

# THIS IS THE MANUAL/INSTRUCTIONS

Central Florida Continuum of Care (CoC FL-507)  
2018 Application for HUD CoC Program Funding  
*Application Instructions*

## Table of Contents

Section 1	Applicant Information	p. 2
Section 2	Basic Project Information, Classification and Status	p. 2
Section 3	Key Project Characteristics – Housing	p. 8
Section 4	Key Project Characteristics – Supportive Services	p. 14
Section 5	Geographic Coverage and Responsiveness to Jurisdictional Priorities	p. 25
Section 6	Identification of Target Population(s) and Service to Sub-Populations	p. 27
Section 7	Housing First/Zero Barrier Approach	p. 29
Section 8	Participation in Coordinated Entry System/Prioritization Based on Need	p. 35
Section 9	CoC Involvement and Engagement	p. 40
Section 10	Increasing Access to Mainstream Benefits	p. 47
Section 11	Proximity of Key Resources and Services to Housing	p. 50
Section 12	Program and Financial Management Issues	p. 52
Section 13	Applicant and Project Budget	p. 56
Section 14	Project Performance, Cost-Effectiveness and Alignment with System Performance Measurement Initiatives	p. 64
Section 15	New Projects: Key Information	p. 65
Section 16	New Projects: Permanent Housing Bonus Project	p. 66
Section 17	New Projects: Narrative for Applicants Providing Supportive Services	p. 67
Section 18	New Projects: Narrative for Applicants Providing Housing	p. 72
Section 19	OACG: Intensive Case Management	p. 74
Section 20	OACG: Housing Location/Landlord Services	p. 76

**Complete and submit all relevant sections of this Application, including all required attachments and certifications, by 5:00 PM EST, Tuesday, August 14, 2018.**

**Application Instructions:**

Complete and submit all relevant sections of this Application, including all required attachments and certifications.

**Background:**

1. Please carefully read this Application together with the Request for Applications and its attachments. You may email questions to [application@hsncfl.org](mailto:application@hsncfl.org) through August 9th, 2018. Between August 9 - 14 efforts will be made to answer questions, but agencies should not count on receiving answers before the due date.
2. Throughout the remainder of this Application:
  - a. The words “you” and “your” are interchangeable with “the Applicant.”
  - b. “HUD CoC Program-funded” or “HUD CoC-funded” means projects funded through the HUD Continuum of Care Program under the CoC Interim Rule.
  - c. “Services” means eligible supportive services as defined in §578.53 of the CoC Interim Rule unless otherwise specifically stated.
  - d. “Housing” means eligible housing-related assistance in the form of leasing, rental assistance or operations under §578.49, §578.51 or §578.55, respectively, of the CoC Interim Rule.
  - e. Your proposed activities (whether new or renewal) will be referred to as either Housing, Services, or Housing and Services, whichever is applicable.
  - f. “Client” refers to a program participant as defined at §578.3 of the CoC Interim Rule.
  - g. “Project” refers to the total set of Housing and/or Services activities that are collectively dedicated to housing placement and stability for the target population, consistent with §578.3 of the CoC Interim Rule.
3. If your proposed Housing and/or Services will be linked with Housing and/or Services to be provided by one or more applicants other than you, the entire set of all of these activities together are considered to be the Project. Renewals that are part of a “bundled” project are one example of this.
4. All Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH) and TH-PH/RRH Projects must include both Housing and Services. In many cases, however, HUD CoC Program funds are not used to fund both the Housing and Services components, particularly because the extent to which the HUD CoC Program provides funding for Services is limited. In addition, you are not required or, in most cases even expected to directly provide both Housing and Services.
5. If you are proposing or collaborating on multiple Projects, you must submit a separate application for each Project.
6. Throughout this Application, we may use administrative or externally generated data as a comparison with/confirmation of your responses. See Attachment A-1 to this Application.

## Section 1 - Application Information

This is the only section in which the name of your agency should appear. Throughout the rest of the application you should refer to your agency as “agency” or “applicant” or “we”.

## Section 2 - General Information About Project Project and Activities

### Project Type

Which category best describes your Project Type?

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Transitional Housing (TH)
- Joint TH/PH-RRH (Transitional Housing/Permanent Housing-Rapid Re-Housing)
- Supportive Services ONLY (i.e., the entire Project consists of direct services to clients that are not connected to specific sources of rental subsidy)
- Essential System Supports (Homeless Management Information System (HMIS), Coordinated Entry System (CES))
- Other (*explain*): \_\_\_\_\_

**Tip:** HUD will likely not fund new Transitional Housing Projects, except as part of the TH-PH/RRH project type. TH-PH/RRH project must contain both a Transitional Housing component and a Rapid ReHousing component for the same project participants, who, based on client choice, will start in Transitional Housing and move onto Rapid ReHousing, remain in Transitional Housing for the entire enrollment, or participate only in Rapid ReHousing. Clients cannot have a minimum requirement for time spent in either Transitional Housing or Rapid ReHousing.

**Tip:** HUD will likely not fund new Supportive Services Only Projects, unless they are will be bundled in with another Housing Project, or if they provide Essential System Supports. It is also unlikely that HUD will select an Essential System Supports project that is submitted as a bonus project.

**Tip:** HUD CoC funds cannot be used to assist individuals or families who are at-risk for literal homelessness.

**Tip:** There would be very few eligible projects that could be submitted in the “other” category. If you do not feel that your new project fits into one of the options provided you are encouraged to discuss your project with HSN prior to submission.

## Provider Activities

For your proposed Project, which of the following are your agency proposing to do using these project funds and/or matching funds?

Check all that apply.

**Tip:** You should check the box for any activities that will be included in your project budget or as match for the project.

- Services - Street Outreach
- Services - Housing Navigation

**Tip:** Housing Navigation refers to assisting individuals/families on the by-name list (registry) to gather the information and documentation they need to establish their eligibility for CoC projects.

- Services - Housing Stability Case Management
- Services - Other Supportive Services (list):

**Tip:** Eligible "Other Supportive Services" include application fees for housing; moving costs; child care, education services, employment assistance and job training, food, housing counseling services, legal services, life skills; mental health services, outpatient health services, substance abuse treatment services, transportation, and utility deposits.

**Tip:** Eligible "Other Supportive Services" includes Intensive Case Management Teams and Coordinated Entry System - Landlord Services/Housing Locator Team if done as part of a "Support Services - not part of CoC application" as the Project Type.

**Tip:** An application for "Other Supportive Services" should clearly describe how clients of the Project will also be receiving Housing Stability Case Management.

- Housing - Scattered-Site Rental Assistance or Leasing (Tenant-Based)
- Housing - Facility- or Complex-Specific Rental Assistance or Leasing (Project-Based)
- Housing - Agency-Operated Rental Assistance or Leasing (Sponsor-Based)

**Tip:** You should select this box if your agency controls housing, that tenant will rent, in multiple locations

## Project Funded as Part of 2018 CoC Application

Whether or not this project is funded as part of the 2018 HUD CoC Application, are you willing to have it considered for other opportunities that become available through Other CoC 507 Administered Grants (OCAG) sources, including new or reallocated funds?

By checking "Yes" the applicant is affirming the desire to implement the described project and would be willing to be considered for participation if resources are made available either through reallocation between funding cycles or because of a new funding source participating in a bundled project or a new funding source for stand alone projects.

## HUD Application Type

Which of the following best describes your proposed activities for the Project?

Renewal - You will check this box if your project application is to renew your current contract, whether that contract is with HUD (county Shelter + Care projects) or directly with HSN (all others). You would be renewing for the same activities and 12 month budget.

*Tip: If you check both of the above boxes in question C, you can skip to Section 3.*

Expansion: You will check this box if you are submitting a Renewal Application, but also want to request additional funding to supplement the Renewal Project. To select this box your application must propose providing housing or services to more people and/or more services than you are currently providing to the same number of people. You cannot request additional funding for the same activities you are currently providing with your most recent contract/application.

New Project - You will select this box for any project not currently funded, or that changes your renewal (other than expansion).

What month of 2019 would you like for your new project to begin? \_\_\_\_\_

*Tip: It is unlikely that HUD will start a new project before summer, 2019 or later. You should identify your preferred start date, but actual start dates will depend on when HUD makes the project contract available, which may be different from the preferred start date you select. Make sure you answer this question if you check the New Project box.*

## HUD Application Type: Renewal

(This question is only available if "Renewal" was selected above)

Did you submit a signed "Renewal 12 Month Budget" form?  Yes  No

*Tip: If you are a renewal project you will have received a "Renewal 12 Month Budget" form which should have been signed and submitted back to HSN by 08/14/2018. If you have not agreed to this 12 month budget your project is going to be an expansion project or a new project. If you have signed and returned the form, check the box.*

Do you acknowledge potential for bundled renewal budget adjustments that may alter the amount of your proposed budget by the time the 2019 contracts are executed?  Yes  No

*Tip: If you are part of a bundled project you are acknowledging that the "Renewal 12 Month Budget" is based on the most recent contract but is not a guarantee for your 2019 contract. Current (2018) and future contract amounts may be adjusted based on factors not limited to availability of funds, organizational capacity, performance and other identified CoC priorities.*

## HUD Application Type: Expansion

(This question is only available if “Expansion” was selected above)

Did you submit a signed “Renewal 12 Month Budget” form for your non-expansion portion of this application?

- Yes  No

## HUD Application Type: New Project

(This question is only available if “New Project” was selected above)

What month of 2019 would you like for your new project to begin? \_\_\_\_\_

## Other Application Type

(optional)

By selecting either of these Other Application Types you are consenting to be considered for OCAG projects that have not been previously funded with HUD funds and are not expected to be included as part of a HUD application.

- Intensive Case Management
- CES Landlord Services / Housing Stability Case Management

***Tip:** You should check one of these boxes if you want to submit an application as a “placeholder” for any non-HUD-CoC funds that may be administered by HSN within the October 2018- September 2019 federal fiscal year. Should these funds be made available they would likely have a local jurisdictional source. At this time there are no funds identified for distribution through HSN. Should funds become available this application would be considered for scoring if a competitive process is required. The applicant should expect that additional information, beyond the ones in this application, would likely be solicited if this additional funding became available through HSN.*

***TIP:** You should check this box if you currently have a contract with the Central Florida Foundation, through the Homeless Impact Fund. If you are unsure whether you receive funding through the Homeless Impact Fund please submit a question to [application@hsncfl.org](mailto:application@hsncfl.org) to seek clarification.*

## Related HMIS Project IDs

Although this is a new project, you may want it tied to an existing project. That existing project may be receiving HUD funding or may have a different funding source. If any of the proposed activities of this Project is related to/connected to a Project already in HMIS, provide the HMIS Project ID numbers.

## Providing Services

Applicants proposing to provide Services to the Project should complete this question.

Which of the following apply to the proposed overall Project and the relationship between the Housing and the Services that will be provided?

*Tip: When answering these questions you want to answer on behalf of the parts of your project that are to be funded with these HUD funds as well as your matching funds/resources.*

Select all that apply.

- Grant Sharing/Collaborative Service Provider:** You will check this box if your project would be part of a bundled project in which you provide services for scattered site housing of project based housing that a different agency is providing. You may or may not be the only agency providing services as a part of that housing project. To check this box you also want to be open to supporting tenants/program participants meeting your eligibility requirements who are being housed by any housing providers. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Linked Services:** You will check this box if your services are intended to be provided to housing that is provided in another specific project. You will check this box if you are not open to supporting tenants/program participants meeting your eligibility requirements who are being housed by any housing providers. Instead, your services will be linked with Housing assistance that is administered by a specific housing partner and/or a specific housing location that is also part of the Project (receiving funds or providing match). The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Sole Services:** You are only willing to participate in the Project if you are selected as the sole provider of the type of the Services you propose to deliver (i.e., you are not willing to participate in “bundling”). You would check this box if, for example, you are going to be the sole service provider for a site based project and no other agencies will be providing housing stability case management at that location. You would also check this box if you intend to provide services to a new scattered site project and intend for no other agency to provide housing stability case management to tenants funded by those scattered site rents/leases. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Services for the Grant Term:** You check this box if your intention is for all of your services to be available to program participants for the entire grant term. (Grant terms may begin as early as April 1, 2019.)
- N/A**

## Providing Housing

Applicants proposing to provide Housing to the Project should complete this question.

Which of the following apply to the proposed overall Project and the relationship between the Housing and the Services that will be provided?

*Tip: When answering these questions you want to answer on behalf of the parts of your project that are to be funded with these HUD funds as well as your matching funds/resources.*

Select all that apply.

- Grant Sharing/Collaborative Housing Provider:** You will check this box if your proposal is part of a “bundled” Project in which you provide Housing for program participants/tenants, but another agency(s) is providing Services. You may or may not be the only agency providing Housing to the client served by one or more agencies. To check this box you also want to be open to housing participants that meet your eligibility requirements regardless of which agency(s) is providing the housing stability case management services. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Linked Housing:** You will check this box if the services to be provided to your housing will be provided by one or more specific partners who are identified in this project. You will check this box if you are not open to housing tenants/program participants meeting your eligibility requirements who are assigned to any service agency who is an active provider receiving referrals through the CES process. Instead, your housing will be linked with services provided by a specific services partner(s) that is also part of the Project (receiving funds or providing match). The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Housing for the Grant Term:** You check this box if your intention is for all of your housing to be available to program participants for the entire grant term. (Grant terms may begin as early as April 1, 2019.)
- N/A**

## Section 3 - Key Project Characteristics - Housing

*(this section will not show up on the online application if you are providing Services only)*

### Relationship to Case Management Service Providers

If this application includes funding and/or match for housing only, and no services funding or match, you will want to check either the first or second box.

*Tip: a project that includes funding and match for rental assistance, leasing or operations, and has no case management services funding in the budget or as match will check either the first or second box.*

*Tip: If any of your tenants will exclusively receive case management services from a provider you specifically partner with (with whom you have a contract or an MOU or an MOA) you should check the first box. In this case CES will only assign program participants to your residential unit if there are service slots available with the provider with whom you have an agreement.*

*Tip: if your tenant will be receiving case management services from service providers matched through the Coordinated Entry System, you should check the second box.*

If this application includes funding and/or match for both housing and services, you will want to check the “N/A” box. You will also need to complete both Section 3 and 4 of this application.

*Tip: S+C renewal projects should check this box.*

*Tip: A project that includes housing and case management services in the budget should check this box.*

*Tip: A project that includes housing in the budget, and has case management services as all or part of the match should check this box.*

*Tip: A project that includes services in the budget, and has housing as all or part of the match should check this box.*

\*\*\*\*\*  
**NOTE:** For purposes of this Application, a “Unit” of housing means a house, apartment, room or rooms, intended for occupancy as separate living quarters, whether in fixed locations or in scattered sites. Units and Beds are different concepts. See the NOFA Detailed Instructions for more information.  
\*\*\*\*\*

### Number of Homeless Housing Units

What is the total number of Housing Units (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period?

**Tip:** This number should include Units for which you are requesting HUD CoC funding **as well as** Units that are part of this Project that will be funded by another source **as well as** any Units that are to be dedicated for use by homeless individuals/families but are not considered by you to be part of this project. These non-Project units would be considered leveraged resources rather than matching resources. Sometimes these leveraged resources are part of a separate project for which you are submitting a different application.

## Number of HUD CoC Funded Units

Of the the amount listed above for “Number of Homeless Housing Units”, how many Housing Units/Vouchers/Slots will be HUD CoC-funded?

\_\_\_\_\_

**Tip:** This number should include only the units for which you are requesting funds from HUD in this application. This number should not include any units funded from a matching source.

## Number of Match Funded Units

Of the remaining Housing Units/Vouchers/Slots in the Project not funded by HUD (i.e., not listed above as "Number of HUD CoC Funded Units"), how many are fully committed and available to the Project?

**Tip:** This number should include any units considered part of the match. The value of these units will be noted in the match portion of your Project budget.

Please attach evidence of any such commitment and availability as a separate file.

**Tip:** This commitment would include funding commitment which should support that the matching or leveraged units are available throughout the proposed grant term.

For instructions on how to attach a document, see attachment A-2

## Type of Housing Units Provided

Select the type of Housing Units included in your Project.

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Transitional Housing (TH) Youth (up to age 25)
- Other: \_\_\_\_\_

Note: Online application will only show one of the following tables based on the choice made above.

## Total Beds

Based on your response to the number of housing units indicate the total number of BEDS (not units) to be dedicated to the Project throughout the grant period.

**Tip:** In most cases the number of beds is equal to the number of bedrooms. For example, a two bedroom unit would usually have 2 beds. If for some reason you anticipate putting more than one bed in a bedroom and you note it on this form you will be required to fill both beds to meet your project performance expectations. HUD will hold you accountable for having at least one person in each bed. So if you have a second bedroom and you have stated it will have 2 beds in it, you will be accountable for two people in that bedroom. If the makeup of the family suggests that only one person would be in the second bedroom (due to number of families members or gender of children, etc.) your project will lose points on project performance. On the other hand, if your application suggests only one person in each bedroom, and you are able to put two people into a bedroom it will be a positive on your project performance.

### Housing Units: Permanent Supportive Housing (PSH)

Enter the number of HUD-funded Permanent Supportive Housing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

### Housing Units: Rapid Rehousing (RRH)

Enter the number of HUD-funded Rapid Rehousing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of		

Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

### Housing Units: Transitional Housing (TH) for youth up to age 25

Enter the number of HUD-funded Transitional Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

### Housing Units: Other

Enter the number of Other HUD-funded Housing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

## Housing Type

Select the type of housing structures in which Program Participants will be housed (*select all that apply*).

**Tip:** *Shared Housing has two or more unrelated persons (individuals or families) living in the same unit. The two or more individuals or families must each have their own lease with the landlords. They must also have lockable, separate sleeping spaces but can have shared common area.*

**Tip:** *Clustered apartments are apartment units in one or more developments. The developments do not have to be in close proximity or contiguous to each other. A clustered apartment arrangement is slightly more restrictive than scattered site in terms of where rented/leased units will be located because the developments are previously identified and the expectation is that multiple units in each of the participating developments will be rented/leased.*

**Tip:** *The answer to this question should include both HUD funded Units and Units funded by matching resources.*

## Combination Project Details (if needed):

If you checked more than one box to indicate that more than one type of Housing will be provided, provide the number of Units and Beds to be located within each type and explain the nature of the mixed Housing type Project. For example, you might say that “5 units will be shared housing and 5 will be SRO, however all 10 are clustered apartments.”

## Housing Project Address

Enter the physical address at which the Housing for the Project is or will be located. For Projects with multiple sites, enter the address where the majority of beds will be located. (For tenant-based rental assistance and scattered-site leasing Projects, enter the address for the Housing provider’s Project’s administrative offices.)

## Status of Currently Funded Units

Complete the table based on the number of Housing units listed above.

**Tip:** *Applicants are encouraged to fully utilize resources already awarded and available for Housing before seeking funding for additional Housing units.*

How many HUD-funded Units dedicated to this Project are currently operational?

**Tip:** *A Unit is operational if it has had a tenant or a lease (for scattered site projects) or was fully available (not waiting to pass inspection or receive certificate of occupancy, etc.) for site based projects. The number should include all units that currently operational and being paid for with HUD funding, not the match.*

How many HUD-funded Units dedicated to this Project are not yet operational?

**Tip:** A Unit is operational if it has not had a tenant or a lease (for scattered site projects) or was not fully available (waiting to pass inspection or receive certificate of occupancy, etc.) for site based projects. This number should include the number of units that have not ever been operational during the current grant/contract term.

If any Units are not yet operational, please explain why:

**Tip:** The explanation should include barriers and challenges the applicant has had making units operational and what the expected timeline is to have all units operational moving forward.

How many HUD-funded Units dedicated to this Project were previously operational at some point during the current grant year but are not currently operational?

**Tip:** For example, a Unit may have been operational but may currently be offline because it needed repairs.

How many HUD-funded Units (whether or not they are operational) are currently dedicated to this Project

**Tip:** The answer to this question should equal the total of the 3 lines above.

Of the amount currently operational (row 1 of chart) how many Units would no longer be available if this Project is not renewed?

## Section 4 - Key Project Characteristics – Supportive Services

*(this section will not show up on the online application if you are providing Housing only)*

### Housing and Services Relationship

Type in the name of the housing partner(s) next to your selection.

Exclusive Housing Partner: \_\_\_\_\_

**Tip:** Select this box if your agency if 100% of the tenants to whom your agency is providing services are not being housed by you, but are being housed by one specific agency. Name that partner agency.

Inclusive Housing Partner: \_\_\_\_\_

**Tip:** Select this box if your agency if less than 100% of the tenants to whom your agency is providing services are not being housed by you, but are being housed by one or more specific agencies. Name that partner agency(s) and provide the % that each one will be housing.

Project Includes Housing:

**Tip:** Select this box if your agency will be providing the housing AND the services associated with this Project.

No Identified Housing Partner:

**Tip:** Select this box if your agency will be providing services to clients assigned through the Coordinated Entry System regardless of where those clients will live.

N/A

**Tip:** A Coordinated Entry System or HMIS application should check N/A.

### Supportive Services Provided

Select ONLY those direct services that will be provided by this project. Select all that apply:

**Tip:** Unless the project is a CES application, HUD funding should be not be requested exclusively for Intake and Entry Assessment. (A limited number of intakes and entry assessments, depending on need, can be conducted by any of the other HUD funded position.) The Applicant may, however, with to use other funding sources to fund staff dedicated to the intake and entry assessment functions.

**Tip:** Outreach positions must be dedicated to providing Street Outreach and Engagement to the Project. For example, outreach workers for a youth Project must target all youth, including singles and

*parenting youth. Outreach for a chronically homeless Project must serve chronically homeless individuals, families and unaccompanied youth.*

**Tip:** *Housing Navigation is a component of Street Outreach and Engagement. If your Outreach staff are going to be providing Housing Navigation services also, you do not need to split their time between the Outreach/Engagement and Navigation rows on this chart. If the position will be conducting Housing Navigation but not Street Outreach, their time should be identified on the Housing Navigation row. Applicants are encouraged to review the Housing Navigation/Housing Stability Case Management Scope of Work before requesting funds for this activity.*

**Tip:** *Your agency can choose to have staff dedicated to providing only Housing Stability Case Management OR staff that do both/either Housing Stability Case Management and Housing Navigation depending on the needs of the system throughout the grant term. Applicants are encouraged to review the Housing Navigation/Housing Stability Case Management Scope of Work before requesting funds for this activity.*

\*\*\*\*\*

Instructions:

**All activities referenced below are explained in detail in the “Housing Navigation and Housing Stability Case Management Scope of Work” (Scope of Work), which is Attachment F to the RFA.**

HUD CoC Program funding provides between ½ and 3 FTEs of Services positions in any Project. It is strongly recommended that applicants seeking Services funding request a number of FTE positions within this range.

The current regional standard for the annualized cost of 1 FTE of Housing Navigation and Housing Stability Case Management is \$53,000, which includes salary, fringe benefits and employment-related liabilities, and a limited allowance for mileage and supplies. The standard is only a reference; however, applicants are strongly encouraged not to exceed it.

**For RRH:** Applicants will be funded in part based on their ability to sustain and support the regional system of Housing and Services. Applicants not willing to serve all 3 counties\*\* may request no more than 1 HUD CoC-funded FTE total. Applicants not willing to provide BOTH Housing Navigation AND Housing Stability Case Management may request no more than 1 HUD-funded FTE for the function they wish to provide.

Applicants may request HUD funding for Services in increments of ¼ FTE. If you request consideration for a total number of HUD-funded Services that is not a whole number (for example, 1.25 hours), you must either: i) irreversibly commit to providing the remaining funds to provide a whole number of FTEs (in this case, the remaining .75 hours), or ii) indicate that you will use part-time positions to provide these functions.

**For PSH:** Same as RRH, except that Housing Navigation is not a HUD-funded activity in the region due to the reliance on Street Outreach. Additionally, no HUD CoC Program funding is currently used to fund Housing Stability Case Management in PSH, as these resources are provided to PSH Projects through non-HUD, matching sources.

\*\* By indicating that you will serve all 3 counties, you specifically agree that you will accept assignments through the Coordinated Entry System and continuously provide Services to clients who are experiencing homeless in any of the 3 counties, who are seeking services in any of the 3 counties, who express a preference to be housed in any of the 3 counties, or who have been housed in any of the 3 counties, whichever are relevant to the Housing Navigation and/or Housing Stability Case Management Services you propose to provide.

\*\*\*\*\*

**Target Population**

In which areas will you regularly conduct your proposed activity? *(check all that apply):*

**Provision of Services**

**Tip:** You will select “Direct” if your agency, or a subcontracting agency, is going to provide the identified service to the populations you have selected.

**Tip:** You will select “Project Partner” if you have a Partner who does provide the selected services to the same clients who will be on your caseload. You should then list the name of the partner(s).

**Tip:** You will select “no” if you are not providing the service and do not have an arrangement with a Partner to provide the services.

### **Provision of Services - Project Partners**

If you selected “Partner” please list the Project Partners.

### **Scope of Work**

**Tip:** By checking “Yes” you are committing to comply with relevant portions of the Housing Navigation and/or Housing Stability Case Management Scope of Work which is attached to the RFA.

**Tip:** If you select “No” you are encouraged to provide a brief explanation of the aspects of the Scope of Work to which you are not committing.

### **Assigned through CES (not asked for Street Outreach & Engagement)**

**Tip:** By checking “Yes” you commit to provide the identified service to the Project only as assigned through the Coordinated Entry System (CES). CES prioritizing clients based on needs and length of homelessness.

### **Field Based**

**Tip:** By checking “Yes” you are committing that more than 50% (preference is 80%) of direct client contacts will happen in the field - at client’s homes, jobs, or other locations where the client spends time. Less than 50% of direct client contacts will be in the office of the service agency.

**Tip:** For Project Based rental assistance projects providing Housing Stability Case Management, the answer should be “Yes”.

## More Info

For the following questions, all positions should be funded in .25 Full Time Equivalent (FTE) increments (example - ¼, ½, ¾, 1 FTE). An FTE refers to a position that is 40 hours per week or at least 2000 hours per year.

All positions noted on this chart should be dedicated to this Project for the noted FTE percent of the staff position's time.

### # of HUD Funded FTE

Identify the % of Full Time Equivalent staff for which you are requesting HUD funding for the identified Supportive Service.

*Tip: If you have a position that will be split between more than one function funded in this Project application, please list the appropriate FTE amount in the row for the relevant functions and answer the question at the bottom of the chart clarifying which functions will be served by the same individual staff.*

*Tip: HUD funding is for direct client services only. In some cases up to 10% of one position will be eligible for supervision. Exclude all staff hours related to administration. (Current column A on paper version)*

### # of FTE Funded from other sources

Identify the % of FTE for the identified Supportive Service which will be funded from other sources. This should include matching revenue that is paying for the staff position.

### Total FTE

What is the total FTE that will be providing the identified Supportive Service when coming HUD and matching funds.

### Staff - Partial Funding

Answer this question to clarify what your expectations are in the event that your request for funding for a position(s) is not fully funded.

Select "Agency will fund the gap" if your agency will use other funds to make up the difference between your request and the awarded amount.

Select "Agency will split the position" if your agency will have the identified position split his/her time between the identified Supportive Service and other activities, for this Project or another project.

Select “Agency will hire for the portion of time funded” if the agency will use part-time staff to complete the identified Supportive Service.

**Geographic Coverage**

**System Orientation of Street Outreach, Housing Navigation and Housing Stability Case Management.**

The Central Florida Continuum of Care serves Orange, Osceola and Seminole Counties. Services must be provided throughout this entire region. Resource allocation for limited Services dollars must take this need into account. By checking a box below corresponding to a portion of the region, you are committing to provide Services to individuals and families who become homeless in that area, who seek assistance in that area, and/or those who prefer to be permanently housed in that area, whenever relevant.

*Tip: The expectation is for an agency providing street outreach to an individual who is engaged is not required to continue outreach should the individual relocate to a different county, though doing so is encouraged when it ensures continuity of services during critical engagement and housing lease up phases of outreach and engagement.*

*Tip: To select the Cross County Moving box the expectation is that Housing Stability Case Management will be provided for individuals/families associated with the geographic region you select even if they choose housing in a different county. For example, by checking Orange County, you are agreeing to support an individual or family who became homeless in Orange and/or received Outreach services in Orange and/or received Navigation services in Orange, but selected a housing unit in Osceola County.*

**Families with Children and Unaccompanied Youth:Street Outreach and Engagement**

This question will only show if you have selected Street Outreach and Engagement as a Supportive Service that you will provide.

Select “Yes” if you agree to spent a minimum of 4 hours per week, per FTE, conducting outreach and engagement to families with children and/or unaccompanied youth.

\*\*\*\*\*

# Other Essential Elements

## Caseload

If you are providing Housing Navigation and/or Housing Stability Case Management, for each FTE position in the Project, do you commit to accept assignment of and continuously serve a caseload of up to:

- 25 families with children (and/or youth, if applicable), for RRH, Youth TH, or TH-RRH Projects?
- 15 chronically homeless individuals and/or families, for PSH Projects?

Yes  No  N/A

If No, explain and quantify the caseload level you will commit to accepting and continuously serving:

*Tip: If you select No, make sure you specify the caseload level you commit to serve with an FTE position.*

*Tip: If you are not providing Housing Navigation and/or Housing Stability Case Management, select N/A.*

\*\*\*\*\*

## CoC FL-507 Standards & Policies

Do you commit to follow the applicable CoC FL-507-adopted standards for the appropriate project type? (For example, if you are part of a RRH Project, will you follow the CoC FL-507 Rapid Rehousing Standards and RRH Exit Policies? If you provide PSH will you follow the PSH Exit Policies?)

\*\*\*\*\*

## Education & Training Requirements

Do you have minimum educational or training requirements for staff providing the Services proposed in the Support Services Scope of Work question?

If Yes, please describe (max 25 words)

\*\*\*\*\*

## Job Description

Do you have job descriptions for the staff providing the Services proposed in the Supportive Services Scope of Work question?

If Yes, please attach as a separate file.

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

## Professional Oversight and Supervision

Will you provide professional oversight of and supervision for the Services proposed above?

Yes  No

If Yes, please attach as a separate file either a resume for each professional currently providing such oversight/supervision, or a description of a detailed plan for ensuring the provision of this oversight/supervision to the Project.

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

## Cultural Competence

How will you ensure cultural competence in your service provision? (max 300 words)

*Tip: To receive maximum points answers should reflect awareness of cultural competency as it relates to gender, race, ethnicity, sexual orientation, and language.*

\*\*\*\*\*

## Language Barriers/Limited English Proficiency

How will you address language barriers/Limited English Proficiency in your service provision? (max 300 words)

*Tip: To receive maximum points your answer should include whether or not any bi/multilingual staff currently work for the Project, how bi/multilingual staff will be encouraged to apply for available positions, and how you will access translation services if bi/multilingual staff are not available.*

\*\*\*\*\*

## CoC Training

Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core trainings, if made available by CoC FL-507?

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| Housing First                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motivational Interviewing       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trauma-Informed Care            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Harm Reduction                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LGBTQ Housing Inclusion         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Victim Services/DV Safety       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housing Focused Case Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other: These trainings will include those identified in Sub-Recipient contract and/or CoC Training Standards

Yes  No

\*\*\*\*\*

## Additional Services Chart

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

As a result, applicants need to be aware that the HUD CoC funding available for other Supportive Services requests through this RFA process is expected to be minimal. Applicants are strongly encouraged to find and use other sources of funding/access other systems for the services listed below to the greatest extent possible.

### **Available: (column A)**

Will you or a Project partner make this Service available to all clients who need it?

### **How provided? (column B)**

If you answered “Yes” in column A, clarify how the Service will be provided.

*Tip: If you answered “No” or “don’t know/not sure” in column A, you do not need to complete Column B.*

### **Applicant:**

Select this box if your agency is going to provide the service.

### **Project Partner:**

Select this box if a specific Partner in this Project will provide the service, and name the Partner. The Partner would be submitting a separate application for this Project if HUD funds are intended to be used to pay for the service. In rare, pre-approved circumstances your agency would be able to sub-contract with a Partner to provide these services using HUD funds received from this Project.

### **Other Partner:**

Select this box if an agency who is not part of the Project is going to provide the service. This may be an agency with whom you contract to provide this services to other client with whom you work, in addition to this Project. This Partner would not be submitting a separate application for funding as a part of this Project nor would you be

providing them funding from this application. You should submit a commitment letter of MOU documenting the Partner’s commitment as an attachment.

For instructions on how to attach a document, see attachment A-2

**None of the Above:**

Select this box if the service will be provided but none of the above 3 options describes how it will be provided.

**HUD Funding: (column C)**

If you checked “Yes” in column A, check “Yes” if you are requesting HUD funding to provide the service for this Project.

**Frequency: (column D)**

If you checked “Yes” in column A, check the box that best represents how often the service will be provided for this Project.

\*\*\*\*\*

**Detail for Other Supportive Services Funding Request**

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

If you are requesting HUD CoC funding for any Supportive Services in the Additional Services Chart please complete the Additional Supportive Services Funding Request table explaining the specific types and costs of activities to be performed, amounts of funding requested and the amounts of service to be provided. The explanations should only pertain to the Supportive Services that you will provide and that are dedicated entirely to the Project. **The amount of HUD CoC funding available for Supportive Services in part d. is expected to be minimal.**

For a complete list of Supportive Services that are eligible to be funded through the HUD CoC Program, please see Attachment D of the RFA.

*Online version will look different, but questions/information are the same*

**Supportive Service Type - Activity or Item**

Identify the specific service, from the eligible list in Attachment D, for which you are requesting funding. For example: Bus Passses for Local Transportation

*Tip: Your score will improve if it is clear how the services/resources will be used. For example: Bus passes for housing search and appointments.*

**Description**

Provide details including, but not limited to, quantity and cost. For example: 100 round-trip Lynx bus passes at \$2.00 each

**# Assisted**

Provide the number of client who will receive assistance from the funds for this support service, including all sources of funding (HUD and non-HUD)

**HUD Funding Request**

How much funding for this service are you requesting from HUD?

**Total**

What is the total you anticipate spending on this service, including HUD and other funding sources

## Section 5 - Geographic Coverage and Responsiveness to Jurisdictional Priorities

The rows in the table list the jurisdictions participating in the Central Florida Continuum of Care. For each row, indicate which of the following codes apply to the Project, based on the descriptions provided below (*check all that apply*).

### Jurisdictional Coverage

Jurisdiction	Check the Box if the Project** Meets Code (see description below)				
	A	B	C	D	E
City of Kissimmee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Orlando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Sanford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osceola County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminole County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A = The Project will serve individuals and/or households who become homeless and/or who are using community services and resources (including hospitals, jails, etc.) within the jurisdiction.
- B = **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the Project is the jurisdiction’s highest priority among all proposed Projects to be considered through this RFA process. **OPTIONAL**
- C = **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the jurisdiction has a history of financial investment in homelessness-specific projects you have operated and/or has quantified the amount of the financial investment provided over the past three (3) years. **OPTIONAL**
- D = **For Projects that serve multiple counties or the entire region:** The appropriate official (from a relevant jurisdiction) has certified that projects you currently operate or have previously operated within the past three (3) years have served individuals and/or families experiencing homelessness within the jurisdiction. **OPTIONAL**
- E = **For all Projects:** The Project is specifically designed in direct response to a high-priority need that has been formally identified by the jurisdiction in a plan, study or report . (Specify the need addressed by the Project and the source used to verify that the need is a jurisdictional priority:

\_\_\_\_\_ and attach a copy of the relevant pages of the document as a separate file. **OPTIONAL**

For instructions on how to attach a document, see attachment A-2

For each of B, C and D, the appropriate jurisdictional official should complete Section 2 of the Jurisdictional Representative Certification Form.

## Section 6 - Identification of Target Population(s) and Service to Sub-Populations

HUD has strongly encouraged the dedication of resources to chronically homeless individuals/families (or dedicated plus) in PSH Projects and the dedication of Housing resources for families with children, unaccompanied youth, and victims of domestic violence in RRH Projects.

Although it is possible that you may not be asked to assist all potential sub-populations, members of all of these sub-populations could be assigned to the Project through the Coordinated Entry System. By completing and submitting this Application, you are expected to assist them unless a particular rejection or restriction would not violate Housing First principles, as defined in Attachment E to this RFA.

### Target Population Chart

The purpose of this chart is to clarify the target population of your Project, but also if there are any sub-populations within your target population that you are not able to serve/house.

### Dedicated % (paper column column A)

What % of your housing units or program (services) slots will be dedicated exclusively for this population?

*Tip: The percentages in paper version column A do not need to add up to 100%*

*Tip: For chronically homeless units/services, the head or co-head of household must meet the HUD definition of chronically homeless.*

*Tip: Youth families with children refers specifically to an unaccompanied youth, under the age of 25, with his/her/their children. Youth families with children may include two parenting youth if both are under the age of 25. If one parenting youth is over the age of 25, this family would count as a homeless family rather than a youth family.*

### All Inclusive Population ( column B)

If you check “Yes” in the column, you are asserting that 100% of the people who fall into the target population would be eligible for your housing/services given availability.

*For example, if your project intends to serve unaccompanied female youth you may have stated that your project served 100% unaccompanied youth in column A, but you will select “no” in column B because your project does not serve unaccompanied male youth.*

*For example, if your project intends to serve chronically homeless individuals, but you will not accept the referral of a sex offender, you will check “no” in column B.*

**Explanations ( column C)**

If you check “No” in column B provide an explanation or description of the members of the sub-population that will be not be approved/accepted for your project. It is important to list all categories or sub-populations that will not be approved/accepted for your project.

*In the above examples, you would note “serves females only/no males” or “no sex offenders” in column C.*

**For Housing Projects Only -  
Prioritization**

**Units Prioritized for Chronically Homeless Individuals or Families**

If there are other Units/Vouchers/Slots in the Project that are NOT dedicated for chronically homeless individuals or families but will be prioritized upon vacancy, how many such Units/Vouchers/Slots are in the Project (do NOT include any beds already dedicated included in the number in Box 1(C) above)?

***Tip:** Typically these are units that were filled prior to the new definition for chronic homelessness was implemented, and the agency is committed to making these units available as they attrite.*

## Section 7 - Housing First/Zero Barrier Approach

Please read CoC FL-507 Requirements of a Housing First Approach to Program Operations, which is Attachment E to the RFA. See also Sections II.A.4 and III.C.3.I of the 2018 HUD NOFA.

### Eligibility Chart

This chart is designed to assess whether you do or will place key identified restrictions or limitations on eligibility for your Project.

***Tip:** The chart assumes you are complying with HUD's eligibility requirements so you do not need to note compliance with HUD's eligibility requirements in your response.*

***Tip:** Eligibility refers specifically to eligibility to access to Housing and Services through your portion of the Project only. For example, unless you or a Project partner is also the landlord, reasonable methods used by landlords to screen prospective tenants that do not violate Fair Housing are not considered denials of eligibility.*

#### Factor (column A)

This column lists potential factors which your Project may or may not have used, or may or may not intend to use in the future.

***Tip:** When answering for "composition of client's family" - please refer to the definition in the [HUD Equal Access Rule](#) and answer based on all composition options include various age and gender of children combinations, unmarried partners, grandparents, etc.*

#### Previous 12 months (column B)

You will check "Yes" if during the past 12 months you have denied eligibility to, refused to assist or taken steps to avoid serving members of your target population to whom the factor in column A applied and for whom this factor was at least a partial reason for the denial, refusal or avoidance.

***Tip:** If the factor was present, but not the reason, you do not have to note. For example, if an individual had no income, but they were denied because of a criminal history rather than because of their lack of income, you do not have to note that you denied someone with little or not income.*

***Tip:** For client's current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.*

*Tip: For Client's criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.*

**Future Expectations:** (column C)

You will check "Yes" if you anticipate that in the future you will deny eligibility, refuse to serve, or take steps to avoid assist a referred client for this reason/factor.

*Tip: As with the previous 12 months, if the factor will be present, but not the reason, you do not have to note. For example, if an individual had no income, and you will deny because of a criminal history rather than because of their lack of income, you do not have to note that you will deny someone with little or not income.*

*Tip: For client's current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.)*

*Tip: For Client's criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.*

**Explanation:** (column D)

If you checked "Yes" in either column B or C please provide an explanation. Reasons could be related to available funds, program philosophy, or other.

**Termination Chart**

Complete the next chart in the same manner as you completed the Eligibility Chart. For the Termination Chart you will answer the questions in relationship to reasons a program participant is terminated from the Project, rather than determined eligible.

*Tip: For Client's violation of program rules, you do not need to answer on behalf of a private sector landlord who is a Project partner. You would only be answering for issues or offenses that are not ones for which a tenant can be evicted under a typical lease agreement that complies with Florida landlord-tenant law.*

*Tip: For Previous 12 months, note if at any point within the previous 12 months you have discharged, evicted, cut off or terminated assistance for the applicable reason*

**Tip:** For Future Expectation please note if you would be discharged, evicted, cut off or terminated assistance for the applicable reason

**Tip:** Provide a brief explanation of specific circumstances or justification for any “yes” answer.

## Services Continuity

You should check “Yes” if you will actively continue to offer Services to a client even if the client is evicted from, relocated from or otherwise no longer in Housing.

**Tip:** If you are a Project/Site Based Housing or a Housing Project that also includes Services, applicant answering “Yes” commits you to providing the services at least until the client is linked to another provider of comparable services

## 12 Month Discharge %:

If you currently provide any Housing or Services to homeless individuals or families in a PSH, RRH or TH project, what was the percentage of clients served during the past 12 months that you evicted, discharged, or cut off or terminated from assistance for any reason other than successful program completion?

**Tip:** You would select “N/A” if you are not currently providing Housing or Services to homeless individuals and families in a PSH, RRH or TH project OR if you have not terminated/discharged anyone in the past 12 months.

## Partner Discharge Policies

Do you have an agreement or understanding with any entity that takes actions to terminate, discontinue, discharge or evict based on the factors in the Eligibility Chart or Termination Chart above?

**Tip:** You would select “Yes” if your partner does have an agreement, MOU, understanding or policy in relationship to PSH, RRH or TH program participants that involves termination, discontinuation, discharge or eviction based on the factors in the Eligibility and Termination charts. For this question a partner could include a funder or any other project stakeholder.

**Tip:** You would select “No” if you have a partner, but there is no such agreement, MOU, understanding or policy.

**Tip:** You would select “N/A” if you do not have a partner for this project.

## Service Intensity

You will select “Yes” if you and the Project partners allow for changes in service intensity and duration based on changes in clients’ needs or circumstances? (Example: frequency of home visits increases for clients experiencing a crisis that threatens housing stability).

If you answer Yes, describe the factors involved and the specific process by which adjustments are made.

*(maximum 100 words)*

---

## Location Limitation:

This question seeks confirmation of whether clients will have choice of multiple locations for Housing and/or receive Services from this Project.

You will select “Yes” if clients be required to live in a particular structure or area at some point during their period of participation in the Project?

*Tip: You would select “Yes” if this is a site based project or if your services are all location based (no or limited field based services).*

*Tip: You would select “Yes” if you are a TH-RRH project that requires clients to live in a site-based TH setting.*

*Tip: You would select “No” for scattered site Projects.*

*Tip: You would select “No” if you are providing services to clients assigned from CES regardless of where those clients live.*

If Yes, and your project includes Services or is not a Site Based Housing Project, explain the requirement *(maximum 100 words)* and provide a copy of the applicable policy or procedure in a separate file.

## Additional Requirements

Will the Project have Services participation requirements or other prerequisites (in addition to ones addressed above) to acceptance into the proposed Project?

If Yes, explain *(maximum 100 words)*

---

**Does the Project quickly move participants into permanent housing?** (with the Yes/no options)

You will select “Yes” if your project will move program participants into permanent housing as quickly as possible and will not require additional steps (e.g. a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing.

**Tip:** If this is a Victim Services Project, you should select “Yes” if the Project will move program participants as quickly as possible into permanent housing after the program participant believes their immediate safety needs have been addressed (assisted in quickly moving into permanent housing as soon as they believe it is safe).

**Housing First Self-Assessment** (non-scored question)

Select “Yes” if your agency has completed a Housing First Assessment Tool, such as the one found on the HUD Exchange at <https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/>.

**If Yes, which ones(s) have you completed?**

List any Housing First Assessment Tools your agency has used for self-assessment within the past 3 years.

If Yes, explain what strategies you have adopted to improve fidelity to Housing First (*maximum 100 words*)

**Client Satisfaction Surveys**(non-funded question)

If you are a renewal project you should select “Yes” if you have implemented confidential Client Satisfaction Surveys for program participants of this Project.

**Tip:** A Renewal Project should select “N/A” as the answer to the New subquestion, and a New Project should select “N/A” as the answer to the Renewal subquestion.

If this is an application for a New Project, you should select “Yes” if you have implemented confidential Client Satisfaction Surveys for program participants of other projects your agency administers.

**Gender Inclusion and Non-Discrimination Policy**

(This is an unscored question)

You should select “Yes” if your Board of Directors or comparable governing body has adopted the Central Florida Continuum of Care Policy on Gender Inclusion and Non-Discrimination with Respect to Sexual Orientation or Gender Identity which can be found at [www.centralfloridacoc.org](http://www.centralfloridacoc.org)

If your Board of Directors or comparable governing body has not adopted the Policy, please note the month/year you anticipated that it will be adopted.

Select "Unsure" if your Board of Directors of comparable governing body has not yet begun to discuss the Policy and/or you do not have an anticipated deadline for passing the Policy.

# Section 8 - Participation in Coordinated Entry System/Prioritization Based on Need

## Participation in Coordinated Entry System Prioritization

Please answer the following questions based on the year July 1, 2017 through July 1, 2018.

If you did not provide Housing and/or Services with federal, state or local government funding during the year, skip to **Prioritization in Provision of Project Housing And Services.**

### # CES Assignments:

How many individuals and/or families you assisted with PSH or RRH housing and/or services were referred or assigned directly through the Coordinated Entry System (CES) process?

\*\*\*\*\*

### % CES Assignments

What % of the individuals and/or families you assisted with PSH or RRH housing and/or services were referred or assigned directly through the Coordinated Entry System (CES) process?

\*\*\*\*\*

### % of CES Assignments Explanation:

You will check N/A if the % of CES assignments is 100%. If it less than 100%, please explain why individuals/families not referred through CES were served by your project(s). (max 150 words)

\*\*\*\*\*

### Selection Criteria

You will check N/A if the % of CES assignments is 100%. If it less than 100%, please identify the selection criteria(s) that describe the selection criteria used and the best description of the frequency that criteria is used.

\*\*\*\*\*

### # of CES Declines

Of the # of CES Assignments (answered above) how many individuals and/or families referred or assigned through CES for your PSH or RRH housing and/or services did you decline or refuse to serve based on your own specific criteria or requirements? These would be referrals that CES had determined met CoC requirements, or known funder requirement, but did not meet requirements of your agency.

\*\*\*\*\*

### % of CES Declines

What % of the individuals and/or families you were referred for PSH or RRH housing and/or services from CES were declined or refused based on your project's specific criteria or requirements?

\*\*\*\*\*

**N/A or Please Explain:**

You will check N/A if you had “0” declines/0% declines. If you had any declines, please list the specific reasons for which you refused to accept a referral or assignment made through CES. (max 150 words)

\*\*\*\*\*

**Prioritization in Provision of Project Housing And Services**

**Families with Children and/or Unaccompanied Youth**

Select “Yes” if you commit to accepting and assisting only families with children and/or unaccompanied youth referred/assigned through the Registry Management processes of the Coordinated Entry System (which uses HUD’s and CoC FL-507’s adopted needs criteria as a basis for making referrals and will only refer clients who are HUD eligible for your Project)

*Tip: CES will only refer clients who are HUD eligible for your Project.*

*Tip: CES will only refer chronically homeless families or unaccompanied youth to a PSH project.*

\*\*\*\*\*

**Prioritization**

Select “Yes” if you commit to prioritizing clients for assistance based on CoC-wide established needs criteria, as implemented through the Coordinated Entry System.

\*\*\*\*\*

**Family Separation**

You will select “Yes” if you would **not** deny any family assistance to the Project, or separate the members of the family, as a condition of entry into the Project for any reason

*Tip: A “Yes” selection would not require you to accept families or unaccompanied youth that do not comply with federal or state law.*

\*\*\*\*\*

**CES MOU**

You will select “Yes” if you commit to entering, or have already entered into, a Memorandum of Understanding to clarify your roles and responsibilities as well as those of the Coordinated Entry System? Victim Services agencies should select “NA”

\*\*\*\*\*

## CES Continuity

Select “Yes” if you currently receive CoC funds, currently comply with a CES MOU and commit to continuing to comply with the CES MOU until the next contracts are signed.

**Tips:**

- Select “N/A” if you do not currently receive CoC funding and/or are not using a CES MOU.
- Victim Service agencies should select “Victim Services N/A”

\*\*\*\*\*

## N/A or Please Explain

If you answered “No” to Families with Children and/or Unaccompanied Youth OR  
“No” to Prioritization OR  
“Yes” to Family Separation OR  
“No” to CES MOU OR  
“No” to CES Continuity  
please explain (max 150 words)

**Tip:** If you do not need to offer an explanation, select “N/A”.

\*\*\*\*\*

## Chronic CES Referral

For PSH projects, do you commit to accepting only clients referred/assigned through the Chronic Registry Management process of the Coordinated Entry System? Select “Yes” if you are a PSH project and commit to accepting and assisting only clients referred/assigned through the Registry Management processes of the Coordinated Entry System (which uses HUD’s and CoC FL-507’s adopted needs criteria as a basis for making referrals and will only refer clients who are HUD eligible for your Project) (Refer to [HUD Notice CPD-16-11](#))

**Tip:** Select “N/A” if you do not have a PSH project.

\*\*\*\*\*

## Severest Needs and Chronicity

For PSH projects, select “Yes” if you commit to giving first priority in the Housing and/or Services you provide in the Project to persons experiencing chronic homelessness, and in particular to those with the most severe needs and longest histories of homelessness

**Tip:** Select “N/A” if you do not have a PSH project.

\*\*\*\*\*

## Greatest Need for Chronic Homelessness

If you are asked to accept a person/s who is not experiencing chronic homelessness select “Yes” if you commit to give first priority to those who are at greatest risk for chronic homelessness assigned through CES.

*Tip: Select “N/A” if you do not have a PSH project.*

\*\*\*\*\*

## HUD Required Recordkeeping

Select “Yes” if you have a PSH project and will assist the Coordinated Entry System with meeting HUD-required and CoC FL-507 defined recordkeeping requirements related to documentation of the chronicity of homelessness and the prioritization processes described above

*Tip: Select “N/A” if you do not have a PSH project.*

\*\*\*\*\*

## PSH Prioritization Continuity

Select “Yes” if you currently receive CoC funds for a PSH Project, currently comply with a CES Prioritization and commit to continuing to comply with the CES Prioritization until the next contracts are signed.

*Tip: Select “N/A” if you do not currently receive CoC funding.*

*Tip: Select “N/A” if you do not currently comply with CES Prioritization.*

*Tip: Select “N/A” if you are not a PSH project.*

\*\*\*\*\*

N/A or Explain

If you are a PSH Project selected “No” to Chronic & Dedicated Plus CES Referral, Severest Needs and Chronicity, Greatest Risk for Chronic Homelessness, HUD Required Recordkeeping or PSH Prioritization Continuity, please explain (150 word max). Otherwise, select “N/A”.

\*\*\*\*\*

## Place Resided Immediately Prior to Program Entry

**If you have committed to taking referrals only through the Coordinated Entry System: Skip to Section 9.**

Approximately what percentage of the clients you will serve at any given time - once the Project is at full capacity - will have entered housing directly from the locations listed in chart?

**Tip:** A person coming from an institution for 90 days or less AND have entered the institution (e.g., Jail, Hospital, Detox, CSU) who resided in a street/outdoor location or in shelter should be counted as if they came from the street/outdoor location or the shelter, respectively.

**Tip:** Individuals coming from transitional housing who are chronically homeless but temporarily placed in transitional housing while waiting for placement in PSH should be counted under their original source of entry into the system.

**Tip: Select:** To serve persons residing in TH immediately prior to program entry, the client must have been in shelter, or streets and other location not meant for human habitation prior to moving into TH.

**Tip:** Domestic Violence refers specifically to persons who are actively fleeing or attempting to flee domestic violence, including human trafficking, victims of sexual assault, stalking and dating violence, and who are not literally homeless.

**Tip:** If you have any % of "other", please describe.

**Tip:** The total % should equal 100% (except for rounding).

## Section 9 - CoC Involvement and Engagement

Throughout this section, if information about your activity/performance pertaining to the Project are not available (e.g., with a new Project), information from any current or homelessness assistance activity in the region may be the basis for your response instead. See Attachment A-1 for information related to CoC participation as a part of the application scoring process. In addition to the answers to questions below, Program data and related information available about and resulting from your participation in the CoC will be used to assess data quality and completeness, evaluate Project performance, and to review baseline system and project performance data. See Attachment A-1.

Domestic Violence and other Victim Service providers will be held harmless in relationship to entry of client-level data into HMIS and from other requirements of the CoC Interim Rule and VAWA protecting victims/survivors in the CoC application scoring process.

### # of CoC Membership Meetings Attended

How many CoC Member Meetings did at least one of your representatives attend during the period July 2017 through June 2018? Membership meetings are usually held the 4th Tuesday of the month.

### CoC Membership Status

Are you (as an organization) a member in good standing of the CoC, with affiliates (staff, board, volunteers) of your agency having completed a CoC membership application?

*Tip: Membership in the CoC is free of charge and only requires attendance by a representative at 2 CoC Member Meetings in a 12-month period. Application forms are available at [www.centralfloridacoc.org](http://www.centralfloridacoc.org).*

### Advisory Committee Participation

Select "Yes" if your representative attended at least 2 meetings of a CoC Advisory Committee or Workgroups during the period July 2017 through June 2018.

Currently active Advisory Committees and Workgroups include:

- Resource Allocation & Coordination Committee
- Governance Committee
- HMIS Committee
- CoC Planning Committee
- Youth Workgroup
- Emergency Shelter Provider Workgroup

- Permanent Supportive Housing (PSH) Provider
- Rapid ReHousing (RRH) Provider Workgroup

### **Name of Committee Attended**

In which Committees or Workgroups did at least one of your representatives attend at least 2 meetings?

List the Committee(s) or Workgroups in which at least one representative has participated.

### **Direct Practice Skills Training**

Select “Yes” if your representative attended a CoC FL-507 training related to Housing First, Motivational Interviewing, Trauma-Informed Care, Gender Inclusion and Non-Discrimination or Safety Planning for Victims of Domestic Violence and/or Human Trafficking during the period July 1, 2017 through July 31, 2018.

### **Percent Of Direct Staff Attending Practice Skills Training**

Provide the percentage of your current direct service and supervisory staff assisting people experiencing homelessness who:

- Have completed at least one such training during the period.
- Have completed two or more such trainings during the period.

**Tip:** Report percentage of staff for each question, not the actual number of people attending.

### **Other Non-CoC Direct Practice Skills Training (200 word max)**

(optional)

If you believe a training provided to your staff that was not provided through the CoC covered all of the same material, please indicate this and provide details about the training and its applicability.

### **Past HMIS Participation**

Select “Yes” if your agency has participated in HMIS (or a comparable data system, for DV or Human Trafficking providers) continuously since at least July 2016. “Participation” means having had at least one active HMIS license with client data entered.

### **Commitment to Future HMIS Continuity**

Select “Yes” if you commit to active and continuous participation in the CoC’s HMIS (or a comparable data system, for DV or Human Trafficking Projects) from July 1, 2018, through the end of the grant award period.

## **Current Inclusion in HMIS Bed/Services Inventory**

Select “Yes” if ALL beds and/or supportive services associated with all units/vouchers/slots, that you currently operate or administer that ever assist homeless individuals/households are included in HMIS with all relevant data entered (comparable data system for DV or Human Trafficking Projects)

*Tip: If you have units/vouchers/slots, including services slots, that are not in HMIS (or comparable system) because they are only sometimes used for homeless individuals/households you will select “no”*

## **Beds/Vouchers/Slots NOT in HMIS** (paper version says “If no”)

Enter the number of beds/vouchers/slots you control that are **NOT** entered into HMIS and then enter the percentage of your inventory those beds represent.

**Tip:** the second question requires a percentage.

## **Commitment to Future HMIS Bed/Services Inventory Continuity**

Select “Yes” if you commit to ensuring that ALL Beds associated with all Units/Vouchers/Slots or Services Slots funded in any manner through the Project are continuously included in HMIS (comparable data system for DV or Human Trafficking Projects) throughout the award period.

## **Signed HMIS Agency Partner Agreement**

Select “Yes” if your agency has a signed HMIS Agency Partner Agreement on file with the CoC HMIS Lead Agency

*Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.*

## **Designated HMIS Agency Administrator**

Select “Yes” if your agency currently has an active HMIS Agency Administrator designated to serve as the liaison between you and HSN (as the CoC HMIS Lead Agency) on HMIS user issues and questions, and has communicated this to HSN

*Tip: Select “N/A” if you are a Victim service provider who is federally prohibited from entering data into HMIS.*

## **Compliance with HMIS License and Training Requirements**

Select “Yes” if each of your current HMIS end users have an active, assigned HMIS license and has completed initial HMIS training.

*Tip: Select “N/A” if you are a DV or Victim Service provider that is federally prohibited from entering data into HMIS.*

### **Commitment to Comply with HMIS Policies and Procedures**

Select “Yes” if you commit to ensuring that staff is familiar with and follows the CoC FL-507’s HMIS Policies and Procedures as found at [www.centralflorida.coc.org](http://www.centralflorida.coc.org)

*Tip: Select “N/A” if you are a DV or Victim Service provider who that is federally prohibited from entering data into HMIS.*

### **Commitment to Ensure Participation in HMIS Annual Refresher Training**

Select “Yes” if you commit that all HMIS end users in your agency will receive at least annual refresher training.

*Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.*

### **Commitment to Enter Universal Data Elements & Personal Identifying Information Into HMIS**

Select “Yes” if you commit to entering the core Universal Data Elements (UDEs) and Personal Identifying information into HMIS as necessary for ongoing evaluation and improvement of the Project’s performance and the progress of the CoC FL-507 system as a whole?

*Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.*

### **Commitment to Work in Support of CoC’s HMIS Data Quality Plan**

Select “Yes” if you commits to supporting the CoC FL-507 Data Quality Plan, including ensuring the complete, accurate and timely entry of data into HMIS (or into a comparable system, if a DV and Victim Service Provider).

### **Commitment to Work in Support of Ongoing Availability HUD APR Data**

Select “Yes” if you commit to ensuring running the HUD Annual Progress Report (APR), using the APR to populate the HMIS Project Dashboard, and running other reports on a regular basis in an effort to support the goal of complete, accurate and timely HMIS data in the system.

*Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.*

## Track Record of Recording Project Entries/Exits in HMIS

For approximately what % of clients who you assisted between July 1, 2017 and June 30, 2018 did you, in HMIS, complete an Entry into as well as an Exit (when appropriate) from your portion of the Project (when appropriate)?

### *Tips:*

- *Select "Don't know" if you are a renewal project but you are unsure of the estimated %.*
- *Select "N/A" if you are a victim services provider who is federally prohibited from entering data into HMIS.*

## HMIS Update Assessment

For approximately what % of clients that you assisted between July 1, 2017 and June 30, 2018 did you, in HMIS complete an Update Assessment prior to completing an Exits from your portion in the Project ?

### *Tips:*

- *Select "Don't know" if you are a renewal project but you are unsure of the estimated %.*
- *Select "N/A" if you are a victim services provider who is federally prohibited from entering data into HMIS.*
- *Select "N/A" if if this is a new project.*

## HMIS Annual Assessment

For approximately what % of clients that you assisted between July 1, 2017, and June 30, 2018 did you, in HMIS complete an Annual Update for all clients who reached 12 months from your portion in the Project ?

### *Tips:*

- *The denominator for the percent calculation would be the total number of clients in the project 12 or months.*
- *Select "Don't know" if you are a renewal project but you are unsure of the estimated %.*
- *Select "N/A" if you are a victim services provider who is federally prohibited from entering data into HMIS.*
- *Select "N/A" if if this is a new project.*

## General CES Participation

Select "Yes" if your agency has a representative who actively and continuously participated in CES Registry Management meetings (Chronically Homeless Individuals, Families and Unaccompanied Youth, or Veterans) between July 2017 and June 2018?

*Tip: Select “N/A” if this is not relevant to your current operation*

## **# of Registry Management Meetings Attended**

Select that number of meetings that represents the number of Registry Management Meetings your agency has attended.

## **CES Housing Placements**

Select “Yes” if you propose to provide Housing through the Project and you had any individuals/families placed into Housing that the Project operates or administers through the Coordinated Entry System between July 2017- June 2018.

### ***Tips:***

- *Select “N/A” if you do not provide Housing through the Project for which you are applying*
- *Select “N/A” if you are a new project*

## **CES Big 3**

Select “Yes” if you have completed “the Big 3” (CoC FL-507 Entry, the VI-SPDAT, and the HMIS Release of Information) with an individual or household assisted through the CES between July 2017 and June 2018.

### ***Tips:***

- *Select “N/A” if you do not provide Services through the Project for which you are applying.*
- *Select “N/A” if you are a new project.*

## **Count of CES Big 3**

Estimate how many persons were assisted with the Big 3 between July 1, 2017 - June 2018.

## **2018 Point-In-Time (PIT)**

Identify which activities related to the 2018 Point in Time (PIT) Count (conducted on January 24, 2018) in which a representative of your agency participated

### ***Tips:***

- *Select “PIT planning sessions” if your representative participated in any of the PIT planning meetings prior to the day of the count.*
- *Select “PIT street surveys” if your representative participated in street counts the night of the count.*
- *Select “Service Provider Surveys” if your representative participated in PIT Service Provider Surveys in the week following the PIT count.*
- *Select “N/A” if no representative participated in any of the PIT activities.*

## **2019 Point-In-Time (PIT)**

Select “Yes” if you commit one or more representative(s) to participate in activities related to the 2019 PIT which is scheduled to occur during the last 10 days of January 2019?

## **2019 Housing Inventory Count**

Select “Yes” if you commit to ensuring that all beds associated with all Units/Vouchers/Slots that provide Housing to homeless individuals/households are appropriately included as part of the next Housing Inventory Count (HIC), which will also represent the housing inventory during the last week of January 2019.

*Tip: this question also applies to DV and Victim Service providers since the HIC doesn't include any client-specific data and the bed inventory information of DV and Victim Service providers is required to be maintained by the HMIS Lead Agency.*

## Section 10 - Increasing Access to Mainstream Benefits

If you are not proposing to provide Case Management, Navigation or Outreach Services to the Project, skip to Section 11.

\*\*\*\*\*

### Proposed Services with this Application

*Tip: Select "N/A" if you are proposing to provide Services, but not Case Management, Navigation and/or Outreach Services, and then skip to "Proximity of Key Resources and Services to Housing" section.*

*Note that, in light of HUD priorities, applications requesting funding for new services other than Case Management, Navigation and/or Outreach Services are considerably less likely to be funded.*

For purposes of this application process, mainstream benefits include:

- Careersource/Employment Programs/Workforce Development
- Healthcare/Medicaid/Medicare/Health Insurance/Substance Abuse Programs
- SSI/SSDI/TANF/Food Stamps/Early Childhood Education

\*\*\*\*\*

### Commitment to Incorporating Strategies for Increasing Access to Mainstream Benefit into the Project

Select "Yes" if you commit to incorporating, as an ongoing component of your Project for all clients in this Project, follow-up activities to ensure that mainstream benefits are received and renewed, including efforts to ensure that:

1. Mainstream benefits for which clients may be eligible are identified;
2. Applications for mainstream benefits are submitted as appropriate;
3. The eligibility determination process is completed and benefits are being received; and
4. Applications to ensure eligibility renewal applications are submitted whenever needed.

\*\*\*\*\*

### Current Efforts to Increase Access to Mainstream Benefits

Select "Yes" if you currently perform the activities in the previous question as part of your ongoing Case Management, Navigation or Outreach activities.

\*\*\*\*\*

**Explain "Yes" for Current Efforts to Increase Access to Mainstream Benefits**

If you selected "Yes", explain your approach to increasing access to mainstream benefits for all clients in the Project(max 200 words).

\*\*\*\*\*

**Facilitating Access to Mainstream Benefits as an ACCESS Community Partner**

Select "Yes" if you commit to serving as an ACCESS Community Partner ("Assisted-Service Site" level) with the Florida Department of Children and Families for the purpose of facilitating enrollment in mainstream benefits accessed through the ACCESS Florida system throughout any period you receive CoC funding?

(See

<http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/community-partner-network>)

\*\*\*\*\*

**If "No" selected above for ACCESS Community Partner**

If you selected "No" to serving as an ACCESS Community Partner, then select "Yes" to this question if you instead commit to providing all clients with the same services as those provided by as an ACCESS Community Partner ("Assisted-Service Site" level)?

\*\*\*\*\*

**Facilitating Access to Transportation**

Select the appropriate box based on the extent to which you will provide (or facilitate the provision of) to clients of the Project with regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs.

None   Some   Most   All

\*\*\*\*\*

**Description of Access to Transportation**

Describe your approach to facilitating access to transportation for the level of transportation access indicated above.

\*\*\*\*\*

**Facilitating Access to SSI and SSDI**

Select "Yes" if you commit to entering into a Memorandum of Understanding or agreement with a designated and available SOAR program provider to ensure that clients with disabilities can access SSI, SSDI and other publicly administered income supports.

\*\*\*\*\*

**School Liaison**

Select "Yes" if your Project serves children or unaccompanied youth, and you commit to have a designated staff person whose responsibilities specifically include ensuring that children are enrolled in school and receive appropriate services as required by federal law.

**Tip:** Select "N/A" if your project will not serve children or unaccompanied youth

\*\*\*\*\*

**Mainstream MOUs**

Select "Yes" if you have formalized any other agreements or partnerships with entities administering mainstream benefit resources and services that will streamline and/or expedite access for Program Participants.

\*\*\*\*\*

**If "Yes" selected above for Mainstream MOUs**

If you selected "Yes" to Mainstream MOUs, please list all the entities with which you have an MOUS and briefly describe the nature of those agreements or partnership. Please also attach copies.

For instructions on how to attach a document, see attachment A-2

## Section 11 - Proximity of Key Resources and Services to Housing

N/A

If you are only providing Services (no Housing ) in your Project, select N/A and skip to Section 12.

### Housing Component

Which of the following best describes the Housing component of the Project?

- Select “Tenant-Based” if the Housing Units are in scattered site locations where clients can rent from any eligible and willing landlord.
- Select “Project-Based” if the Housing Units are in a fixed location owned and/or operated by you or a Project partner
- Select “Sponsor-Based” if the Housing Units are specific units identified or operated by you or a Project partner.

### Specific Location(s)

Select “Yes”, if your renewal Project currently requires that Clients live in a specific location(s)

Select “Yes” if this is a new Project that will require Clients to live in one or more specific location(s)

Selection “No” if all of your renewal or new Project housing locations are or will be scattered site.

If you selected “Yes” provide specific addresses of 5 of the location(s) at which clients were living in July 2018.

*Tip: If all live in one location you can use more than one apartment number for the same street address(es)*

### Scattered Site

Select “Yes” if your renewal Project uses scattered site housing

Select “Yes” if you are applying for a new Project, but currently operate other scattered site housing for other project(s)

Select “No” if your Project only has site-based (specific location) housing.

Select "N/A" if you have a new Project application that will involve scattered site housing but you currently do not have any other active projects that have scattered site housing and skip to Program and Financial Management .

If you selected "Yes" provide specific addresses of 5 units at which clients were living in July 2018.

\*\*\*\*\*

**a. Calculate the Average Distance from Housing Units to Resources and Services**

Complete the table based on the locations of the 5 Housing units listed in part a. above.

**NOTE:** HSN will complete the table below for any Applicant that provides the precise addresses or locations of the resources and services listed in the table for each of the 5 Housing units to HSN by August 10, 2018.

First, calculate the distance from each Housing Unit to the requested destination (for example, the nearest public transportation stop to the Unit). Using a mapping tool such as Google Earth, calculate each distance in miles and round to 2 decimal places. More specifically:

- (1) If the unit is not located within a larger structure or complex, take the distance from the center of the unit to the center of the destination.
- (2) If one or more units listed in part a. are located within a single larger structure, for each such unit, take the distance from the center of the structure to the center of the destination.
- (3) If one or more units listed in part a. are not located within a single larger structure, but are located within a single larger complex, for each such unit, take the distance from the center of the complex to the center of the destination.

Then calculate the average of these distances for all of the units listed in part a. If the units listed in part a. are scattered across multiple locations, structures or complexes, take the straight-line distance from the center of each unit/structure/complex as described in (1), (2) and (3) above. Then calculate the weighted average based on the number of units in each.

Example:

Suppose your Project has 5 Housing units that were occupied by homeless households during July 2017.

Structure A contains 2 of the units. Using (2) above, you calculate the distance to the nearest public transportation stop as .75 miles.

Complex B contains 2 of the units. Using (3) above, you calculate the distance to the nearest stop as 0.42 miles.

Finally, 1 unit is a single-family dwelling. Using (1), above you calculate the distance to the nearest stop as .68 miles.

Finally, to find the average distance, add  $(2 \times .75) + (2 \times .52) + (1 \times .68) = 3.22$  miles. Then divide that by 5 units. The average distance is 0.64 miles.

## Section 12 - Program and Financial Management

### Timely Filing of APR

Select “Yes” if you have received HUD CoC Program funding for any activities at any time since January 2015 and successfully submitted your Annual Program Report (APR) timely, or ensured that a timely submission could be made on your behalf.

If you selected “No” please provide a detailed explanation, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

### IRS Form 990

Select “Yes” if you or your parent organization are required to file Form IRS 990 and the 990 filed in a timely manner (including any approved extensions) for the agency fiscal year that was most recently completed prior to January 1, 2018?

**Yes, please attach**

For instructions on how to attach a document, see attachment A-2

**If No** \_\_\_\_\_

If you selected “No” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

### Repay/Return Grant Funds

Select “Yes” if you ever required to repay or return grant funds awarded from HUD (recipient or subrecipient) at any time since January 2015.

*Tip: Select “N/A” if you have not received any HUD funding since January 2015.*

**If “Yes”**

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

**Unspent HUD Funds**

Select “Yes” if you have left more than 1% of the funds from a HUD grant unspent (recipient or subrecipient), from any expired award that was not a 1st year award, since January 2015.

*Tip: Select “N/A” if you have not received any HUD funding since January 2015.*

**If “Yes”**

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

**Outstanding HUD Obligation**

Select “Yes” if you have an outstanding obligation or debt to HUD (recipient or subrecipient) that is in arrears or for which a payment schedule has not been agreed upon.

*Tip: Select “N/A” if you have not received any HUD funding.*

**If “Yes”**

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

**Unresolved Findings**

Select “Yes” if you have any unresolved HUD Monitoring and/or Office of Inspector General (OIG) Audit findings related to this or any other currently operational projects (recipient or subrecipient) providing homelessness assistance.

*Tip: Select “N/A” if you have not received any HUD funding.*

**If “Yes”**

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

**Most Recent Audit**

Select the time period that was covered by your entity or parent entity’s most recently completed independent financial audit and management letter. If you select “Other”, please fill in the appropriate dates.

*Tip: Select N/A if your entity or parent entity have not had an independent financial audit and management letter.*

**Please Attach**

Attach a copy of the audit/financial statements.

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

**Findings/Corrective Action**

Select “Yes” if the most recent audit or management letter included findings and/or call for correction action(s).

*Tip: Select N/A if your entity or parent entity have not had an independent financial audit and management letter.*

If you selected “Yes”, please attach any action or response prepared in responses to the findings or call for corrective action(s).

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

**Significant Non Compliance**

Select “Yes” if you have been found to be in significant or continuous non-compliance with any grant agreement or had any grant agreement terminated by a funder for cause since January 2015.

**If “Yes”**

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

**Fair Housing Complaint**

Select "Yes" if a Fair Housing complaint been made against the Applicant since January 2015.

**If "Yes"**

If you selected "Yes" please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

\*\*\*\*\*

## Section 13 - Applicant's Portion of the Project Budget

If you are submitting for a Renewal Project and have signed and returned the "Renewal 12 Month Budget" Form you can skip to Section 14.

Tables in the online version may look different, but the questions are the same.

### Total Budget

Complete the tables below, including all income and expenses as they pertain to your portion of the Project only. Please note that the terms used below have specific definitions assigned under the HUD FY 2018 NOFA and CoC Interim Rule. See also Attachment D of the Request for Applications.

#### **About Project Match:**

Under the CoC Interim Rule, the Applicant must commit to the Project an amount equal to at least 25% of total of lines 8, 9, 10, and 11 of the Expenses Summary Table to the Project (except for leasing funds, require no match) However, the amount of match listed below may be less than that amount, if some or all of the required match amount is to be provided from in-kind sources. Your match can in any eligible line item of the project. It does not have to be for the same line for which you are requesting HUD funding.

Because HUD CoC Program funds for Services are so limited, CoC FL-507 is strongly encouraging use of match to boost the availability of Services directly to the Project (Direct Services Match.) In order to be considered Direct Services Match, the funding must be used to directly provide specific Services (Housing Navigation and/or Housing Stability Case Management services, rental application fees, utility deposits, or assistance with moving costs, unit cleaning and repairs), and must provide them only to clients you serve through the Project during the grant period.

**Example:** If you propose to have 1 full-time Housing Stability Case Manager serving the Project, if you ask HUD for 80% of the funding for the position, but commit 20% of the funding from another non-HUD-source, that counts as Direct Services Match. (Assistance provided to other clients outside of the Project is not considered match.)

### Income Table

*Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months. You may not want to think about your first, ramp up year. Instead, think about year two when it is all at full capacity.*

Line1: Fill in the amount of funding you are requesting from HUD through this application.

Line 2a: Fill in the amount of any matching funds that will be used specifically for Housing Navigator, Housing Stability Case Management, Rental Application Fees, Utility Deposits, or Moving Cost Services or Unit Cleaning & Repairs associated with the Project. This amount should include only cash sources, not in-kind.

Line 2b: Fill in the amount of any matching funds that will be used for any other (not listed in 2a) line item associated with the Project. This amount should include only cash sources, not in-kind.

Line 3: If you will be using cash sources greater than the 25% required match and want to list those sources for the project, please list the sources, amounts and the total in the "Applicant Total" column. You are not required to list funds committed beyond the 25% match. The amount in this line should include only cash sources, not in-kind.

Line 4: Identify any Program Income you will bring to the Project. Program should include program income paid to the Applicant that will be reinvested into the Project. Examples of program income include returned deposits or rent (for leasing projects) or revenue from an entrepreneurial venture. Program income is not required and HUD regulations prohibit your agency from charging program fees for this Project. The line should only include cash, not in-kind.

Line 5: The TOTAL should equal the combined amount of lines 1 -4.

\*\*\*\*\*

### **In Kind**

If you are providing Match in the form of in-kind contribution, check "Yes" and indicate the amount. Select "N/A" if you are not providing in-kind contributions.

*Tip: If you select this option you will be required to track all of the in-kind contribution for reporting purposes.*

\*\*\*\*\*

### **Your Commitment of Matching Funds to Project**

Complete the table below describing the source, date of written commitment and value of the written commitment for each matching source for your portion of the Project.

*Tip: Not all matching sources will be applicable for every Project.*

*Tip: Private sources includes any non-governmental match, including corporate, individual, faith based or foundation contributions.*

### **Attach Match Documentation**

Attach written documentation of the source and amount of each match commitment. The documentation should be written on letterhead stationary from the source of the match and should include the amount, the source of the funds/ contribution, the use of funds/ contribution, the dates that the funds will be available (which should

match the the tentative dates of the Project grant year). The letters should be dated no later than the date of application submission.

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

### **Expense Categories Detail Costs**

*Tip: For each Expense Category you should project expenses for 12 months of the Project when it is fully operational/at capacity.*

*Tip: If you are not sure how to categorize your expenses, please contact HSN at application@hsncfl.org for assistance prior to 08/09/2018.*

\*\*\*\*\*

### **Leasing Expense Category - Other Structures - Detail Costs Table**

The information provided should only pertain to the facilities that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2018 HUD NOFA. Costs are subject to future adjustment based on 2018 Fair Market Rent (FMR) amounts.

*Tip: Select "N/A" if your Project does not include any Leasing for Other Structures costs.*

*Tip: Leasing: Other Structures usually refers to congregate living sites. These costs have been placed at a low priority by the CoC FL-507 and are extremely unlikely to be funded through the HUD CoC Program.*

*Tip: The information provided should only pertain to facilities that are dedicated to the Project.*

*Tip: You cannot use Leasing funds to Lease a facility that your agency owns.*

*Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.*

*Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.*

If you did not select "N/A" please attach the methodology used to determine fair market rate for the structure(s) to be leased.

For instructions on how to attach a document, see attachment A-2

\*\*\*\*\*

## Leasing Expense Category - Housing Units - Detail Costs Table

*Tip: Select "N/A" if your Project does not include any Leasing for Housing Units costs.*

*Tip: Leasing: Housing Units usually refer to individual apartments or homes.*

*Tip: A "0 bedroom" unit is often referred to as an efficiency unit.*

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2018 HUD NOFA.

Cost out the leasing activity associated with the Project based on the units or facilities anticipated to be leased by the Project. Costs are subject to future adjustment based on 2018 Fair Market Rent (FMR) amounts.

*Tip: The Actual Leasing Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. If so, simply retype that figure into the Actual Leasing Amount column (paper version Column B). In some cases an agency intends to lease units at a rate less than FMR amount, and that lesser amount should be listed in the Actual Leasing Amount column.*

*Tip: The monthly Actual Leasing Amount should never be greater than the FMR.*

*Tip: Remember that FMR includes the cost of both rent AND utilities.*

*Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.*

*Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.*

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B).

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

\*\*\*\*\*

## Supportive Services Detail Costs Table

**Tip:** Select “N/A” if your Project does not include any Supportive Services costs.

List and cost out the Supportive Services you propose to provide to the Project, as described in Section 4.

**Tip:** The funding request should tie to the number of staff or quantity of services you identified in Section 4. You are not asked to provide budget detail language in the Supportive Services Detail Costs Table because that language will be taken from the “Project Services Staffing Chart” and the “Additional Supportive Services Funding Request Chart” in Section 4.

**Tip:** Eligible types of Expenses are listed in paper version Column A.

For each line item, in paper version Column B list the total amount of Project funding you are requesting in this application. List “0” if not funds are being requested.

For each line item, in paper version Column C list the total amount of funds that will be included in the Project from other case sources, including match.

For each line item, paper version Column D should equal the combined amounts of paper version Column B and paper version Column C.

\*\*\*\*\*

## Rental Assistance Costs

**Tip:** Select “N/A” if your Project does not include any Rental Assistance costs

**Tip:** A “0 bedroom” unit is often referred to as an efficiency unit.

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. Cost out the Rental Assistance associated with the Project based on the units anticipated to be leased by the Project. More information about eligible rental assistance costs can be found in Attachment D of the RFA, the CoC Interim Rule and the FY 2018 HUD NOFA.

Costs are subject to future adjustment based on 2018 Fair Market Rent (FMR) amounts.

**Tip:** The Actual Rental Assistance Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. If so, simply retype

*that figure into the Actual Leasing Amount column (paper version Column B). In some cases an agency intends to rent units at a rate less than FMR amount, and that lesser amount should be listed in the Actual Leasing Amount column.*

**Tip:** *The monthly Actual Leasing Amount should never be greater than the FMR.*

**Tip:** *Remember that FMR includes the cost of both rent AND utilities.*

**Tip:** *Per HUD regulations, a project cannot include Rental Assistance AND Leasing.*

**Tip:** *Per HUD regulations, a project cannot include Rental Assistance AND Operating Costs.*

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B)

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

\*\*\*\*\*

## **Housing Operating Costs**

**Tip:** *Select “N/A” if your Project does not include any Operating Costs*

**Tip:** *Operating Costs apply only to expenses related to the operations of housing units in which clients will reside. Operating Costs does not apply to general operating expenses of your agency of the Project.*

The information provided should only pertain to those operating costs that are dedicated to the Project. More information about eligible operating costs can be found in Attachment D of the Request for Applications, the CoC Interim Rule and the 2018 HUD NOFA.

The Description Column, (paper version Column B) should describe the costs for each line item, specifying Quantities and Details. The details must fully explain the costs listed in paper version Column C.

**Example:** *.75 FTE maintenance services at \$X/Hour*

**Example:** *\$X monthly fee for alarm services*

The Total Project Budget Amount Column (paper version Column C) should include the total Project cost for this line item, including the funds requested from HUD, match and any other cash sources.

The Total HUD Budget Amount (paper version Column D) should include only the Project costs being charged being requested from HUD for each line item.

\*\*\*\*\*

## HMIS Costs

*Tip: Select "N/A" if your Project does not include any HMIS Costs.*

The information provided should only pertain to those operating costs that are dedicated to the Project.

*Tip: For most projects this table would only include the costs your agency incurs as part of the licensing and support charged to you by the HMIS Lead and other costs associated with your HMIS participation.*

The Software Line Item should reflect your Agency's costs associated with licensing and support charged to you by the HMIS Lead.

*Tip: Equipment, Service (such as internet access), Personnel, Space & Operations expenses can only reflect the cost associated with the percentage of time/expenses directly related to participation in HMIS, including data entry.*

\*\*\*\*\*

## Expenses Summary Table

*Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months.*

For each Expense Category (paper version Column A) of your Project, the HUD CoC Funds column (paper version Column B) should list the funds for which you are applying in this application. These amounts should all reflect the amount included in your Expense Detail Costs Tables.

*Tip: The entries in paper version Column B must match the totals from the corresponding Expense Category Detail Costs table(s).*

All Other Funds (cash sources only - not in-kind) (paper version column C) should list all matching funds PLUS any other funds you are committing to the Project.

*Tip: The entries in paper version Column C must match the totals from the corresponding Expense Category Detail Costs table(s).*

The Total column (paper version column D) should equal the combined total of the previous two columns.

**Tip:** *Unless your application is for an exclusive HMIS project, the HMIS line item should represent only the cost for your agency to participate in HMIS, which could include payment for the licenses and support provided through the HMIS Lead for which you are billed.*

**Tip:** *The entries in paper version Column D must match the totals from the corresponding Expense Category Detail Costs table(s).*

The Subtotal line should equal the combined total of Leasing, Rental Assistance, Supportive Services, Operating and HMIS costs.

For Administration costs you may request a maximum of 3.5% of your Subtotal amount of the HUD CoC Funded column (paper version Column B).

The Total should equal the combined total of the Subtotal and Administration costs lines.

\*\*\*\*\*

### **Operational Project-Based Housing**

You will select “Yes” if your Project includes Project Based/Site Based Housing and the proposed Housing Units are already in existence and operational (in particular, a Certificate of Occupancy been issued for all structures that contain the Units)

Select “N/A” if your Project does not include Project Based (Site Based ) Housing and skip to “Indirect Cost Rates”

\*\*\*\*\*

### **Restrictive Covenant**

You will select “Yes” if any of the properties in this Project are subject to an active restricted covenant

Yes       No

\*\*\*\*\*

### **Indirect Cost Rates**

You will select “Yes” if you plan to to allocate funds according to an indirect cost rate.

## **Section 14 - Project Performance, Cost-Effectiveness and Alignment with System Performance Measurement Initiatives**

### **Note has been read**

You will check “yes” to verify that you have read this page of instructions and are aware that administrative data, program and performance data will be used in the scoring of this Project application.

### **NOTE:**

Throughout this section, if data and information are not available about the Housing and/or Services you propose to provide to the Project (for example, if this is a new Project), data and information from the most closely related Housing and/or Services activity will be substituted.

- a. Your Past Performance with Regard to HUD Administrative Performance Measures and Goals**
- b. Your Past Performance with Regard to HUD Program Performance Measures and Goals**
- c. Your Contribution to Project and System Performance Measurement Initiatives**

### **NOTE:**

Program data and related information available as a result of your administrative/financial/program reporting and participation in HMIS will be used to evaluate past performance as well as to generate baseline system performance data. See Attachment A-1.

### **d. The Cost-Effectiveness of Your Housing and Services**

### **NOTE:**

Project- and Applicant-specific measures of cost-effectiveness will be calculated based on information provided in Sections 3, 4 and 13. See Attachment A-1.

## Section 15 - New Projects: Key Information

### Scalable

Select the box that best describes if, based on funding available, your portion of the Project is scalable (i.e., can your proposed activities under the Project be expanded or reduced to meet CoC priority and capacity needs)?

### Field Based Services

Select “Yes” if you are providing Services in your portion of the Project and at least 80% of the Services will be conducted in the field, rather than office-based.

*Tip: Field based services can include, but are not limited to, services provided at the client’s residence, workplace, grocery store, family member’s home or other place that is convenient for the client and gives the case manager insight into the client’s environment.*

*Tip: Select “N/A” if your portion of the Project is for Housing only.*

### Project Timeline

Please use the chart to provide a Project timeline that indicates when the following key events will occur during the course of the Project’s first year:

- a. Hiring of staff
- b. Serving of first client
- c. Placement of first household into permanent housing
- d. Project is operating at full capacity
- e. Management plan
- f. Supervision
- g. Internal monitoring
- h. HMIS
- i. Outcomes/Performance Measures
- j. Client files
- k. Financial

## **Section 16 - New Projects: Permanent Housing Bonus Project**

Although any eligible new Project proposal may be considered, CoC FL-507 will definitely include in its application to HUD a funding request for at least one new Permanent Housing Bonus Project.

If you intend to apply for a Permanent Housing Bonus Grant, note that CoC FL-507 has prioritized certain project types. Check the box that best describes your Project application if you want it to be considered for the Permanent Housing Bonus Project.

### **New Projects**

Requests for HUD CoC Program funding for a Permanent Housing Bonus Project should not exceed \$100,000, including services and housing. A maximum of 20 percent of the request may be for Supportive Services, with the remainder dedicated to Housing. Please ensure that the budget information submitted in Section 13 complies with these requirements.

**Requests for HUD CoC Program funded Domestic Violence/Victim Services Bonus Projects should not exceed \$700,000, including services and housing.**

## Section 17 - New Projects: Narrative for Applicants Providing Supportive Services

This section is to be completed only by Applicants proposing to provide Services as part of a NEW Project.

Responses provided in this Section are in addition to but should be consistent with responses provided elsewhere in this Application.

\*\*\*\*\*

**Check below if your project will include the following Supportive Services:**

- Housing Navigation and/or Housing Stability Case Management
- Outreach & Engagement
- Additional Supportive Services

\*\*\*\*\*

### Experience with Housing First

Describe your experience with and investment in activities that use the Housing First model. Responses should explain any evolution on your part to adopt Housing First principles into your service delivery, and how that evolution occurred. Include reference to any specific policies you have adopted in support of Housing First activity. *(max 500 words) Please remember to not use the name of the agency.*

\*\*\*\*\*

### Housing First Competency Training

Describe any experience and/or training that your staff have had/will have with Housing First core competencies such as motivational interviewing, trauma-informed care, cultural competency and the Housing First approach to service delivery *(max 300 words). Please remember to not use the name of the agency.*

\*\*\*\*\*

### Housing First Supervision

Please describe any experience that your supervisory staff have had/will have with activities grounded in the Housing First approach. *(max 200 words) Please remember to not use the name of the agency.*

\*\*\*\*\*

## **Future Housing First Training**

Given the current knowledge and experience of the proposed Project staff, what training will be most important for those funded staff to receive to support their ability to provide Housing First services to individuals or households (i.e. which training topics do you think are most important for your specific staff). *(max 200 words)*

\*\*\*\*\*

## **Housing Navigation and/or Housing Stability Case Management**

**Note:** Housing Stability Case Management has much in common with other forms of case management, but it is a specialization based on a low-demand, Housing First approach. Please review the Housing Navigation and Housing Stability Case Management Scope of Work, Attachment F to the RFA. Reference the Scope of Work in responding to the following:

\*\*\*\*\*

### **Housing Navigation and/or Housing Stability Case Management: Comparison with Current Projects**

Describe your perception of how individuals or households assisted through this Project may be similar or different from those with which you currently work/historically have worked, and the steps you are taking to ensure that members with the target population for this Project are served using a Housing First philosophy. Responses should include any residual implications of your previous experience working with individuals or families. *(max 500 words) Please remember to not use the name of the agency.*

*Tip: Answers may emphasis how clients served through this Project may have a different previous housing status from your current projects (ex. this Project serves persons who are literally homeless but previous Projects served anyone in need) or whether clients served through this Project may have higher/lower/same level of barriers to housing, more complex/less complex/same level service needs or other differences/similarities.*

\*\*\*\*\*

### **Housing Navigation/Housing Stability Case Management: Comparison with Current Job Descriptions**

Identify tasks in the Scope of Work that are not part of your current staff's job descriptions/expectations. Describe how staff will be supported in incorporating these new expectations into their activities. *(max 300 words) Please remember to not use the name of the agency.*

*Tip: Your answer may include ways you will seek CoC support in training/teaching staff how to comply with the Scope of Work*

*Tip: Your answer may explore the difference between providing scattered site services versus site based services, if appropriate*

\*\*\*\*\*

**Trauma Informed (max 500 words)**

Describe how your Project delivers trauma informed services with an understanding of the vulnerability and experiences of trauma survivors, including the prevalence of physical, social and emotional impacts of trauma. How is trauma integrated into policies procedures, practices and settings. How does the Project place priority on restoring survivor’s feelings of safety, choice and control if relevant.

\*\*\*\*\*

## **Domestic Violence/Victim Services Narratives**

If you are not applying for the Victim Services Bonus Project, skip to the questions on Outreach

**VS - Emergency Transfer Plan (max 500 words)**

Describe how your Project will integrate with the CoC Emergency Transfer Plan for victims who are identified through non-victim specific programs, including but not limited to CES HUBS, street outreach teams, and non-victim emergency shelters. *Please remember to not use the name of the agency.*

**VS - Victim-Centered (max 500 words)**

Describe how your Project will place the victim’s priorities, needs and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, assisting victims in making informed choices, restoring feelings of safety and security. How will the Project safeguard against policies and practices that could inadvertently re-traumatize victims. *Please remember to not use the name of the agency.*

**VS - Unique Circumstances (Max 500 words)**

Describe how your Project is tailored to meet the unique needs of persons actively fleeing violence, which can include survivors of domestic violence, human trafficking, dating violence and stalking. *Please remember to not use the name of the agency.*

**VS - CoC Engagement with Victim Services (Max 500 words)**

How will the Project ensure that victim’s rights, voices and perspective are incorporated when developing and implementing system and community based efforts that impact crime victims. How will the agency support improvements in CoC efforts to support crime victims, including sharing of aggregate data and project performance analysis. What opportunities to more fully engage with the CoC and support CoC efforts to improve support for crime victims has the agency identified. *Please remember to not use the name of the agency.*

**VS - Comparable Database**

If you are applying for a Domestic Violence/Victim Services Bonus Project, please describe the HMIS comparable database that the Project will use (150 word max) *Please remember to not use the name of the agency.*

## **Outreach & Engagement**

\*\*\*\*\*

### **Outreach & Engagement: Capacity**

The Central Florida region currently faces gaps in outreach capacity in several key areas. Select the box(es) associated with any specific outreach capacity your Project will provide. *Please remember to not use the name of the agency.*

*Tip: Select “NA” if none of the other options apply to your Project*

\*\*\*\*\*

### **Outreach and Engagement: Value Added**

Describe how your outreach and engagement activity will complement other outreach projects to maximize coverage of the Central Florida region. Include discussion of how staff will participate in the Coordinated Entry

System and in CoC efforts to coordinate geographic and sub-population coverage as part of an overall outreach strategy. (max. 300 words) Please remember to not use the name of the agency.

\*\*\*\*\*

## **Additional Supportive Services**

\*\*\*\*\*

### **Additional Supportive Services: Description**

Housing First-based Projects will not succeed without case management. However, Supportive Services are often needed to ensure Project performance.

Describe the non-case management, non-outreach services the Applicant proposes to provide/ensure provision. (max. 2000 characters) Please remember to not use the name of the agency.

*Tip: Although not appropriate for an application for HUD funding, an application for Intensive Case Management funding that may be administered through HSN, should those funds become available, could include SOAR Specialists, LCSW/RN, and Peer Support Specialists.*

*Tip: Although not appropriate for an application for HUD funding, an application for Housing Locator/Landlord Services should include a description of how those services are integrated with the Coordinated Entry System and the rent payment processes for scattered site units, as well as how it will conduct unit inspections for scattered site and site based units.*

\*\*\*\*\*

### **Additional Supportive Services: Housing Stability and Retention**

Describe how such services will help promote housing stability and retention on the part of Program Participants. (max. 500 words) Please remember to not use the name of the agency.

## Section 18 - New Projects: Narrative for Applicants Providing Housing

This section is to be completed only by Applicants proposing to provide Housing as part of a NEW Project. Applicants submitting as part of a renewal Project should SKIP this section, as should Applicants proposing to provide Supportive Services as part of a new Project.

### Project Scope

Provide an overview of the entire scope of the Housing Project, including but not necessarily limited to, descriptions of:

1. The number, type (i.e. Permanent Supportive Housing, Rapid ReHousing, Transitional Housing as part of Joint TH-RRH) and configuration (i.e. scattered site, site based, facility based) of the units in which Program Participants are to be Housed;
2. The type and amount of the HUD subsidy to be made available to the Project (tenant-based, project-based or sponsor-based rental assistance, leasing funds, operating subsidies);
3. The nature of the relationships among and responsibilities of the Applicant, landlords, intermediaries and tenants (i.e. how are the partners connected to each other, who is responsible for what);
4. The sources of and process for assuring the coordination of Supportive Services and other resources prior before, during and after housing placement; (i.e. case management is assigned by CES or is linked to the Project; who is providing non-case management services; If the Project is site based, how will clients continue to receive case management services if they are evicted from the site-based units) and
5. The identifiable and applicable steps in the housing placement process, from identification or assignment of individuals/households to identification and selection of housing units to lease execution and move-in to the implementation of housing retention and stabilization strategies. *(max 750 words)*

*Please remember to not use the name of the agency.*

\*\*\*\*\*

### Housing First Experience

Describe the Applicant's experience with and investment in activities that use the Housing First model. Responses should explain any evolution on the part of the Applicant to adopt Housing First principles into its housing

provision, and how that evolution occurred. Include reference to any specific policies adopted by the Applicant in support of Housing First activity. *Please remember to not use the name of the agency. (max 500 words)*

\*\*\*\*\*

## **Regional Needs**

The Central Florida region currently faces gaps in housing capacity in several key areas. Select the box(es) associated with any specific Housing capacity your Project will provide.

Tip: Select NA if your Project provides Services only

Tip: Select NA if your Project is a housing project, but does not meet any of the specific needs/categories on the Regional Needs list.

## **Section 19: OCAG - Intensive Case Management**

If your agency currently has a contract for Intensive Case Management with the Central Florida Foundation Impact Fund, please base your responses, including budget, on the numbers of chronically homeless persons associated with your current contract with the Central Florida Foundation. If your agency does not currently have a contract for Intensive Case Management funding with the Central Florida Foundation, please assume a caseload of 50 chronically homeless individuals and families.

### **What is the client: Case Manager ratio for your Intensive Case Management Team**

**Tip:** This ratio should only relate to the case managers and not all of the members of the ICM Team.

### **What other positions are part of your Intensive Case Management Team**

Check all boxes that apply

### **Describe the functions of each team members and how the team members work together**

(Max 600 words)

This narrative should stress the role each member plays on the team and how the activities support housing stability for clients.

### **Please attach job descriptions for each team member.**

For instructions on how to attach a document see attachment A-2

### **Experience** (max 600 words)

Describe your agency's experience in housing chronically homeless individuals and families. Include data about housing outcomes, especially housing stability.

### **Barriers** (max 600 words)

Describe 2 - 3 high barrier clients and how your team addressed those barriers to successfully assist the client to obtain and maintain permanent housing.

**Health Care Home** (max 200 words)

Describe how your Project will ensure linkage to a health care home for all clients.

**Mainstream Benefits** (max 400 words)

What is your experience in assisting Project clients to obtain mainstream benefits. With which benefits have you been the most successful? With which benefits have you been the least successful?

**Frequency** (max 400 words)

Describe the frequency of home/field visits to clients, including minimums. What factors are used to determine the frequency?

**Proposed Budget:**

For each expense item, please provide a detailed description and the amount requested. Descriptions for personnel line items should include details of salary and benefits.

## **Section 20 - OCAG: Housing Location/Landlord Services**

If your agency currently has a contract for Housing Locator/Landlord Services with the Central Florida Foundation Impact Fund, please base your responses, including budget, on the numbers of chronically homeless persons associated with your current contract with the Central Florida Foundation. If your agency does not currently have a contract for Housing Locator/Landlord Services funding with the Central Florida Foundation, please assume a caseload of 50 chronically homeless individuals and families.

### **Experience** (max 600 words)

Describe your agency's experience providing Housing Location and Landlord Support Services for high barrier homeless individuals and families. Provide examples of times that landlords were willing to reduce barriers to make units more accessible. Include the Team's ability to be available 24/7 for landlord emergencies. Include average time to complete initial inspections and how the Team coordinates reinspections and annual inspections.

### **Collaboration with Case Management** (max 500 words)

Describe how your Team collaborates with other agencies that are providing case management services to individuals and families living in units that have been identified by your Team. Include specifics of how the Team communicates with the partner providers and landlords when tenancy challenge arise and how that communication is tracked and monitored.

### **Integration with Rental Assistance** (max 500 words)

Describe how your Team will integrate its work with the agencies providing the rental assistance for the households in the Project. Your answer should include completion of all HUD required documents associated with rental assistance, including Housing Assistance Payment (HAP) agreements, Leases, landlord/owner/vendor eligibility (ex. W-9), Property Management agreements, move in sheets, Rent Reasonableness Worksheets, Lead Based Paint Certification, and HQS inspections.

### **New Landlord Engagement** (max 500 words)

Describe your agency's experience in outreach to landlords through landlord/realtor events and other forms of marketing. Provide numbers of landlords engaged and numbers that led to successful lease ups and move ins for persons with criminal histories, credit challenges and other barriers.

### **ReHousing** (max 500 words)

Describe your agency's experience in identifying housing for clients who have recently been evicted from homeless housing projects. Provide at least 2 examples of clients who were successfully rehoused, including specifics of what circumstances or behaviors led to the previous eviction.

**Staff** (max 500 words)

Describe the staff positions, including number of each, for which you are applying. How will these staff work together to ensure chronically homeless people are able to obtain and maintain permanent supportive housing.

**Proposed Budget:**

For each expense item, please provide a detailed description and the amount requested. Descriptions for personnel line items should include details of salary and benefits.