

**FY2023 Continuum of Care**

**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 must complete this Renewal Project Application for each program.

This form is due on **Tuesday, August 29, 2023 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 Type | **\_\_\_Permanent Supportive Housing (PSH) \_\_\_Rapid Rehousing (RRH)** |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |

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

|  |
| --- |
| **Threshold Criteria** |
| Does the agency have any outstanding HUD monitoring findings? If yes, please provide explanation. | \_\_Yes \_\_No |
| Does the project comply with the [CoC Interim Rule 24 CFR 578](https://www.in.gov/ihcda/files/housing-urban-dev-24-cfr-part-578.pdf)?  | \_\_Yes \_\_No |
| Does the agency have a SAM.gov registration?  | \_\_Yes \_\_No |
| Does the agency have an active Unique Entity ID (formerly DUNS Number)?  | \_\_Yes \_\_No |
| Does the agency have any delinquent federal debt? If yes, please provide explanation. | \_\_Yes \_\_No |
| Is the agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? If yes, please provide explanation. | \_\_Yes \_\_No |
| Does the agency currently enter data into the Homeless Management Information System (HMIS) or comparable database for Domestic Violence providers? If no, please explain how the agency plans to become an HMIS agency by the project start date in the narrative below. | \_\_Yes \_\_No |
| Does the agency commit to participating in system-wide continuous quality improvement activities?  | \_\_Yes \_\_No |
| Does the agency agree to participate in the [Coordinated Entry System](https://www.danecountyhomeless.org/coordinated-entry) and follow Coordinated Entry [policies and procedures](https://www.danecountyhomeless.org/_files/ugd/73dee7_e4c12835ebd34575a0d566833b7ad279.pdf)?  | \_\_Yes \_\_No |
| Does the agency agree to follow the [Dane CoC Written Standards](https://www.danecountyhomeless.org/governance)? | \_\_Yes \_\_No |

**Please answer the following questions:**

*Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule, FY23 CoC NOFO, 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. In your last operating year:
	1. How many households exited the program?
	2. Why did the households exit? (i.e. one was terminated from the program & one moved into subsidized housing & one was evicted):
	3. If the participant(s) was evicted, please list the reason?
	4. Did the program attempt an agency transfer for any of the leavers? If so, what was the outcome?
	5. How many new households entered the program?
	6. How many transfers were accepted into the program?
4. Describe your agency’s efforts to improve service quality and outcomes for the program. Please include how you solicit and incorporate feedback from program participants.
5. What percentage of staff members working for this program identify as Black, Indigenous or a Person of Color?
6. How does this program work against systematic racism and other structures of oppression?
7. How is this program and its practices culturally responsive to the population(s) who participate?
8. What barriers does your project have for participation by Black, Indigenous and Persons of Color (e.g. lack of outreach)? What steps has your agency taken or will take to eliminate the identified barriers?
9. **FOR RRH Projects** – Please describe the method the project uses for providing rental assistance (progressive engagement, flat fee for all participants, tiered payments, etc.) and the rationale for this approach.
10. **For PSH Projects** – Please describe any resources, formal partnerships or best practices the project has to serve participants with the most severe needs.

Please provide any information that will give context to any low scores on the Project Performance Scorecard.

**BONUS POINTS**

 PSH and RRH projects that leverage housing and healthcare resources are eligible for up to 20 bonus points. For housing leverage, please attach a letter of commitment, contract, or other formal documents that demonstrate the number of subsidies being provided or units being provided to support this project. For healthcare leverage, please attach a written commitment that includes the value of the commitment and dates the healthcare resources will be provided.

Information for Bonus points, from p. 103-104 of the NOFO

 **Leveraging Housing Resources**: CoCs will receive full points by demonstrating that they have applied for at least one PSH or RRH project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs. The CoC must demonstrate that these housing units will:

 -in the case of PSH, provide at least 25% of the units included in the project

-in the case of RRH, serve at least 25% of the program participants anticipated to be served by the project

Housing leverage can come from the following sources: private organizations, state or local government (including through the use of HOME funding provided through the American Rescue Plan), Public Housing Agencies (including through the use of a set aside or limited preference), faith-based organizations or federal programs other than the CoC or ESG programs.

 **Leveraging Healthcare Resources**: CoCs must demonstrate through a written commitment from a healthcare organization that:

 -in the case of a substance use disorder treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify an choose those services; or

 -the value of assistance being provides is at least an amount that is equivalent to 25% of the funding being requested for the project, which will be covered by the healthcare organization.

Sources of healthcare resources include: direct contributions from a public or private health insurance provider to the project (e.g. Medicaid) and provision of health care services by a private or public organization (e.g., Ryan White funded organization) tailored to the program participants of the projects.