i. above, including dates and amounts of 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**

Complete this section only if you are submitting a proposed NEW Project or NEW activitities that are not currently funded under a renewal Project) only. If you are submitting for renewal activities, SKIP to Section XIV.

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

☐ Yes   ☐ No

Explain:_____

2. If you are proposing to provide Services to the Project, will at least 80% of the Services be conducted in the field, rather than office-based?

☐ Yes   ☐ No   ☐ N/A

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 client
   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's Portion of the Project Budget

a. Total Budget

Complete the tables below, including all income and expenses as they pertain to your portion of the Project only. Please note that the terms used below have specific definitions assigned under the HUD FY 2017 NOFA and CoC Interim Rule. See also Attachment D of the Request for Applications.

About Project Match:

Under the CoC Interim Rule, the Applicant must commit an amount equal to at least 25% of total of lines 8, 9, 10, and 11 below to the Project. However, the amount of match listed below may be less than that amount, if some or all of the required match amount is to be provided from in-kind sources.

Because HUD CoC Program funds for Services are so limited, CoC FL-507 is strongly encouraging use of match to boost the availability of Services directly to the Project (Direct Services Match.) In order to be considered Direct Services Match, the funding must be used to directly provide specific Services (Housing Navigation and/or Housing Stability Case Management services, rental application fees, utility deposits, or assistance with moving costs[13]), and must provide them only to clients you serve through the Project during the grant period.

Example: If you propose to have 1 full-time Housing Stability Case Manager serving the Project, if you ask HUD for 80% of the funding for the position, but commit 20% of the funding from another non-HUD-source, that counts as Direct Services Match. (Assistance provided to other clients outside of the Project is not considered match.)

Describe the sources and amounts in greater detail in part c. below.

i.INCOME for Your Portion of the Project Only (12-month period)

Line #	Income Category	Applicant Total (A)
1	Your HUD CoC Program Funding Request	$
2a	Your Direct Services Match - see explanation above (cash sources)	$
2b	Your Other Matching Funds not listed on Line 2 (cash sources only)	
3	Any Other Funds You Commit to Bringing to the Project (cash sources only) List the sources and amounts:_____	$
4	Program Income (if any)	$
5	TOTAL (add lines 1 through 4)	$

If you are providing Direct Services Match in the form of In-kind contribution, check here and indicate the amount   ☐ $ _____

ii. EXPENSES for Your Portion of the Project Only (12-month period)

Line #	Expense Category	HUD CoC Funds (B)	All Other Funds (cash sources only) (C)	Total Funding for Your Portion of the Project (D)
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)	$ Allotment of HMIS licenses and support provided through HMIS Lead	$	$
12	TOTAL (add lines 6 through 11)	$	$	$

++ - These costs have been placed at a low priority by the CoC FL-507 and are extremely unlikely to be funded through the HUD CoC Program.

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.

b. **Expense Category Costs**

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 2017 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	2017 Fair Market Rent (FMR) Amount	# of Units (A)	Actual Leasing Amount (if different from FMR) (B)	Total Project Budget Amount (C) = (A) x (B) x 12	Total HUD Budget Amount (D) = (C), less $ from other sources
0 Bedroom	$766				

1 Bedroom	$837			
2 Bedroom	$1002			
3 Bedroom	$1333			
4 Bedroom	$1604			
5 Bedroom	$1844			
SS Facility		██████████		
TOTAL	████		██████	

ii. Supportive Services

Please list and cost out the Supportive Services you propose to provide to the Project, as described in Section IV.

Type of Expense (A)	Total HUD CoC Program Funding Requested (B)	Other Funding Committed to Project (specifically including matching funds) (C)	Total Project Budget (D) = (B) + (C)
Intake and Assessment	██████████████		
Street Outreach and Engagement			
Housing Navigation ONLY			
Housing Stability Case Management ONLY			
Flexible Housing Navigation and/or Housing Stability Case Management			
Other (list): _____			
TOTAL			

If you propose to provide Services Only, skip to part c. below.

iii.   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 RFA, the CoC Interim Rule and the FY 2017 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 2018 Fair Market Rent (FMR) amounts.

Unit Size	2017 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	$766				
1 Bedroom	$837				
2 Bedroom	$1002				
3 Bedroom	$1333				
4 Bedroom	$1604				
5 Bedroom	$1844				
TOTAL	███		███		

iv.   Operating Costs (for Housing)

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, the CoC Interim Rule and the 2017 HUD NOFA.

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), minus $ 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 line 10 under Expenses in part a.

v.   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 (A)	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) (B)	Total Project Budget Amount (C)	Total HUD Budget Amount (D) = (C), less $ from other sources
Software (e.g., user licenses)	Allotment of HMIS costs provided through HMIS Lead		
Equipment			
Service (e.g., Internet access)			
Personnel	Support provided through HMIS Lead		
Space and Operations			
TOTAL			

c. **Your Commitment of Matching Funds to Project**

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.

d. **Project-Based Housing**

Are the proposed Housing Units already in existence and operational (in particular, has a Certificate of Occupancy been issued for all structures that contain the Units?)

☐ YES   ☐ NO

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

☐ YES   ☐ NO

e. **Indirect Cost Rates**

Do you plan to allocate funds according to an indirect cost rate?

☐ YES   ☐ NO

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

NOTE:

Throughout this section, if data and information are not available about the Housing and/or Services you propose to provide to the Project (for example, if this is a new Project), data and information from the most closely related Housing and/or Services activity will be substituted.

a.   **Your Past Performance with Regard to HUD Administrative Performance Measures and Goals**

b.   **Your Past Performance with Regard to HUD Program Performance Measures and Goals**

c   **Your Contribution to Project and System Performance Measurement Initiatives**

NOTE:

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

c.   **The Cost-Effectiveness of Your Housing and Services**

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.

Section XVI.   **New Projects: Permanent Housing Bonus Project**

Although any eligible new Project proposal may be considered, CoC FL-507 will definitely include in its application to HUD a funding request for at least one new Permanent Housing Bonus Project.

If you intend to apply for a Permanent Housing Bonus Grant, note that CoC FL-507 has prioritized the following project types (check the applicable box):

1) TH-PH/RRH for Unaccompanied Youth   ☐
2) RRH for Families with Children   ☐
3) PSH Leasing for Chronically Homeless Individuals and/or Families (Dedicated or Dedicated Plus)   ☐

Requests for HUD CoC Program funding for a Permanent Housing Bonus Project should not exceed $100,000. A maximum of 20 percent of the request may be for Supportive Services, with the remainder dedicated to Housing. Please ensure that the budget information submitted in Section XIV complies with these requirements.

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

This section is to be completed <u>only</u> 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.

Responses provided here are in addition to but should be consistent with responses provided elsewhere in this Application.

a. Describe your experience with and investment in activities that use the Housing First model. Responses should explain any evolution on your part to adopt Housing First principles into your service delivery, and how that evolution occurred. Include reference to any specific policies you have adopted in support of Housing First activity. *(max 300 words)*

b. Describe any experience and/or training that your 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 200 words)*.

c. Please describe any experience that your supervisory staff have had/will have with activities grounded in the Housing First approach. *(max 200 words)*

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 200 words)*

e. Housing Navigation and/or Housing Stability Case Management

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. Please review the Housing Navigation and Housing Stability Case Management Scope of Work, Attachment F to the RFA. Reference the Scope of Work in responding to the following:

1. Describe your perception of how individuals or households assisted through this Project may be similar or different from those with which you currently work/historically have worked, and the steps you are taking to ensure that members with the target population for this Project. Responses should include any residual implications of your previous experience working with individuals or families. *(max 400 words)*

2. Identify tasks in the Scope of Work that are not part of your current staff's job descriptions/expectations. Describe how staff will be supported in incorporating these new expectations into their activities. *(max 300 words)*

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. 400 words*)

2. Describe how your 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. 400 words)*

g. Additional Supportive Services

Housing First-based Projects will not succeed without case management. However, Supportive Services are often needed to ensure Project performance.

1. Describe the non-case management, non-outreach services the Applicant proposes to provide/ensure provision. *(max. 2000 characters)*

2. Describe how such services will help promote housing stability and retention on the part of Program Participants. *(max. 2000 characters)*

Section XVIII. 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 750 words)*

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 500 words)*

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 500 words)*
    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 jome-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 400 words)*

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

RESERVED

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[1]

[2] The number of Units for which HUD funding is requested through this Application.

[3]

[4] Exceptions

[5] Adding across Row 6 and adding down Column E should produce the same overall total.

[6] Adding across Row 6 and adding down Column E should produce the same overall total.

[7] The FY 2017 HUD NOFA includes an option for a more relaxed definition of dedicated unit ("dedicated plus")

[8] Units includes Vouchers or Slots

[9] The head or co-head of the household meets the HUD definition of chronically homeless.

[10] The family with children consists only of youth and his/her/their children.

[11]

[12] Other than to comply with the requirements of federal or state law

[13] See Attachment ** to the RFA.