

**FY2022 Continuum of Care**

**Special 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 special renewal of a project must complete this application.

This form is due on **Wednesday, August 31, 2022 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 |  |

|  |
| --- |
| **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 on becoming an HMIS agency by the YHDP project implementation 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 and FY22 CoC NOFA,.*

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 October 1, 2020-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?
7. How does this program work against systematic racism and other structures of oppression?
8. How is this program and its practices culturally responsive to the population(s) who participate?
9. 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?

**Alignment with Housing First Principles**

1)    Please attach your agency and/or project written policies 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. If applying for more than one project, submit the policies one time if they apply to all projects seeking funding.

|  |  |  |
| --- | --- | --- |
|  | **Name of Document/File** | **Page Number** |
| 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 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. If applying for more than one project, submit the policies one time if they apply to all projects seeking funding.

|  |  |  |
| --- | --- | --- |
|  | **Name of Document/File** | **Page Number** |
| 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.