

COMMUNITY, HOUSING AND

HUMAN SERVICES DEPARTMENT

808 W. SPOKANE FALLS BLVD

SPOKANE, WA 99201

**COMMUNITY, HOUSING AND HUMAN SERVICES (CHHS) DEPARTMENT**

***NEW PROJECT APPLICATION – Joint TH-RRH***

**2021 CONTINUUM OF CARE (CoC) PROGRAM COMPETITION**



**Department of Housing and Urban Development (HUD)
Continuum of Care Program**

|  |
| --- |
| The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. |

**September 10, 2021**

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# Application Instructions

Complete all applicable questions. If you have any questions, please contact the RFP Coordinator. You are required to complete this general application, the housing first assessment, and budget documents. Reference the RFP for a complete list of additional attachments, such as policies and procedures and match letter requirements before submitting your complete application packet.

# Agency Information:

Organization Name:

Organization Type: Choose an item.

Employer or Tax Identification Number:

Organizational DUNS: PLUS 4:

Physical Address:

 Street:

 City:

 State:

 ZIP Code

Is your organization a Faith-Based Organization? Choose an item.

Has the agency ever received a federal grant, either directly from a federal agency or through a State/local agency? Choose an item.

**Contact Person**

First Name:

Middle Name:

Last Name:

Title:

E-mail Address:

Confirm E-mail Address:

Phone Number:

Extension:

Fax Number:

# Experience of Applicant and Other Partners

1. Describe the experience of the subrecipient(s), in effectively utilizing federal funds andperforming the activities proposed in the application, given funding and time limitations.
2. Describe the experience of the agency in leveraging other Federal, State, local, and private sector funds.
3. Describe the basic organization and management structure of the agency. Include evidence of internal and external coordination and an adequate financial accounting system.

# Executive Summary

 [Applicant Agency] proposes to partner with the City of Spokane to implement [project name], which will address [issue] through the following activities: [summarize activities].

These interventions will be accompanied by ongoing activities implemented as part of [applicant’s other projects and applicable funding sources]. This includes through implementation of activities such as [what else the organization is doing to address these needs].

# Homeless Crisis Response System

1. Collaborative relationships across systems:
2. Identify any key organizational partners and describe how you will collaborate with them to deliver the program and achieve results for the target population.
3. Describe how the applicant interfaces with other services/resources to provide a referral network for your clients.
4. Do other agencies/programs in the community provide services similar to this program?
5. Describe how the applicant is part of the larger system of services and/or housing resources for people experiencing homelessness.
6. Describe any key, formal partnerships that are jointly designed with other agencies and indicate whether they are formalized through a Memorandum of Understanding or other formal agreement (if so, please attach).
7. Describe how this proposal aligns with one or more of the objectives in City of Spokane’s Strategic Plan to End Homelessness.
8. What steps has the applicant taken or plans to take in order to establish, develop, or continue policies, practices, and procedures that increase racial equity in the following areas: training, hiring and retention, board development, community engagement and partnerships, and other organizational work. In which areas are the applicant agency’s strengths or assets? In which areas does the applicant have room for growth?
9. Describe how the applicant’s engagement and service delivery model assures access to underserved communities who are disproportionately impacted by homelessness, including efforts related to service design, staffing, outreach and engagement approach, and language. Explain how the applicant agency will make services available to populations disproportionately represented among the homeless population, including racial and ethnic minorities, immigrants and refugees, individuals with disabilities, LGBTQ youth and adults, and people with limited English proficiency. Please identify any issues or limitations the applicant agency may encounter and describe how services will be modified to meet the needs of these specific populations.
10. Describe the impact of COVID-19 on other projects or programs you deliver (if applicable) and how this will inform your approach to the design, planning, and implementation of this new project, including service delivery.

1. How does the applicant ask for and incorporate participant feedback about services into the project design, policies, and/or procedures? Please provide examples.

# Project Overview and Description

1. Provide a general description of the proposed project including the services to be provided and units available under each intervention (i.e. TH; RRH).
2. Describe the proposed number of households to be served each year during the award period.
3. Where is the project located? Provide exact addresses of all offices/locations where participants will be served. If services will be collocated within facilities not managed by your agency, please identify them as collocated.
4. What household types are eligible for this project? Please check all that apply.

[ ]  Couples

[ ]  Families with Children

[ ]  Seniors (55+)

[ ]  Single Females

[ ]  Single Males

[ ]  Young Adults (18 to 24)

[ ]  Youth (Under 18)

1. What specific populations, if any, is this project designed to serve? Please check all that apply.

[ ]  All populations

[ ]  LGBTQ+

[ ]  People living with disabling health conditions

[ ]  People living with drug or alcohol addictions

[ ]  People living with mental illness

[ ]  People currently fleeing/survivors of domestic violence

[ ]  Seniors (55+)

[ ]  Veterans and/or their families

[ ]  Young Adults (18 to 24)

[ ]  Youth (Under 18)

[ ]  Cultural or Ethnic Communities [please state: Click or tap here to enter text.]

1. Explain any issues, challenges, and/or barriers affecting the population the project will serve and the impact your program will have to address this need. Include key indicators, current baseline data, and a brief explanation of what is causing the current unacceptable results.
2. What criteria must participants meet before receiving services?
3. What factors would cause someone to be denied entry into this project?
4. Why would someone experiencing homelessness want to participate in the proposed project?
5. What project rules do participants have to follow? And what happens if a participant does not follow the rules? If applicant intend to implement service participation requirements once and individual is stabilized in housing, describe your plan for implementing this provision including evaluation method, threshold requirements, and re-evaluation on an on-going basis. Be sure to include the method for obtaining participation from clients and what will happen if the participant does not engage in services.
6. Describe the staffing model for the proposed project.

	1. What supportive services are offered and when?
	2. What is the ratio of direct-service staff to participants and how does that ratio support housing outcomes?
	3. What responsibilities and/or tasks do project staff have during the assessment stage and referral process?
7. What qualifications or qualities are most important when hiring direct-service staff? How do these prepare staff to serve your participants?
8. Describe the training required of and/or the training curriculum offered to project staff (and, if applicable, project volunteers).

# Project Detail

1. Project Name:
2. Component Type: **Joint TH-RRH**
3. Does this project use one or more properties that have been conveyed through the Title V process?
4. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

|  |
| --- |
| **Project Milestones** |
|  | Days from grant agreement execution | Days from grant agreement execution | Days from grant agreement execution | Days from grant agreement execution |
| New project staff hired, or other project expenses begin |  |  |  |  |
| Participant enrollment in project begins |  |  |  |  |
| Participants begin to occupy leased units or structure(s), and supportive services begin |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |  |  |  |
| Closing on purchase of land, structure(s), or execution of structure lease |  |  |  |  |
| Rehabilitation started |  |  |  |  |
| Rehabilitation completed |  |  |  |  |
| New construction started |  |  |  |  |
| New construction completed |  |  |  |  |

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?
	1. If “YES” to question 6, complete the following question: Is this New Project Application requesting a “Project Expansion” of an eligible renewal project of the same component type?
	2. If “YES” to question 6a, complete the following questions:
		1. Eligible Renewal Grant Number:
		2. Eligible Renewal Grant Project Name
		3. Select the activities below that describe the expansion project: (select all that apply)

[ ]  Increase the number of homeless persons served

[ ]  Provide additional supportive Services to homeless persons

[ ]  Bring existing facilities up to state/local health and safety standards

[ ]  Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)

[ ]  Coordinated entry

1. Will your project participate in Coordinated Entry? Choose an item.
2. Please identify the project's specific population focus: (select all that apply)

[ ]  Chronic homeless

[ ]  Veterans

[ ]  Youth (under 25)

[ ]  Families

[ ]  Domestic Violence

[ ]  Substance Abuse

[ ]  Mental Illness

[ ]  HIV/AIDS

[ ]  Other:

1. Will the project quickly move participants into permanent housing? Choose an item.
2. Does the project ensure that participants are not screened out based on the following items? (Select all that apply)

[ ]  Having too little or no income

[ ]  Active history of substance use

[ ]  Having criminal record with exceptions for state-mandated restrictions

[ ]  History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

[ ]  None of the above

1. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

[ ]  Failure to participate in supportive services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

[ ]  None of the above

1. Will the project follow a “Housing First” approach? Choose an item.
2. If applicable, describe the proposed development activities and the responsibilities that the agency (if any) will have in developing, operating, and maintaining the property.
3. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Choose an item.
4. Will more than 16 persons live in one structure? Choose an item.

# Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. **Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

[ ]  **The agency acknowledges it will be required to meet the above requirements if it will have any qualifying participants.**

1. If this program will service families with children, describe how this program will connect children and youth to education services to maximize their ability to consistently attend school and be successfully in school including engaging the adults in the household with the child’s/youth’s education. Explain the agencies you will be working with and MOUs you have to represent the work that you will be actively involved with to pursue these activities.
2. Describe how participants will be assisted to obtain and remain in permanent housing.
3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.
4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Provider** | **Frequency** |
| Assessment Of Service Needs | Choose an item. | Choose an item. |
| Assistance With Moving Costs | Choose an item. | Choose an item. |
| Case Management | Choose an item. | Choose an item. |
| Child Care | Choose an item. | Choose an item. |
| Education Services | Choose an item. | Choose an item. |
| Employment Assistance & Job Training | Choose an item. | Choose an item. |
| Food | Choose an item. | Choose an item. |
| Housing Search & Counseling Services | Choose an item. | Choose an item. |
| Legal Services | Choose an item. | Choose an item. |
| Life Skills Training | Choose an item. | Choose an item. |
| Mental Health Services | Choose an item. | Choose an item. |
| Outpatient Health Services | Choose an item. | Choose an item. |
| Substance Abuse Treatment Services | Choose an item. | Choose an item. |
| Transportation  | Choose an item. | Choose an item. |
| Utility Deposits | Choose an item. | Choose an item. |

1. Please identify whether the project will include the following activities:
	1. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Choose an item.
	2. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Choose an item.
	3. Will project participants have access to SSI/SSDI technical assistance provided by the agency or partner agency? Choose an item.

# Housing Type and Location

1. Is this housing type and location for the **TH portion or the RRH portion** of the project?
2. Housing type: Choose an item.
3. What is the funding source for these units and beds?
4. Maximum number of units and beds at the selected housing site:
	1. Units:
	2. Beds:
5. Project Address:

Street:

City:

State:

ZIP Code

1. Is this housing type and location for the **TH portion or the RRH portion** of the project?
2. Housing type: Choose an item.
3. What is the funding source for these units and beds?
4. Maximum number of units and beds at the selected housing site:
	1. Units:
	2. Beds:
5. Project Address:

Street:

City:

State:

ZIP Code

# Project Participants - Households

**Households Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Households w/ at least one adult & one child | Adult households w/out children | Households with ONLY children | **Total** |
| Number of Households |  |  |  |  |
|  |  |  |  |  |
| Characteristics | Persons in households with AT LEAST one adult & one child | Adult persons in households w/out children | Persons in households with ONLY children | **Total** |
| Adults over age 24 |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |
| Accompanied children under age 18 |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |
| **Total persons** |  |  |  |  |

# Project Participants – Subpopulations

**Persons in Households with at least one adult and one child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | Adults over age 24 | Adults ages 18-24 | Children under age 18 | **Total** |
| Chronically Homeless Non-Veterans |  |  |  |  |
| Chronically Homeless Veterans |  |  |  |  |
| Non-Chronically Homeless Veterans |  |  |  |  |
| Chronic Substance Abuse |  |  |  |  |
| Persons With HIV/AIDS |  |  |  |  |
| Severely Mentally Ill |  |  |  |  |
| Victims Of Domestic Violence |  |  |  |  |
| Physical Disability |  |  |  |  |
| Developmental Disability |  |  |  |  |
| Persons Not Represented By Listed Subpopulations |  |  |  |  |
| **Total Persons** |  |  |  |  |

 **Persons in Households WITHOUT Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | Adults over age 24 | Adults ages 18-24 | Children under age 18 | **Total** |
| Chronically Homeless Non-Veterans |  |  |  |  |
| Chronically Homeless Veterans |  |  |  |  |
| Non-Chronically Homeless Veterans |  |  |  |  |
| Chronic Substance Abuse |  |  |  |  |
| Persons With HIV/AIDS |  |  |  |  |
| Severely Mentally Ill |  |  |  |  |
| Victims Of Domestic Violence |  |  |  |  |
| Physical Disability |  |  |  |  |
| Developmental Disability |  |  |  |  |
| Persons Not Represented By Listed Subpopulations |  |  |  |  |
| **Total Persons** |  |  |  |  |

**Persons in Households with ONLY Children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | Adults over age 24 | Adults ages 18-24 | Children under age 18 | **Total** |
| Chronically Homeless Non-Veterans |  |  |  |  |
| Chronically Homeless Veterans |  |  |  |  |
| Non-Chronically Homeless Veterans |  |  |  |  |
| Chronic Substance Abuse |  |  |  |  |
| Persons With HIV/AIDS |  |  |  |  |
| Severely Mentally Ill |  |  |  |  |
| Victims Of Domestic Violence |  |  |  |  |
| Physical Disability |  |  |  |  |
| Developmental Disability |  |  |  |  |
| Persons Not Represented By Listed Subpopulations |  |  |  |  |
| **Total Persons** |  |  |  |  |

#

# Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

|  |  |  |
| --- | --- | --- |
|  |  | Directly from the street or other locations not meant for human habitation. |
|  |  | Directly from emergency shelters. |
|  |  | Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing. |
|  |  | Directly from safe havens. |
|  |  | Persons fleeing domestic violence. |
|  |  | Directly from transitional housing. |
|  |  | Persons receiving services through a Department of Veterans Affairs (VA) – funded homeless assistance program (eligible for JOINT projects if from TH or Emergency Shelters). |
|  |  | **Total of above percentages** |

1. Describe the outreach plan to bring these homeless participants into the project.

# Budget

1. What type of CoC funding is this project applying for in the 2021 CoC Competition? Choose an item.
2. Does this project propose to allocate funds according to an indirect cost rate? Choose an item.
	1. Rate:
	2. Method:
3. Select the costs for which funding is being requested:

[ ]  Leased Units

[ ]  Leased Structures

[ ]  Rental Assistance

[ ]  Supportive Services

[ ]  Operating

[ ]  HMIS

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Choose an item.
2. Match: *Please note that if you are using more than one source you must provide the information below for each source and submit a separate match letter for each.*
	1. Type of commitment: Choose an item.
	2. Type of source: Choose an item.
	3. Date of written commitment:
	4. Value of written commitment:
3. Complete budget tables for funds requested. See excel workbook titled *FY 2021 New Project Application – Budget Tables*