Butte Countywide Homeless Continuum of Care
FY 2017 Request for Proposal Instructions (Adopted 8/8/17)

Project Applications for the Butte Countywide Homeless Continuum of Care (CoC) annual project funding competition must be complete and submitted by noon on August 24, 2017 to be eligible for funding consideration. The packet of application instructions includes those documents listed below. Please complete the entire application. The same application is used for new and renewal applicants. Some sections are exclusive to either a new or renewal application and are indicated accordingly; complete only those sections that correspond with the type of grant for which you are applying. If the applicant is renewing multiple grants in which the answers would be identical, only a unique cover sheet for each application is necessary for a complete application. There is no electronic completion of the application form. The form must be printed, completed by hand, and mailed or delivered to Housing Tools, 411 Main Street, Suite 101, Chico, CA 95928. The narrative and evidence documents should be attached to the application form and then either scanned and emailed to sallen@housing-tools.com or hand delivered to the Housing Tools office by the deadline.

Cover   Page 1
One complete and signed cover sheet must be submitted for each application. (Reference the NOFA, Section IV for grant terms and Section V for concept definitions.)

Eligibility Thresholds   Pages 2-6
The three eligibility thresholds are based on the requirements specified in the FY2017 NOFA, Section V and must be complete for each project application. A specific number of points must be completed for the threshold to be eligible for ranking. In other words, the thresholds determine eligibility on a pass/fail basis, prior to the application ranking; the threshold scores are not considered in the ranking process.

> **Applicant Eligibility Threshold – All Project Applicants**   Pages 2-3
> All applicants must complete the *Applicant Eligibility Threshold* section. All areas of Project Eligibility are pass/fail. Proposed Sub-recipients must also complete the Application Eligibility Threshold section and attach it to the principle application.

> **Project Quality Threshold – New Project Applicants**   Pages 4-5
> New projects need to complete the *Project Quality Threshold* section. Each project will complete one section that corresponds to the type of project being proposed. Applicants who have previously administered a CoC-funded project, and are applying for a new project, will also complete the final section of the Project Quality Threshold. Project applicants should check the box and provide narrative support for each area in a second, attached document. The narrative may consist of an explanation and/or reference to an attached policy and procedure manual. Either should be labelled as directed. Points will be assigned for each checked area which is adequately supported. The new project applicant must earn the minimum points noted for this section to be eligible for ranking.

> **Project Renewal Threshold – Renewal Project Applicants**   Page 6
> Renewal projects need to complete the *Project Renewal Threshold*. These projects are considered to have previously met the Project Quality Threshold and maintain those standards. HUD will review applicant eligibility based on monitoring reports. Applicants complete this threshold in order to identify any areas of non-compliance. If any box is not checked, the applicant needs to attach an explanation of how the area of concern has been, or will be, resolved.

Project Ranking   Pages 7-12
A range of points will be assigned for achieving the specified criteria for each component in the Ranking Criteria section. Ranking will be determined by the project's ability to demonstrate that its administrative, operational, and service delivery aligns with HUD and the CoC's housing, service and funding priorities;

represents policies set by HUD and strategies articulated in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness;* and achieves realistic performance measures. Where possible, data from the HUD Annual Performance Reports (APRs) should be used. When evidence is requested, applicants will need to provide a succinct description and/or reference written policies to prove the proposed project addresses the ranking criteria. Applications will be ranked in order by the total points achieved.

Applicants who believe the criteria does not offer a fair advantage based on the nature of their agency or project may indicate that in the narrative of their application and request an exception. The council will consider that request during the review, score and ranking process.

Other Application Documents
The Request for Proposal and application is in conjunction with the HUD and CoC processes outlined in the following documents:
- CoC Annual Funding Application Review, Score and Ranking Procedures
- Process for Reallocation
- Project Application Review Process
- Application Timeline
- U.S. Housing and Urban Development Continuum of Care Interim Rule 24 CFR 278
- 2017 Notice of Funding Available for the Fiscal Year 2017 Continuum of Care Program Competition (FR-6100-N-25)

Questions
Any questions regarding the application or application process may be made to Housing Tools:
sallen@housing-tools.com or 530-892-2323.

FY 2017 Butte Countywide Homeless Continuum of Care
Project Application (Adopted TBD)

Project Name: _____

Applicant: _____

Contact: _____ Phone: _____

Email address: _____

Sub-recipient: (If applicable) _____

Requested Funding Amount: _____ Number of units _____ (if applicable)

Project Type (check one)
☐ New Project
☐ Renewal Project
☐ Renewal Project with Expansion

Project Type (check one)
☐ Permanent Supportive Housing
☐ Transitional Housing
☐ Joint Transitional Housing and Rapid Re-Housing
☐ Support Services Only/Coordinated Entry
☐ Homeless Management Information System

Funding Purpose (check one)
☐ Tenant-based rental assistance
☐ Leasing costs
☐ Project-based rental assistance/operating costs
☐ Support service only
☐ HMIS

Optional Funding Purpose (check one if applicable)
☐ New construction
☐ Acquisition
☐ Rehabilitation

Community To Serve (check all that apply)
☐ Countywide
☐ Biggs/Gridley
☐ Chico
☐ Oroville
☐ Paradise

Grant Term (check one)
☐ 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years
☐ 15 years

Funding Term (check one)
☐ 1 year
☐ 2 years
☐ 3 years
☐ 4 years
☐ 5 years

Authorizing Signature _____ Date _____

Eligibility Thresholds

Applicant Eligibility Threshold – All Applicants Complete	Internal Use
A. Applicant must have a Data Universal Numbering System (DUNS) number and an active registration in the System for Award Management (SAM). Check all appropriate boxes: ☐ Current DUNS number _____ ☐ Applying for a DUNS number ☐ SAMS registration is current ☐ Registering in SAMS	P F
B. Applicant must be a non-profit organization, state, local government or public agency, or public housing agency. Check the box that describes your agency: ☐ Non profit organization ☐ State local government or public agency ☐ Public housing agency	P F

C. Renewal Project *(complete only if Renewal Project)*
  1. Renewal Projects select one of the eligibility requirements below met by your agency and project:
    ☐ Any CoC Program, SHP, or S+C grant awarded in preceding competition that expires in CY 2018.
    ☐ Any S+C grant awarded prior to FY 2002 for which funding is expected to run out in CY 2018 and have never applied for renewal funding.
    ☐ Any SHP or S+C grant originally awarded in the FY 2011 Homeless Assistance Programs Competition, that has funds expiring in CY 2017 or later and has not been renewed in a previous competition.
  2. Funding Request
    ☐ Funding does not exceed Annual Renewal Amount
    ☐ If expansion is requested, expansion funds requested $_____
    ☐ If a decreased number of units is being requested in CY 2018, the proposed number of units _____
	P F
	
	N/A

D. New Projects *(complete only if a New Project)*
  1. If awarded the proposed grant, how many months after being awarded would rental assistance begin for this project? _____ months
  2. If a sub-recipient will be part of the project, the sub-recipient agency has also completed the Applicant Eligibility portion of the application and it is attached to this application.
  3. Attach proof of non-profit or public agency (label AET-D1)
  4. Description your financial and management capacity and experience to carry out the project. Attach your organization's most recent audited financials. (label AET-D2)
  5. Describe your experience successfully administering similar projects, and include a list of all your organization's federally funded projects (label AET-D3)
	P F
	
	N/A

E. Matching
 	
  1. Amount of match $_____ (Must be at least 25%)
 	
  2. Source of match _____
	P F

F.	Indirect Costs 1. Percent of direct cost _____ % (cannot exceed 10%) 2. Attach federal negotiated Indirect Cost Rate Proposal, if applicable)	P	F
G.	Statutory Requirements The administrating agency and proposed project meet all statutory and regulatory requirements in 24 CFR part 578 (Initials)_____	P N/A	F
H.	Eligible populations to be served with HUD approved projects (see 24 CFR 287 and Section V.G.2.b.). Check one population and project that describes your application: ☐ Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in **dedicated** permanent supportive housing beds ☐ Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and are served in **non-dedicated** permanent supportive housing beds ☐ Rapid rehousing project serving individuals, families, or unaccompanied youth ☐ Homeless individuals and families who originally came from the streets, emergency shelters, institutions, or transitional housing, and served through HMIS or Coordinated Entry	P	F
I.	Cost Effectiveness ☐ **Total** annual operating budget cost for the project $_____ ☐ If housing application, the number of units to be funded _____ ☐ If housing application, the cost per unit $_____	P	F
J.	Project Applicants must participate in the local Homeless Management Information System (HMIS). Check one: ☐ Currently participate in HMIS ☐ Do not currently participate in HMIS but agree to participate in the future ☐ Do not participate and are a victim service provider; use a comparable database	P	F

Project Quality Threshold – New Projects Only	Internal Use

1. **New Permanent Housing Projects** (permanent supportive housing and rapid rehousing), check all that apply (at least three are required to be eligible) and attach a description of the associated policies to prove qualification (label as indicated): ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. 2 or more bedrooms for families) (label PQT-1a) ☐ Type of supportive services ensure successful retention or help to obtain permanent housing (label PQT-1b) ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label PQT-1c) ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label PQT-1d)	P F
2. **New Joint Transitional Housing and Permanent Housing-Rapid Rehousing Projects**, check all that apply (at least three are required to be eligible) and attach a description of the associated policies to prove qualification (label as indicated): ☐ Type of housing and number of configuration of units fit the needs of the program participants (e.g. 2 or more bedrooms for families) (label PQT-2a) ☐ Type of supportive services ensure successful retention or help to obtain permanent housing (label PQT-2b) ☐ Specific plan for ensuring participants will be individually assisted to obtain benefits of the mainstream health, social and employment programs, and others, for which they are eligible to apply and meets the needs of the participants (label PQT-2c) ☐ The project is designed to assist participants to obtain and remain in permanent housing in a manner that fits their needs (label PQT-2d) ☐ The project adheres to a Housing First Model (label PQT-2e)	P F
3. **New SSO Projects** for Coordinated Assessment Systems, check all that apply (at least two required to be eligible) and attach a description of the associated policies and/or services to prove qualification (label as indicated): ☐ Coordinated Entry system is easily accessible for all persons within the CoC geographic area (PQT-3a) ☐ Project has a strategy for advertising specific to homeless persons with the highest barriers (PQT-3b) ☐ A standardized assessment process exists (PQT-3c) ☐ The project ensures participants are directed to appropriate housing and services that fit their needs (PQT-3d)	P F
4. **New HMIS Projects**, check all that apply (at least 3 required to be eligible) and attach a description of the associated policies to prove qualification (label as indicated): ☐ How funds will be expended consistent with CoC's funding strategy and furthers the implementation plan (label PQT-4a) ☐ Collects all Universal Data Elements (label PQT-4b) ☐ Un-duplicates client records (label PQT-4c) ☐ Produces all HUD-required reports and provides data as needed for HUD reporting and other federal partners (label PQT-4d)	P F

5. **New Planning Projects**, check all that apply (at least 6 required to be eligible) and attach a description of the associated policies and/or services to prove qualification (label as indicated): ☐ Governance and Operations: Conducts meetings of the entire CoC membership and has a written governance charter with CoC policies [2 points] (label PQT-5a) ☐ CoC Committees: The CoC-wide planning committees, subcommittees, or workgroups to address homeless needs that recommend and set policy priorities [2 points] (label PQT-5b) ☐ Planning activities are compliant with the 24 CFR 578.7 provisions [4 points] (label PQT-5c) ☐ Funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects [2points] (label PQT-5d)	P F
6. **Project Applicants with Previously Funded Projects** must provide proof of the following standards (label as indicated): ☐ Applicants and sub-recipients who have previously administered a CoC grant must have attach proof they have satisfactory capacity, drawdowns, and performance for existing grants that are funded under the SHP, S+C, or CoC Program (label PQT-6a) ☐ Expansion projects must describe and articulate the part of the project being expanded and clearly demonstrate it is not replacing other funding sources (label PQT-6b) ☐ Applicants must demonstrate they will be able to meet all timeliness standards required in 24 CFR 578.85. Those applicants with existing projects must demonstrate that they have met all project renewal threshold requirements and that their APR was submitted on the prior grant. (label PQT-6c)	P F

Project Renewal Threshold – Renewal Projects Only	Internal Use
1. Renewal projects must meet HUD's minimum project eligibility, capacity, timelines, and performance standards. HUD will review applicant eligibility based on monitoring reports. Check each box that is true for the proposed renewal project. ☐ Met the plans and goals established in the initial application ☐ Adhered to all timeliness standards, including expenditure of grant funds. If no, provide written explanation and steps taken to resolve the situation. ☐ *(Except HMIS dedicated projects)* Assisted program participants to achieve and maintain independent living and recording those successes ☐ Was willing to accept technical assistance, has no history of inadequate financial accounting practices, has no indications of project mismanagement, has not drastically reduced the population served, has made no program changes without prior HUD approval, or has not lost a project site	P F
2. HUD may reduce or reject funding of a renewal project for an of the following reasons. HUD's rejection of a project application could impact available funding for county services. Check the box for any item that is true for the proposed renewal project. ☐ Outstanding obligations to HUD that is in arrears or for which a payment schedule has not been agreed upon ☐ Audit finding(s) for which a response is overdue or unsatisfactory ☐ History of inadequate financial management accounting practices ☐ Evidence of untimely expenditures on prior award ☐ History of other major capacity issues that have significantly affected the operation of the project and its performance ☐ History of not reimbursing sub-recipients for eligible costs in a timely manner or at least quarterly ☐ History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes	P F

Ranking Criteria

Project Elements	Internal Use	
	Maximum	Earned
1. Project Description – All Applicants Briefly describe the proposed project. (Two page maximum; label Project Description) • Type of housing and/or services to be provided • Project goals • How the project addresses the needs of the clients to be served • Coordination with other CoC partners • service priorities and approaches	10	
2. HUD Policy Priorities – All Applicants Briefly describe how the project's goals support the 2017 HUD Policy Priorities as listed below and described in Section II of the NOFA. (One page maximum; label HUD Policy Priorities) • End homelessness for all persons • Create a systemic response to homelessness • Strategically allocate and use resources • Use a Housing First Approach	6	
3. Service Population – All Applicants Identify the homeless population(s) the project will serve. (Check all that apply) ☐ Chronically Homeless priority ☐ Chronically Homeless dedicated beds ☐ Youth ☐ Family ☐ Veteran ☐ Victim of Domestic Violence ☐ Victim of Human Trafficking ☐ Mentally Ill ☐ Physical/Developmental Disabilities ☐ LGBTQ	10	
4. Service Experience – New Applicants Only Describe the applicant's (and sub-recipient's, if applicable) experience working with the proposed population and in providing housing or services similar to that proposed in the application. (One page maximum; label Service Experience)	6	

5. Housing First Approach – All Applicants
Housing Project is low barrier and/or follows a Housing First Approach. (Check all that apply)
   ☐ Individual/family do not have to have income to access housing or services
   ☐ Individual/family will not lose housing or services if they fail to meet personal goals
   ☐ Individual/family may be actively using substances or have a history of substance use
   ☐ Individual/family may have a criminal record (except federal, state, or local mandated restrictions)
   ☐ Individual/family members may be of any sexual orientation and gender identity
   ☐ Individual/family may be fleeing domestic violence
   ☐ Individual/family do not have to participate in supportive services to maintain housing
   ☐ Individual/family do not have to make progress on a service plan to maintain housing
   ☐ Individual/family do not have to comply with any activities outside a typical lease agreement to maintain housing
   ☐ There is a process to address situations that may jeopardize housing or services to ensure that participation is terminated in only in the most severe cases
	10	

6. HUD Prioritization – All Applicants
Which factors do you use to determine severity of need and who is housed first? (check all that apply)
   ☐ Chronically homeless
   ☐ Low income or no income
   ☐ Current or past substance abuse
   ☐ Criminal record
   ☐ Have been or currently a victim of domestic violence
   ☐ LGBTQ status
   ☐ Significant health, behavioral health challenges or disability which require a significant level of support in order to maintain permanent housing
   ☐ High utilization of crisis or emergency services, including emergency rooms, jails, or psychiatric facilities to meet basic needs
   ☐ Coming from the street or unsheltered situations
   ☐ Pregnant women, infants, or toddlers
   ☐ Unaccompanied minor youth
   ☐ Vulnerability to illness or death
   ☐ Vulnerability to victimization, including physical assault, human trafficking or sex tracking
	13	

7. Prioritization of Housing Those Most in Need – Housing Projects Only Enter the answer to the box to the right of each question. a. Percent of project participants with zero income at entry (Benchmark: 80%; 30% victim service participants)		2
b. Percent of project participants with more than one disability type (Benchmark: 60%)		2
c. Percent of project participants entering project from place not meant for human habitation (Benchmark: 60%; 0% victim service participants)		2
d. Percent of project participants who were chronically homeless (Benchmark: 80%; 0% victim service participants)		2
8. Coordinated Entry Benchmarks – SSO Only Briefly describe how a Coordinated Entry project will meet the following benchmarks by the end of the contract period. (label Coordinated Entry Benchmarks) • The Coordinated Entry process will cover the CoC's entire geographic area • The Coordinated Entry process will be easily accessible • The advertising strategy reaches those with the highest barriers to accessing assistance • A comprehensive, standardized assessment process will be available to the entire community and standardized in structure delivery and evaluation across all assessments conducted using coordinated entry (note any exceptions) • The referral process ensures that participants are directed to appropriate housing and/or services • Differences in practices for any subpopulations (e.g. victims of domestic violence or youth) are based in best meeting the needs of those subpopulations	12	
9. Coordinated Entry Leadership – SSO Only Please check the box for each statement that is true for the applicant. ☐ Actively participates in the planning and development of the Coordinated Entry system ☐ Proposed services will assist with training, mentoring, and outreach in new geographic areas during the countywide roll out ☐ Proposed services will include the applicant's participation in the evaluation and enhancement of the Coordinated Entry system in key areas (e.g. access, prioritization, referral and data coordination) to improvement the system and prepare it for roll out ☐ Proposed services will support a user monitoring assessment that ensures all policies are being maintained (in particular, non-discrimination requirements, person-centered approach, cultural competencies, use of process and tools, incorporation with mainstream services, and using the HMIS system) ☐ Proposed services will expand coverage, access, or accessibility of Coordinated Entry	5	

10. Coordinated Entry Direct Services – SSO Only Please check the box for each statement that is true for the applicant. □ Uses the Coordinated Entry prioritization practices □ Maintains uniform standards in approach and decision making for diversion, prioritization, assessment, and case management □ Currently works with homeless individuals and families, and enters profiles into HMIS system, and offers system feedback when appropriate □ Currently uses the V-SPDAT assessment □ A referral database is maintained and utilized daily □ Housing search and placement will be initiated or expanded as part of the proposed services	6	
11. Best Practices Approach – SSO Only Briefly describe the applicant's case management approach to key elements of the Coordinated Entry process - assessment, scoring, prioritization, and determining eligibility. (e.g. participant choice, person-centered approach, Motivational Interviewing, diversion strategies, de-escalation, diversion, etc.) (Maximum one page; label Best Practices Approach)	5	
12. Service Coordination – All Applicants Describe how your program implements the practices below (Label: Service Coordination) a. Adopts client-centered service methods b. Engages landlords and property owners c. Assists clients in obtaining and coordinating mainstream benefits d. Manages and updates a referral database at least semi-annually	3 2 2 2	
13. Outreach – All Applicants Describe how your agency reaches out to persons least likely to request housing or services in the absence of special outreach, particularly those with barriers related to language, transportation, cognitive and physical disability and no access to a phone or the internet. (Maximum one paragraph; Label: Outreach)	5	
14. Mainstream Benefits – All Applicants a. How do you assist your project participants obtain Mainstream Benefits? (Check all that apply) □ Transportation □ Use of a single application □ Annual follow-ups with participants □ SOAR-trained staff technical assistance to obtain SSI/SSDI b. Which of the following ways does your program ensure your participants effectively utilize the health care benefits available? (Check all that apply) □ Educational materials □ In-person training □ Transportation to medical appointments □ Other: _____	4 3	

15. Performance Measures - Housing Projects Only Provide data from the past 12-month reporting period for the following questions. New projects who have not collected this data should indicate so next to each question that cannot be answered.			
a. Average number of days from referral until participant is placed in housing (Benchmark: 15 days RRH, 180 TH/PSH)		2	
b. Percent of participants that move to Permanent Housing (or remain in Permanent Housing for PSH applicants) (Benchmark: 80%)		4	
c. Percent that return to homelessness within 12 months of exiting your program (Benchmark: Less than 15%)		3	
d. Percent of participants with an increase in earned income for project stayers (Benchmark: 8%)		1	
e. Percent of participants with an increase in non-employment income for project stayers (Benchmark: 10%)		1	
f. Percent of participants with an increase in Earned income for project leavers (Benchmark: 8%)		1	
g. Percent of participants with an increase in non-employment income for project leavers (Benchmark: 10%)		1	
h. Bed/unit utilization rate (Benchmark: 66%)		4	
i. Percent of participants that access mainstream benefits (Benchmark: 85%)		3	
16. Data Quality – Existing and Expansion Projects a. Percent data quality as reported through HMIS (Benchmark: 95%; 0% victim services)		2	
b. HMIS Bed Coverage Rate (Benchmark 100%; 0% victim services)		2	
c. Applicant completed APR by designated deadline (Y/N)		3	
d. Applicant offered a presentation on the outcome of the proposed project at the CoC Council meeting within the past 12 months (Y/N)		3	
17. Implementation Timeliness – New Projects Only Describe the plan for rapid implementation of the program with proposed activities on a schedule for 60 days, 120 days and 180 days. For housing projects, include when the project will begin housing the first participant. (Maximum one page; label Timeliness)	4		
18. Active Participant in the CoC – All Applicants a. Number of CoC Council or General Membership meetings the Applicant's staff from your agency attended in the past 12 months		2	
b. Number of subcommittee meetings the Applicant's staff attended in the past 12 months		2	
c. Number of Coordinated Entry and/or HMIS meetings the Applicant's staff attended in the past 12 months		2	

19. Administrative Experience – New Applicants Only Describe your experience (and sub-recipient, if applicable) in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of sub-recipients (if applicable) regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. (One page maximum; label Administrative Experience)	5	
20. Internal Use • Application is complete • Project has reasonable costs per permanent housing unit or reasonable program costs for SSO • Project is financially feasible • Documented secured minimum match • Acceptable organizational audit/financial review • Documented financial stability of applicant • Data are consistent • Expansion of Successful Project	7 5	