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**Community, Housing, and Human Services Department Supplemental Application**

 **SSI/SSDI Outreach, Access, and Recovery (SOAR)**

1. **General Instructions**

Please complete a single narrative application for the proposal. If a proposal represents a partnership between multiple agencies, please list the name of the lead agency below and detail additional partners in question two of the Proposal Outline. Applications must be no greater than 12 pages in length, with minimum margins of ½ inch and font size no smaller than 11 point. Question text may be removed to meet page limits, however applicants must include section headings and question numbers. Please respond with “N/A” to any questions that may not be applicable to your proposal.

Proposal Name**:**

Lead Agency Name:

Amount Requested for Lead Agency**:**

Partner Agency Names (If Applicable):

Amount Requested for Partner Agencies (If Applicable):

1. **Proposal Outline**
2. Outline the scope of work to be performed, including a detailed work plan, project timeline, and the services to be provided.
3. Will you be partnering with one or more agencies on this project? If so, please list the other partner(s) involved, their roles, and how partnering will lead to better project results.
4. Describe the experience of the key staff that will be administering this project.
5. Identify and describe the other resources and funding sources your agency currently has that can be leveraged to aid in the creation of a long-term and sustainable program?
6. **Homeless Crisis Response System Participation**
7. Provide examples of similar projects completed successfully in the last 10 years where your agency successfully collaborated to further homeless system initiatives, including partnering with other stakeholders in ending homelessness.
8. What is your agency’s history providing valuable contributions to an existing homeless service initiative?
9. Describe any additional strategies or innovative solutions that your project may address to better serve persons applying for Social Security disability benefits.
10. **SOAR Experience**
11. How many staff at your agency have completed some form SOAR training? Please outline the training completed by each trained staff member (i.e. Stepping Stones to Recovery In-Person Training, SOAR Online Curriculum, SOAR Leadership Academy, in-person training from the Local SOAR Lead, etc.). If no staff have completed any form of SOAR training, please outline your agency’s plan to ensure staff are appropriately trained including a timeline and engagement strategy.
12. How many SOAR applications has your agency submitted in the past 24 months?
	1. What is the approval rate of those applications upon initial decision?
	2. Out of the applications initially denied, how many appeals did your agency submit?
	3. What is the approval rate of those applications following appeal?
	4. What is the average number of days between submission of applications and the final decision?
13. Please describe your agency’s current participation in the local SOAR Initiative. If your agency does not participate in the local SOAR Initiative, please explain why and outline your agency’s plan for future engagement.
14. Has your agency established partnerships with other stakeholders to enhance your SOAR program? If so, please describe the nature of the partnership(s), including how it was formed.
15. **Monitoring and Evaluation**
16. Applicants are required to continuously monitor the effectiveness, efficiency, relevance and sustainability of their programs through targeted and feasible performance evaluations. Please outline an evaluation plan that details how your agency will continually ensure that program performance meets or exceeds the national standards for the performance measures laid out on page 4 of the “Notice of Funding.”
17. **Transition Strategy**
18. What will be the proposed end-date of the project given the choice of a one or two-year period of performance? (i.e. 7/31/2019 or 7/31/2020)
19. What strategies will your agency utilize to ensure that the program is sustainable should no additional funding from CHHS become available? Please describe specific grants and alternative funding sources that may be used.
20. Please outline a vision to grow/expand the proposed program after the initial pilot period.
21. **Budget Narrative:**

The budget detail worksheet must have an accompanying budget narrative and justification that provides in detail the total amount for implementation of the program your organization is proposing. If the proposal is for 24 months of funding, provide detail in the budget narrative regarding the costs of implementation in year one and year two. If multiple agencies will be partnering on this proposal, provide a cost breakdown of the expenses that will be incurred by each individual agency.

1. The budget narrative should be laid out in the same format relative to the budget categories as provided in the budget detail worksheet and provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, and vendor quotes, etc.).
2. If applicable, please include an explanation of any differences between the first and second year of the proposed budget.
3. If the budget includes indirect costs, please provide an explanation of the proposed indirect cost method.
4. Describe projected spend down by quarter for the project period of performance.