



**FY2019 Continuum of Care
Supplemental Questionnaire
New Projects, Renewals, DV Bonus and Permanent Housing Bonus**

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snap. In addition, agencies must complete this Supplemental Questionnaire for each program.

This form is due on **To be decided based on NOFA** by e-mail to hsc@cityofmadison.com. 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.**

Name of Agency: Institute for Community Alliances

Name of Project: Madison/Dane CoC HMIS

Proposed Amount: \$44,500

Please answer the following questions:

Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule, FY19 CoC NOFA, and FY19 CoC NOFA Policy Priorities, as well as results of the Performance Measure Ranking Criteria.

1. Describe experience of each grantee (and sub-grantee) for administering this type of HUD-funded program. Please describe experience for all staff involved with this program.

The Institute for Community Alliances is a 501c3 non-profit organization specializing in HMIS Lead and System Administration headquartered in Des Moines, Iowa. ICA has been involved in HMIS lead and administration projects and activities since the inception of HMIS in 2001. ICA has functioned in this role for the Iowa statewide implementation from its inception in 2001 and has been the HMIS lead in Omaha, Nebraska since 2006. In 2014, ICA became the HMIS lead agency and system administrator for the Wisconsin statewide HMIS. ICA currently provides HMIS lead services across 33 HUD-defined Continua of Care in 11 states and manages dozens of HUD CoC HMIS grants (including 5 expansion grants) totaling more than \$3 million in support of this work.

ICA has an eight person management team with a combined 60 plus years of experience administering HUD CoC grants, including general fiscal management and staff supervision. The ICA management team is geographically dispersed throughout its service delivery area, with management operating in Des Moines, IA, Jefferson City, MO, Omaha, NE, Madison, WI, and Minneapolis, MN. The ICA executive assistant/grant manager operates from its headquarters in Des Moines, IA, and works with the management team on a daily basis to track project revenues and expenditures. Budgets and bookkeeping for each of the five major HMIS implementations are tracked separately, with commingling of funds from each project strictly prohibited.

Oversight and responsibility for the HMIS systems is disbursed between the management team members, with each regional director maintaining responsibility for their respective projects and CoC grants.

ICA has established itself as a performance leader in HMIS services. ICA believes in the value of data to inform program development and improved clients' services/outcomes. Our staff ensure that accurate data is entered into the system and, as importantly, accurate and useful reports are generated from the system for agency, local community and CoC use.

2. Out of total program budget, including leveraged funds, what percentage are HUD funds? Please provide a breakdown of funding sources and amounts for this program. (Not scored, for information only)

HUD CoC Program grant: \$44,500 (80% of total project funding)

Match: \$11,125 (20% of total project funding)

Total Budget: \$55,625

3. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention. For Coordinated Entry, please describe how your project takes proactive steps to minimize barriers to access of the Coordinated Entry System.

Not applicable

4. In your last operating year: (N/A for New Projects)

How many households exited the program?

Why did the households exit? (i.e. one was terminated from the program & one moved into subsidized housing & one was evicted):

If the participant(s) was evicted, please list the reason?

Did the program attempt an agency transfer for any of the leavers? If so, what was the outcome?

How many new households entered the program?

How many transfers were accepted into the program?

Not applicable

5. If a participant exits to a non-permanent destination does your agency have the capacity to provide ongoing support services? If so, for how long? Please describe the scope of services provided (Not scored, for information only)

Not applicable

6. What is the status of the program's written standards checklist submission? Check one box below.

- The program has submitted the applicable written standards checklists to CoC Coordinator. All sections were answered with yes or N/A.
- The program has submitted the applicable written standards checklists to CoC Coordinator. One or more questions were answered with no. Specify the section: _____
- The program receives EHH or CoC funds but has not submitted the checklists to CoC Coordinator. They are submitted with this application.

- The program is currently operating but not receiving EHH or CoC funds. Applicable checklists are submitted with this application.
- The proposed program is new and currently not operating. Applicable checklists were filled out based on the agency's plan for compliance and are submitted with this application.

The Dane CoC Written Standards are not applicable.

The Wisconsin HMIS abides by several governing documents including the HMIS Governance Charter, the HMIS Policies and Procedures, Agency Participation Agreements and User Agreements. All documents are updated annually and approved by the HMIS Advisory Board and the four participating Wisconsin CoCs.

7. New Projects and those operating less than one fiscal year only. Please provide a data narrative on what your project has accomplished thus far or what you hope the project will accomplish once in operation. Data points to include are those found on the performance spreadsheet and include: expenditure of funds, data quality, cost per exit, utilization rate, increase in participant income, successful exits, and returns to homelessness. (https://docs.google.com/spreadsheets/d/1uYsK2uru_gqf085cifmuK_6RTipc5xOOU5xDv3I9tZc/edit?usp=sharing)

8. Is your agency actively participating in the Homeless Services Consortium (HSC)? List names of staff who participates in HSC Committees or Work Groups below.

Committee Name	Staff Name
Community Plan to Prevent and End Homelessness Oversight Committee	
CORE Committee	Maggie Carden, Katie Spaeth
Education and Advocacy Committee	
Point-In-Time Committee	
Nominating & Governance Committee	Maggie Carden
Committee to End Youth Homelessness	
Shelter Providers Committee	Madeleine Martino Fox
HSC General Membership Meetings	
HSC Board of Directors	Maggie Carden
Built for Zero	Katie Spaeth
Outreach Providers Group	

Family Placement Group	Katie Spaeth
Housing and Health (H2)	

Alignment with Housing First Principles (N/A for Coordinated Entry)

- 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			
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Policy for Funding Consideration

To be eligible for funding consideration, Project Applicants must meet the following criteria:

All Project Sponsors

- Must meet all HUD eligibility criteria
- Must meet all pre-application deadlines set by the CoC.
- Must have met all program requirements for most recent program year to be eligible for application.
- Must be a 501(c)3, 501 (c)4, PHA or local government
- Must possess legal authority to apply for and receive funds and carry out activities authorized by the CoC Program.
- Must provide supplementary match funds required by HUD.
- Must participate fully in the Dane County CoC process to coordinate and integrate with other mainstream programs for which homeless populations may be eligible.
- Must assume responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.
- Must be in compliance with all local, state, and federal civil rights laws and Executive Orders as well as all standards outlined in the U.S. Department of Housing and Urban Development CoC NOFA.
- All project applicants must meet any HUD certification requirements as outlined in the 2019 CoC NOFA.
- Project applicants for new projects will be required to enter data into the HMSI system, with the exception of Domestic Violence programs that are exempted by the Violence Against Women Act.

Signature: _____ Date: _____

Contact Person: _____ E-Mail Address: _____

Phone Number: _____