

## ***Commission on Homelessness for Volusia & Flagler Counties***

### **FL-504 Volusia-Flagler Continuum of Care 2017 Funding Portal Application**

HUD CoC Competition for FY 2017 has been release. The local application will be submitted via Communityforce.org on line application resource. Instructions for accessing the local Communityforce.com will be emailed to those agencies who have submitted an intent to apply for CoC funding by July 28, 2017. You must have completed the letter of intent to apply and sent this in no later than July 28, 2017 in order to be able to access the Communityforce webiste. The instructions will also be posted on the [ vfcontinuum.org] website.

The final Full NOFA workshop will be scheduled for July 31 and August 3, 2017, giving agencies two opportunities for a representative to attend. This will be a mandatory workshop for any agency that wishes to apply for funding. At that time application and instructions on how to apply to New, Bonus and Renewal applications in Communityforce will be released. HUD's CoC Notice of Funding Available (NOFA) can be accessed at HUDEXchange.info, or the CoC's website at [www.vfcontinuum.org](http://www.vfcontinuum.org).

A. The local supplemental application will be completed via the local Communityforce application website and be scored by the CoH Applications Committee members. Instruction to access this website will be sent out and posted on the website the week of July 31<sup>st</sup>. Please complete all narrative, questions and attach required attachments for each identified area. Each section must be completed 100% before submission. **All submissions are due by Tuesday, August 25, 2017 at 3:00 p.m.** Any submission received after the stated deadline will be ineligible for the 2017 NOFA.

B. **The HUD CoC Project Application is to be submitted in online esnaps ([esnaps.hud.gov](http://esnaps.hud.gov))** by August 25, 2017 by 3:00pm. This application will be scored for accuracy, completeness, threshold requirements and timeliness.

C. Agencies or Organizations who have not previously completed a Coordinated Assessment Agreement this calendar year or are not currently participating in HMIS, must submit one in order to be considered for funding. (Coordinated Assessment Agreement is can be accessed via: Victoria Brown-Searle at [vsearle@vfch.org](mailto:vsearle@vfch.org))

D. Please answer all of the questions thoroughly and completely. There will be a limit of 500 words for narrative questions, therefore it is important to be concise, accurate and thoughtful about what and how you relate information via the narrative portions.

The Applications Committee will be using a combination of data (compiled separately from HMIS reports and APR's for renewal applications) and narrative information to score the respective applications. Applicants will be scored based on the responses to the application and associated data that is requested or accessed via the HMIS and HUD esnaps systems; Where there is an identified discrepancy, the Applications Committee will defer to the information that has been submitted to HUD.

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E. Continuum of Care programs may not be fully funded or may not be renewed for funding based on **program performance** and/or if HUD does not have funds sufficient to renew all current grants.

F. For technical assistance please send questions in writing to Carolyn Dodge at [cdodge@vfcch.org](mailto:cdodge@vfcch.org) and one of the Applications Committee members will respond.

G. The agencies ranked in either Tier 1 or Tier 2 priority listing will be the only agencies funded providing our CoC realizes the full amount of our Annual Renewal Demand (ADR) from HUD. Not all agencies who apply may be funded.

H. Fees: An application fee of \$750 for **renewal** applications only, is to be paid to the Volusia Flagler County Coalition for the Homeless, Inc. prior to the submission deadline of August 25, 2017 at 3:00pm. New applications **DO NOT** have to pay an applications fee however all new applications must include \$500 per grant allocated to Homeless Management Information System (HMIS) in the grant budget. Applicants must be members of the Commission on Homelessness (FL 504 CoC) in good standing in order to be able to submit an application. (Contact: Victoria Brown-Searle at [vsearle@vfcch.org](mailto:vsearle@vfcch.org) for membership application and fee schedule)

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### **FL-504 Volusia-Flagler Continuum of Care Local Application Instructions and Supplement Grant FY 2017**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please type your response to the following questions: **Limit responses individual narrative to 500 words.**

**For All Applications: Chose one category and one component per grant submission.**

**Renewal:** Permeant Supportive Housing Chronically Homeless, (PSH) Dedicated PLUS, Rapid Rehousing (RRH)

**Renewals that have not yet completed their first year (score as new):** PSH Chronically Homeless, RRH, Homeless Management Information System (HMIS) and Supportive Services Only (SSO): Coordinated Entry

**New reallocation:** PSH chronically homeless, PSH Dedicated PLUS, RRH, Joint Transitional- RRH, PSH Expansion

**Bonus:** PSH chronically homeless, PSH Dedicated PLUS, RRH, Joint Transitional- RRH, PSH Expansion

#### **Section I: Program Narrative**

1. Please describe how the program assists the CoC in creating a systematic response to ending homelessness in accordance with the 2017 HUD NOFA and in the Federal Strategy to Prevent and End Homelessness (<https://www.onecpd.info/resource/1796/opening-doors-federal-strategic-plan-to-prevent-end-homelessness-2010/>). Include:
  - A. The priority population served (chronic homeless, homeless veterans, families, or youth), including priority population for renewal projects that are designated for turnover beds and include: the numbers of individuals served in the most recently completed grant (FY 2015-16 / or 2016-17) and/or the proposed numbers to be served in FY 2017-18.

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- B.** HUD's 2017 funding priorities include the identification and prioritization of the most vulnerable chronically homeless adults for entry with an emphasis on employing a housing first approach that significantly reduces or eliminates the number of barriers to entry (income, legal issues, substance abuse issues, prior evictions, mental health etc....). Please describe your current housing intake process if currently facilitating permanent housing or address how you will implement compliance with the CoC's adoption of Notice CPD 14-012 as superseded by Notice CPD 16-11 and 17-01, prioritization of program participants for all housing programs beginning with HUD funded programs, how program participants are identified and enrolled into the program and demonstrate commitment to Coordinated Entry to include the ability to adhere to Notice CPD 14-102 prioritization schedule as superseded by Notice CPD 16-11 and 17-01.
- C.** How your agency interfaces and coordinates with other homeless assistance providers, and other systems (workforce, DCF, corrections, mental health, health care, foster care, etc.) to end homelessness for the population served; include how participants are assisted to obtain employment and/or increase resources (mainstream benefits) to gain self-sufficiency.
- D.** Please describe your agency's implementation of and adherence to the Housing First Model for the program in the past year or any that will be implemented in 2017 or 2018 to increase progress toward performance goals and System Performance measures.
- E.** Please describe what evidenced based / proven/ promising practices your program incorporates in concert with the Housing First Model—justify evidenced based and/or proven practices.

### **Section II: Budget/ Narrative**

- 2a.** Please provide the program budget that includes the sources of all income contributed along with a budget narrative. Indicate the source of matching funds required and amounts and sources of funds that can be leveraged by the Continuum of Care funding. *Note: that each agency is required to include leveraged funds in the online communityforce application.*
- 2b.** Percent of administration costs.

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**2c.** Match threshold Requirements: Each agency is required to include Match and documentation in their e-snaps application in order to be considered for funding.

**2d.** Please provide documentation of both match and leverage that is being submitted for this grant.

### **Section III: Administration / CoC Participation:**

**3a & 3b:** Describe the agency's experience in administering public funds; Include agencies capacity to add additional programs, ability to draw down funding and comply with HUD's financial requirements.

- i) For renewal applications: Has your agency returned CoC funds during the last 5 years from any HUD funded programs? If so, please report the year, the amount returned and the reason funds were not fully expended. Please provide copies of your monthly draw down submission receipts from LOCCS/E-LOCCS

**3c. thru 3e:** Please describe the participation of agency staff in the CoC required operations, including the annual Point-in-Time Count, Gaps analysis, Community Planning Workgroups, CoC Committees (Board of Directors, Applications, Strategic Planning, SSVF, discharge planning, HMIS, shelter, Flagler Homeless Solutions Task Force). In the last year, how often have your agency participated in committee meetings and attended CoC meetings: please be specific.

### **Section IV: HMIS**

#### **Renewals Projects**

**4a.** HMIS Data Quality and Program Performance: What is your most recent Data Completeness report card grade. Please attach most recent Data Completeness Report Card Cover Page Summary and Overall Summary for the grant period as reported in the last APR.

**4b.** Describe the agency's data quality and security practices and procedures.

**4c.** Does your agency enter into the HMIS database for other non-HUD funded programs? Is so please identify the programs.

#### **New Projects:**

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**4a.** Please describe the agency's experience in collecting and using data on services provided to meet outcome and/or performance measures. Does your agency currently participate in the Homeless Management Information System (HMIS) or other databases? If your agency does not currently participate in a database, please describe your data collection methods and indicate if you are willing and able to implement use of HMIS for the activities funded under the CoC funded Grant or providing data **from a comparable data base if serving Domestic Violence?**

**4b.** Describe the agency's data quality and security practices and procedures.

**4c.** Does your agency enter into the HMIS database for other non-HUD funded programs? If so, please identify the programs.

### **Section V: Program Performance / Experience**

**5.** Program performance for renewal applications will be scored by a subcommittee of the Applications Committee.

#### **For New Project Applications:**

- 5. a.** Describe the applicant's experience in providing housing and supportive services to the homeless as well as the agency's experience in meeting performance requirements.
- b.** Describe the management resources that the agency has available which will support the implementation of a new program.
- c.** If your agency lacks or has never been funded by HUD, do you have the resources and capacity to deliver services in accordance with CFR 24, Part 578 (this may include other agencies which are willing to mentor you through the process: If so please provide a letter of support on letterhead from that agency).

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### **CoC Applicant Checklist:**

\_\_\_\_ Proposal Cover Sheet

\_\_\_\_ \$750.00 Application Renewal Fee (for renewal applicants only)

\_\_\_\_ Program Budget and Budget Narrative

\_\_\_\_ HMIS Data Completeness Report Card (Renewals)

- Most Recent grant year completed (as reported on the APR)
- Current Report Card for the program

\_\_\_\_ Esnaps Application

*(Please note: Completed Esnaps application must be exported into PDF format and uploaded into the appropriate Communityforce attachment.)*

\_\_\_\_ Included within esnaps application

- SF - 2880 Disclosure-update report
- SF - 50070 Certificate of a Drug Free Work Place
- SF- LLL Lobbying Certification
- Survey Ensuring Equal Opportunity
- Code of Conduct
- Documentation of Non-Profit 501 (c) (3) Status

\_\_\_\_ Other required attachments

\_\_\_\_ Articles of Incorporation / Bylaws

\_\_\_\_ Applicant's most recent annual budget

\_\_\_\_ Most Recent Audit

\_\_\_\_ Current copy of Board Roster

\_\_\_\_ Signed CoC Coordinated Assessment Agreement