

**FY2021 Continuum of Care**

**First-time Renewal Project Application**

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps. In addition, agencies that are applying for a First-time renewal of a project must complete this application.

This form is due on **October 4, 2021 at Noon** by e-mail to hsc@cityofmadison.com. **Late or incomplete applications will not be considered. Please do not wait until the deadline to submit the application. No grace period will be granted.** If you have questions, please contact Torrie Kopp Mueller, tkoppmueller@cityofmadison.com or call 608-266-6254.

**Agencies with more than one CoC project must submit a separate form for EACH project.**

|  |  |
| --- | --- |
| Agency Name |  |
| Project Name |  |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |

|  |  |
| --- | --- |
| Funding Request |  |
| Proposed # of Units |  |
| Proposed # of Beds |  |

**Please answer the following questions:**

*Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule, FY21 CoC NOFA, and FY21 CoC NOFA Policy Priorities, as well as results of the Project Performance Scorecard.*

1. Describe the grantee’s (and any sub-grantee’s) experience in administering this type of program. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.
2. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention.
3. Was the program found to be in non-compliance with the written standards for the proposed program by the CoC from September 1, 2019-Present? If yes, describe the nature of the issue and how the issue has been addressed.
4. Describe your agency’s efforts to improve service quality and outcomes for the proposed program. Please include how you solicit and incorporate feedback from program participants.
5. Describe key partnerships your agency has established that have helped with implementation of this project.
6. What percentage of staff members working for this program identify as Black, Indigenous or a Person of Color? (Info only, to be scored in FY22)
7. How does this program work against systematic racism and other structures of oppression? (Info only, to be scored in FY22)
8. How is this program and its practices culturally responsive to the population(s) who participate? (Info only, to be scored in FY22)

**Alignment with Housing First Principles**

1)    Please attach your agency and/or project written policies or procedures that clearly demonstrate participants are NOT SCREENED OUT based on the following criteria, and indicate the document and page number where the panel can find each provision.

Please Note: if a policy or procedure applies to all CoC-funded projects or agency-wide, you may submit one copy per agency. If you have different policies or procedures for different projects or project types, submit one copy of each relevant policy and specify to which project or projects each one applies.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Document/File** | **Page Number** | **Name of Project(s) (or “All Projects”)** |
| Having too little or no income |  |  |  |
| Active, or history of, substance use or a substance use disorder |  |  |  |
| Having a criminal record \* |  |  |  |
| History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement) |  |  |  |

\*1A) Please note if there are specific criminal records the program denies for, what they are and the reason for denial.

2)    Please attach your agency and/or project written policies or procedures that clearly demonstrate participants are NOT TERMINATED from the program for the following reasons, and indicate the document and page number where the panel can find each provision.

Please Note: if a policy or procedure applies to all CoC-funded projects or agency-wide, you may submit one copy per agency. If you have different policies or procedures for different projects or project types, submit one copy of each relevant policy and specify which project or projects each one applies to.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Document/File** | **Page Number** | **Name of Project(s) (or “All Projects”)** |
| Failure to participate in supportive services |  |  |  |
| Failure to make progress on a service plan |  |  |  |
| Loss of income or failure to improve income |  |  |  |
| Being a victim of domestic violence |  |  |  |

**Information Only**

1. What has been the most significant challenge in implementing this program?
2. What has been the biggest success in program implementation?
3. What support do you need from the CoC for this program to continue successfully? Please note that the CoC may not be able to provide all support requested.