



COMMUNITY, HOUSING AND
HUMAN SERVICES DEPARTMENT
808 W. SPOKANE FALLS BLVD
SPOKANE, WA 99201

FY2015 HUD CONTINUUM OF CARE NEW PROJECT APPLICATION

Due 5:00pm Wednesday, October 15, 2015

Late applications will not be accepted.



1. PROGRAM INFORMATION:

Program Name:	
Program Type:	Please Select
Address:	
City:	
Zip:	

Certification and Acknowledgment

I certify, on behalf of my agency, that I have reviewed and confirmed all information and data in this application are accurate and true.

Executive Director Signature

Print Name

Date

2. EXPERIENCE OF APPLICANT AND OTHER PARTNERS

Project Subrecipient *(if applicable)*

Organization Name:	<input type="text"/>
*Organization Type:	<input type="text" value="Please Select"/>
If "Other" specify:	<input type="text"/>
Employer or Tax Identification Number:	<input type="text"/>
Organizational DUNS:	<input type="text"/>
Physical Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Is the subrecipient a Faith-Based Organization?	<input type="text" value="Please Select"/>
Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	<input type="text" value="Please Select"/>
CoC Budget request:	<input type="text"/>
Contact Person:	<input type="text"/>
Name:	<input type="text"/>
Title:	<input type="text"/>
E-mail Address:	<input type="text"/>
Phone Number:	<input type="text"/>

**Documentation of the subrecipient's nonprofit status is required with the submission of this application.*

1. Describe your agency's experience in effectively utilizing federal funds and performing the activities proposed in the Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25, given funding and time limitations (750 word limit).

2. Describe your agency's experience in leveraging other Federal, State, local, and private sector funds (450 word limit).

3. Describe your agency's basic organization and management structure. Include evidence of internal and external coordination and adequate financial accounting system (450 word limit).

4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by your agency? Yes / No

If yes, describe the unresolved monitoring or audit findings (450 word limit).

3. PROJECT DESCRIPTION

1. Project Component Type: Please Select	
Component Type	Description
PH-PSH: <i>Permanent Housing – Permanent Supportive Housing</i>	Long-term housing and services for chronically homeless participants as defined in 24 CFR 578.3
PH-RRH: <i>Permanent Housing – Rapid Rehousing</i>	Short- to medium-term rental assistance and services for homeless households with children coming directly from the streets or emergency shelters

2. Is Energy Star used at one or more of the proposed properties? Please Select

Select “Yes” if the project incorporates energy-efficiency measures in the design, construction, rehabilitation, and operation of the project. Project applicants that select “Yes” routinely replace older obsolete products and appliances (e.g. lighting, domestic hot water heaters, furnaces, boilers, air conditioning units, refrigerators, clothes washers and dishwashers) with Energy Star-labeled products when replacing existing products is more cost-effective than repair and/or the appliance is no longer in operating condition.

3. Does this project use one or more properties that have been conveyed through the Title V process?: Please Select

Title V of the McKinney-Vento Act allows unused, underutilized, excess, or surplus Federal properties to be used by homeless services providers for the purpose of assisting homeless persons. Select ‘Yes’ or ‘No’ to indicate whether or not the project will include one or more properties that have been or will be conveyed through the Title V process.

4. Provide a description that addresses the entire scope of the proposed project. If project applying for is a housing first project (see section 8 below), demonstrate the agency’s experience in operating a successful housing first program, clearly describe a program design that meets the definition of Housing First (see section 8), and include a description of how the Housing First model is utilized (limit 1000 words).

The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

5. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (limit 500 words).

Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

6. Will your project participate in the CoC Coordinated Entry process?: Please Select

7. Please identify the specific population focus (Select ALL that apply)

- | | | | |
|--------------------|--------------------------|------------------|--------------------------|
| Chronic Homeless: | <input type="checkbox"/> | Substance Abuse: | <input type="checkbox"/> |
| Veterans: | <input type="checkbox"/> | Mental Illness: | <input type="checkbox"/> |
| Youth (under 25): | <input type="checkbox"/> | HIV/AIDS: | <input type="checkbox"/> |
| Families: | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Domestic Violence: | <input type="checkbox"/> | | |

8. Housing First

8a. Will the project quickly move participants into permanent housing?: Please Select

8b. Does the project ensure that participants are not screened out based on the following items? Select all that apply? By checking all of the first four boxes, this project will be considered low barrier.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Having too little or little income | <input type="checkbox"/> |
| Active or history of substance abuse | <input type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input type="checkbox"/> |
| History of domestic violence (e.g. lack of protective order, period of sepeartion from abuser, or law enforcement involvement) | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

8c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in support services
- Failure to make progress on service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any activity not covered in a lease agreement typically found in the project's geographic area
- None of the above

9. Will the project follow a "Housing First" approach?: Please Select

The "Housing First" model is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent supportive housing without preconditions or barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. For more information about Housing First in PSH go to:

<https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>.

10. Will the PH project provide PSH or RRH?: Please Select

11. Will the project request costs under the rental assistance budget line item?: Please Select

If applying for rental assistance, select 'Yes.' Project applicants will select the type of rental assistance (Project-based Rental Assistance (PRA), Sponsor-based Rental Assistance (SRA), Tenant-based Rental Assistance (TRA)) in Part 7, Budget Information. Project applicants not applying for rental assistance should select 'No.'

11a. If yes, Describe the method for determining the type, amount, and duration of rental assistance that participants can receive (limit 350 words).

12. Will participants be required to live in a particular structure, unit or locality, at some point during the period of participation? : Please Select

Select 'Yes' or 'No' to indicate whether participants will be required to live in a specific place determined by the project applicant at any point. PH projects may require clients to live in a particular structure for the first year and in a defined geographical area for the entire term of stay in the program. This allowance applies to TRA projects

when it is necessary for the coordination of supportive services; however, TRA projects must still operate in a way that provides for tenant choice according to 24 CFR 578.51(c).

12a. If yes, explain how and why the project will implement this requirement (limit 350 words).

13. Will more than 16 persons live in one structure?: Please Select

13a. If Yes to question 13, Describe the local market conditions that necessitate a project of this size (limit 350 words).

13b. If Yes to question 13, Describe how the project will be integrated into the neighborhood (limit 350 words).

14. Will the project use an existing homeless facility or incorporate activities provided by the existing project? Please Select

Expansion includes: increasing the number of homeless persons served, providing additional supportive services to homeless persons, bringing existing facilities up to state/local government health and safety standards, and replacing the loss of nonrenewable funding (private, federal, other excluding state/local government). Expansion is not applicable if a brand new population is being served (e.g. existing project serves chronically homeless individuals with chronic substance, new project will serve chronically homeless young mothers), or a brand new effort is being undertaken (i.e. new methodology, theory of change, program model, geographic location, etc.), outside of the scope of an already existing project. It is also important to clearly note that an expansion project cannot serve existing participants (i.e. persons currently being served by the existing project).

4. SERVICES FOR PARTICIPANTS

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Please Select

All projects serving children and youth up to the age guaranteed public educational services by state and local law must respond "Yes" or "No" to this questions. Please note that it is the responsibility of the project applicant to understand the age limits and available public educational resources in the project's service area.

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services as appropriate? Please Select

All projects serving children and youth up to the age guaranteed public educational services by state and local law must respond "Yes" or "No" to this questions. Please note that it is the responsibility of the project applicant to understand the age limits and available public educational resources in the project's service area.

1c. If you answered no to 1a or 1b Describe the reason(s) for non-compliance with educational laws as indicated in responses to 1a and/or 1b above, and the corrective action to be taken prior to grant agreement execution (limit 350 words).

Project applicants not in compliance with Federal education assurances must provide an adequate description of the reason(s) for noncompliance and a corrective action plan.

2. Describe how participants will be assisted to obtain and remain in permanent housing (limit 450 words).

Describe plans to move participants from the streets, emergency shelters, and safe havens into permanent housing, as well as plans to ensure that participants stabilize in permanent housing. A good response will acknowledge the needs of the target population and include plans to address those needs through current and proposed case management activities, and the availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or child care services. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently (limit 350 words).

Address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems. Describe how service delivery directly leads to participant employment; how service delivery leads directly to participants accessing SSI, SSDI, or other mainstream services; and how the requested funds contribute to participants becoming more independent

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

This list identifies ALL of the supportive services that are provided to participants in the PH-PSH project by the project applicant, subrecipient, partner organization or non-partner organization. The project applicant should complete each row of drop down menus for all supportive services that will be provided to participants. The selections made here should reflect the supportive services provided to all project participants for the entire project funded under the CoC Program, not just those supportive services that may be requested in the PH-PSH project application. If more than one Provider, mode of Access, or Frequency is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

The list presented is both exclusive and exhaustive according to 24 CFR 578.53. Only the activities listed will be considered eligible activities with respect to the Project Application. Project applicants must complete the drop down menus for at least one service/row.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Please Select	Please Select
Assistance with Moving Costs	Please Select	Please Select
Case Management	Please Select	Please Select
Child Care	Please Select	Please Select
Education Services	Please Select	Please Select
Employment Assistance and Job Training	Please Select	Please Select
Food	Please Select	Please Select
Housing Search and Counseling Services	Please Select	Please Select
Legal Services	Please Select	Please Select
Life Skills Training	Please Select	Please Select
Mental Health Services	Please Select	Please Select
Outpatient Health Services	Please Select	Please Select
Outreach Services	Please Select	Please Select
Substance Abuse Treatment Services	Please Select	Please Select
Transportation	Please Select	Please Select
Utility Deposits	Please Select	Please Select

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Please Select

5b. Use of a single application form for four or more mainstream programs? Please Select

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Please Select

6. Will project participants have access to SSI?SSDI technical assistance provided by the applicant, a subrecipient or partner agency? Please Select

6a. If yes, indicate the last SOAR training date for the staff person providing the technical assistance_____.

Housing Type and Location

1. Housing Type:	Please Select
------------------	---------------

2.a. Units:	Indicate the maximum number of units available for project participants at the selected housing site	
2b. Beds:	Indicate the maximum number of beds available for project participants at the selected housing site	
Beds for the Chronically Homeless		
How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?		
How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?		
How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year?		
How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2015 operating year?		
Address:		
City, State, Zip		

5. PROJECT PARTICIPANTS – HOUSEHOLDS

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without 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				

5a. Project Participants – Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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
Adults over age 24										
Adults ages 18-24										

Children under age 18										
Total Persons										

Persons in Households with Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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
Adults over age 24										
Adults ages 18-24										
Total Persons										

Persons in Households with only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons										

5b. Outreach for Participants

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

% Directly from the street or other locations not meant for human habitation.

% Directly from emergency shelters.

% Directly from safe havens.

% **Total of above percentages** (total should equal 100%)

2. If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements. (limit 350 words).

3. Describe the outreach plan to bring these homeless participants into the project (limit 350 words).

4 Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Please Select

6. STANDARD PERFORMANCE MEASURES

1. Specify the universe and target for the housing measure.

PSH Housing Measure	Target (#)	Universe (#)	Target (%)
Persons remaining in permanent housing at the end of the operating year or exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	<input type="text"/>	<input type="text"/>	<input type="text"/>

RRH Housing Measure	Target (#)	Universe (#)	Target (%)
Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons who were placed in permanent housing within 30 days of entry into project.	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Income Measure	Target (#)	Universe (#)	Target (%)
Adults who maintained or increased their total income (from all sources) as of the end of the operating year or project year	<input type="text"/>	<input type="text"/>	<input type="text"/>

- OR -

Adults who maintained or increased their earned income as of the end of the operating year or project year.	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------------------------------------------------------------------------------------------	----------------------	----------------------	----------------------

7. FUNDING REQUEST

Please identify the funding being requested through this application, applicants may select more than one funding source. Please review 24 CFR Part 578 Subpart D, for more information regarding funding requests (https://www.onecpd.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf).

1. Is it feasible for the project to be under grant agreement by September 30, 2017? Please Select

2. Does this project propose to allocate funds according to an indirect cost rate? Please Select

3. Select the costs for which funding is being requested.

Leasing: Support Services:
 Rental Assistance: Operating Costs:

7a. Leasing / Rental Assistance

4. If applying for rental assistance please identify the type Please Select


Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Leased / Rental Assistance Units Annual Budget

Size of Units:	Number of units	FMR	Months	Total request
SRO:	<input type="text"/>	\$350	12	\$ 0.00
0 Bedroom (4)	<input type="text"/>	\$467	12	\$ 0.00
1 Bedroom(6)	<input type="text"/>	\$571	12	\$ 0.00
2 Bedroom (8)	<input type="text"/>	\$773	12	\$ 0.00
3 Bedroom (10)	<input type="text"/>	\$1,105	12	\$ 0.00
4 Bedroom (12)	<input type="text"/>	\$1,254	12	\$ 0.00
5 Bedroom (14)	<input type="text"/>	\$1,442	12	\$ 0.00
6 Bedroom (16)	<input type="text"/>	\$1,630	12	\$ 0.00

7 Bedroom (18)		\$1,818	12	\$ 0.00
8 Bedroom (20)		\$2,006	12	\$ 0.00
9 Bedroom (22)		\$2,195	12	\$ 0.00
Total units and annual assistance requested:	0			\$ 0.00

!!!IMPORTANT!!!

After entering the total number of units, right click in the total request cell and select the **Update Field** option . This will update your total request. Be sure to select the **Update Field** option every time a new number is entered into the table. For questions, please contact Sheila Morley at 625-6052.

7b. Supportive Services Budget (please see the instructions directly below this table for more guidance).

1. A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity Description <i>(max 400 characters)</i>	Annual Assistance Requested
1. Assessment of Service Needs		\$
2. Assistance with Moving Cost		\$
3. Case Management		\$
4. Child Care		\$
5. Education Services		\$
6. Employment Assistance		\$
7. Food		\$
8. Housing/Counseling Services		\$
9. Legal Services		\$
10. Life Skills		\$
11. Mental Health Services		\$
12. Outpatient Health Services		\$
13. Outreach Services		\$
14. Substance Abuse Treatment Services		\$

15. Transportation	<input type="text"/>	\$
16. Utility Deposits	<input type="text"/>	\$
17. Operating Costs	<input type="text"/>	\$
Total Request for Grant Term		\$ 0.00

Support Services Budget Table Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

7c. Operating (please see the instructions directly below this table for more guidance).

1. A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity Description <i>(max 400 characters)</i>	Annual Assistance Requested
1. Maintenance/Repair	<input type="text"/>	\$
2. Property Taxes and Insurance	<input type="text"/>	\$
3. Replacement Reserve	<input type="text"/>	\$
4. Building Security	<input type="text"/>	\$
5. Electricity, Gas, and Water	<input type="text"/>	\$
6. Furniture	<input type="text"/>	\$
7. Equipment (lease, buy)	<input type="text"/>	\$
Total Request for Grant Term		\$ 0.00

Operating Budget Table Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

7e. Summary Budget

Eligible Costs	Total Assistance Requested
Leased Units:	\$
Rental Assistance:	\$
Supportive Services:	\$
Operating:	\$
Sub-total Costs Requested:	\$
Admin:	\$
Total Assistance Plus Admin Requested:	\$ 0.00
Cash Match:	\$
In-Kind Match:	\$
*Total Match:	\$ 0.00
Total Budget:	\$ 0.00

*****Please note that completion of this Continuum of Care New Project Application does not qualify your agency for funding. All applicants must complete the Coordinated Grant General Agency Application to be considered for funding.**

8. ATTACHEMENTS REQUIRED

Subrecipient NonProfit Documentation

HUD Form 2880- Applicant / Recipient Disclosure Update Report dated between 9/1/15 – 11/20/15

City of Spokane CHHS Applicant Pre-Award Risk Assessment (or proof of submission in 2015).