

FL504 Volusia-Flagler Continuum of Care 2015 Funding Application

HUD implemented the CoC Competition for FY2015. The following application and instructions apply to New, Bonus and Renewal applications. HUD's CoC Notice of Funding Available (NOFA) can be accessed at HUDEXchange.info or on the CoC's website at www.vfcontinuum.org.

HUD CoC Renewal, New PSH, HMIS, New Coordinated Entry and PSH Bonus Project Applications must be uploaded in esnaps by 3:00pm October 19, 2015.

Three copies of the local supplemental application with associated documentation and one electronic copy of the local supplemental application with associated documentation must be delivered along with the application fee to the Volusia/Flagler Co. Coalition for the Homeless, 101 N. Woodland, Blvd., Suite 401, DeLand, by 3:00pm on October 19, 2015:

There will be NO exceptions for late submissions.

A. Fees: An application Fee of \$750 for **renewal** applications to be paid on delivery of the application. New applications must include \$500 per grant allocated to HMIS in the operations budget. Fees are not required for new applications. No membership fees are required.

B. The HUD CoC Project Application is to be submitted in online in esnaps (esnaps.hud.gov). This application will be scored for accuracy, completeness and timeliness.

C. Local Application Supplement (below). This document will be scored by the Ranking and Review Committee members.

D. Coordinated Assessment Agreement (attached). Required to be eligible for CoC funding.

E. Please answer all of the questions thoroughly and completely. The Applications Committee will be using a combination of data 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. Where there is an identified discrepancy, the Applications Committee will defer to the information that has been submitted to HUD.

F. Continuum of Care programs may not be fully funded or may not be renewed for funding if HUD does not have funds sufficient to renew all current grants.

G. For technical assistance please send questions in writing to contact vsearle@vfcch.org and one of the applications Committee members will respond.

H. The agencies ranked in either Tier one or Tier two priority listing will be the only agencies funded providing our CoC realizes the full amount of our Annual Renewal Demand from HUD. Not all agencies who apply may be funded.

J. The Proposal Cover Sheet which is a separate Attachment accompanying this application should be completed and submitted with this application.

**FL504 Volusia-Flagler Continuum of Care
Local Application Instructions and Supplement
Grant FY 2015**

Agency Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone No.: _____

Please type your response to the following questions:

For All Applications:

1. Please describe how the program ends homelessness for a priority population identified 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.
 - B. The numbers of individuals served in the most recently completed grant (FY 2013-14 / or 2014-15) and/or the proposed numbers to be served in FY 2015-16.
 - C. How program participants are identified and enrolled into the program.
 - D. How participants are assisted to succeed in the housing program. Specify the performance measures of the program and explain how the measures are the best indicators of success for the population.
 - E. How participants are assisted to obtain employment and/or increase resources (mainstream benefits) to gain self-sufficiency.
 - F. How your agency interfaces and coordinates with other homeless assistance providers, and other systems (workforce, DCF, corrections, mental health, health care, foster care) to end homelessness for the population served.
 - G. The best practices, training, or curriculum implemented by the program in the past year or any that will be implemented in 2014 or 2015 to increase progress toward performance goals.

2. Does the agency strategic plan include one or more goals set forth in the Federal Strategic Plan to Prevent and End Homelessness? Please provide a copy of the agency's strategic plan.
3. 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 (esnaps) application.

Leverage Threshold Requirements: Each agency is required to include leverage in their e-snaps application in order to be considered for funding.

4. Continuum of Care Participation. Please describe the participation of agency staff in the CoC required operations, including the annual Point-in-Time Count, Gaps analysis, Community Planning Work Groups, CoC Committees (board of directors, ranking and review, 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.
5. HUD's 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 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/transitional housing or address how you deal with the barriers to entry and ability to employ or move towards a housing first approach.
6. Describe the agency's experience in administering public funds. Please provide the most recent audit or financial review, a copy of the roster of the Board of Directors, and a copy of the most recent annual budget.

For Renewal Applications

In addition to completing questions 1-6, please respond to the following:

7. 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

8. 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 .

A. Describe the agency's data quality and security practices and procedures.

B. For the **most recent** grant year 13-14 or 14-15 (respective to grant year start and end dates) , did the agency submit the program's Annual Progress Report on time? Was a revised APR filed? If you did not meet your goals, what was the reason?

C. Please report the annual bed utilization rate for the program.

D. Please provide a copy of the HMIS null values reported in the online (esnaps) application.

E. 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 .

F. Please provide the following outcome measures as reported in esnaps for the most recently completed grant year as reported in the APR. For those agencies who have not yet completed an APR for a funded project, indicate this by N/A (not applicable). This will be taken into consideration in the scoring mechanism.

1. Number of individuals who maintained or exited to permanent housing

Applicant Goal: _____ %

APR Outcome:_____ %

2. Number of individuals who have non-employment income

Applicant Goal: _____ %

APR Outcome:_____ %

3. a. PSH

Number of individuals who maintained or increased employment income

Applicant Goal: _____ %

APR Outcome:_____ %

b. Transitional Housing

Number of individuals who increased employment income

Applicant Goal: _____ %

APR Outcome:_____ %

4. Number of individuals with mainstream benefits

Applicant Goal: _____ %

APR Outcome: _____ %

9. Does your agency enter into the HMIS database for other no-HUD funded programs? If so please identify the programs.

For New Project Applications:

In addition to completing questions 1-6, please respond to the following:

10. Describe how the applicant meets all HUD's eligibility requirements under the 2015 CoC Competition, as set forth in the Project Profile in esnaps.

11. Describe the applicant's experience in providing housing and supportive services to the homeless.

13. Please describe the agency's experience in meeting performance requirements.

14. 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 database? 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.

15. Describe the agency's data quality and security practices and procedures.

CoC Applicant Checklist:

____ Proposal Cover Sheet

____ Three copies of esnaps grant submission and supplemental application with all required documentation

____ One electronic copy of esnaps grant submission and supplemental application with all required documentation

____ Copy of HUD APR Questions (if A RENEWAL):

(Q-5), (Q-7), (Q- 10&11), (Q-24), (Q -26 a1& a2), (Q26 b1& b2),

(Q-27), (Q-31a4), (Q36 & 37)

____ Program Budget and budget Narrative

____ HMIS data Completeness Report Card

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

____ Copy of SF- 424 documentation (required for all projects in esnaps)

____ Applicant's most recent annual budget

____ Most Recent Audit

____ Copy of Board Roster

____ If a renewal project, \$750.00 Renewal Fee

____ Signed CoC Coordinated Assessment Agreement

