**Arizona Balance of State Continuum of Care**

**Bonus Project Application**

**Applications must be submitted through the AZ Department of Housing Portal by August 22, 2019 @ 5:00 pm.**

**NOTE: Prior to completing this application, call or email Candee Stanton at 602.881.6606 or** [**candee.stanton@gmail.com**](mailto:candee.stanton@gmail.com) **to discuss your project concept. The purpose of this is to ensure your concept is eligible for funding through the Continuum of Care.**

* **Application can be no longer than 25 pages (not counting this page) in the current 11pt font. (Note the Budget table is in 10pt which is acceptable.) Please provide succinct narrative.**
* **Submission must be in a Word Format.**
* **Please see separate instruction packet for details.**

**Note: This application will be considered and scored by a team of independent reviewers. If the project is chosen to be included in the Arizona Balance of State Continuum of Care Collaborative Application to HUD as a part of the 2019 NOFA response. Additional information will be requested for the electronic submission that takes place. Selected projects will work with Candee Stanton, an Independent Contractor for the AZBoSCoC, to gather the additional information necessary for final electronic submission to HUD. Additional information will be gathered between being notified of acceptance and prior to submission of the final application to HUD on September 30, 2019.**

**Please call Candee at 602.881.6606 or email her at** [**candee.stanton@gmail.com**](mailto:candee.stanton@gmail.com) **if you have questions about the application.**

**This bonus application is for permanent supportive housing for individuals who are experiencing homelessness with an emphasis on serving households that meet the HUD definition of Chronically Homeless**

**Or**

**Rapid Rehousing for households including survivors of domestic violence who have become homeless as a result of their situation. For the purposes of this application the term Domestic Violence encompasses Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Projects can be proposed to serve survivors who are fleeing domestic violence.**

|  |  |
| --- | --- |
| **Name of Agency:** | **Address:** |
| **Contact Person:** | **Email:** |
| **Phone Number:** | **Proposed Project Name:** |
| **Counties that will be covered by the Project:** | **Type of Project: Check only one**  **PSH Bonus Project**  **DV Rapid Rehousing Bonus** |
| **Agency EIN:** | **Agency DUNS:** |
| **Congressional District of the Applicant:** | **Congressional District(s) where the project will be located:** |
| **Total funds requested for this project:** | **Will this project be an expansion of current housing activities?**  **Yes  No** |

**Threshold**

**1. Do you have any unresolved monitoring or audit findings for any HUD grants or other Federal, State, Local, or private grants?  YES  NO**

**1. a. If yes, provide a brief explanation of the findings and how they are being resolved.**

**2. Are currently a member of the Local Continuum To End Homelessness (LCEH) that covers your community?**

**YES  NO**

**3. How does your agency currently participate in LCEH(s) that includes areas that the project will serve?**

**4. Did your agency participate in the 2019 Point in Time Count that took place in your community? If yes, what was your agency’s involvement? If no, why did your agency not participate?**

**5. Is the agency in good legal standing with a 501 (c)(3) non -profit designation? (If the project is submitted as a part of the collaborative application, a copy of the 501 (c)(3) letter will be required.  YES  NO**

**Provide a brief narrative about any outstanding issues if applicable.**

**Financial**

**6. Is an annual audit completed each year?  YES  NO**

**7. Describe your financial operations including checks and balances and how you determined costs and budget reasonableness for the proposed project.**

**8. Describe the experience of managing and leveraging other federal, state, local and private sector funds.**

**9. Describe the organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system.**

**10. When could you start providing the activities described in the project? (If approved for inclusion in the 2019 AZBoSCoC Collaborative application) additional information about your implementation timeline will be required).**

**11. Funds requested with the exception of leasing costs) must be matched at 25%. Indicate the amount of the match $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If the application is approved for submittal with the collaborative application, a letter documenting the match will be required.**

**What is the source of the match? (i.e. in kind, rental income, program support).**

**BUDGET REQUEST:** Funds can only be requested for Tenant Based Rental Assistance (TBRA) or leasing. Budget must be based on the Fair Market Rents (FMRs) for the community served. See FMR <https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2019_code/select_Geography.odn>

This project is:  leasing or  TBRA (choose one).

For PSH , the number of months of assistance is 12 months in housing one household. For RRH, it is assumed that during 12 months of assistance, at least two households will be housed during that time period. RRH is time limited housing assistance for households that need to move out of a housing crisis into stability.

Add additional rows for multiple counties

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Unit (additional rows can be added for different counties)** | **County** | **Number of Units Requested** | **FMR** | **X 12 months of assistance** | **Amount requested (FMR X 12 months of assistance X # of Units)** |
| **0 Bedroom** |  |  |  | 12 |  |
| **1 Bedroom** |  |  |  | 12 |  |
| **2 Bedroom** |  |  |  | 12 |  |
| **3 Bedroom** |  |  |  | 12 |  |
| **Sub Total for Leasing or Rental** |  |  |  |  |  |
| **Category** | **Description of use of funds** | | | | **Amount Requested** |
| **Supportive Services** |  | | | |  |
| **Financial Assistance (i.e. Security/Utility Deposits for RRH only)** |  | | | |  |
|  |  |  |  |  | **Admin Costs Requested** |
| **Administrative costs**  (A total of 7% of admin costs must be included. ) | | | **Multiply Subtotal by 7%--Place that amount in the box to the right.** | |  |
| **Total Request** | **Add Sub Total +Supportive Services+ Financial Assistance + Admin Costs=Total Request. Place that amount in the box to the right** | | | |  |

**Project Information**

**1. Provide a description that addresses the entire scope of the proposed project. (i.e. Type of project, will individuals and/or families be served, counties where housing will be, services that will be provided)**

**2. How many households do you estimate you will serve in 12 months?**

**3. What types of households will this project house? (check all that apply)**

**Note: Permanent Supportive Housing Projects must provide housing to individuals and families who meet the definition of chronically homeless.**

**Individuals and households that meet the definition of chronically homeless**

**Families**

**Survivors of Domestic Violence**

**Unaccompanied Youth under 18**

**Transition age youth 18-24 (single and/or parenting)**

**Individuals or households that include a head of household that has a physical or mental health condition/disability.**

**4. Using available data, describe the unmet need for the target population in the proposed community. Unmet need description must include data from the most recent point in time count, agency data, and other sources. Cite the source. (i.e. community assessments, health data, First Things First community assessments).**

**5. How will support/wraparound services be accessed or provided? Please provide any collaborations or partnerships utilized to provide or enhance support/wrap-around services.**

**6. Describe the outreach plan to bring homeless participants into the project:**

**6a. What strategies are implemented to ensure that outreach activities do not result any racial or other disparities? (i.e. How is outreach conducted to ensure the full population of the community is included in outreach efforts and doesn’t result in racial disparities?)**

**7. Provide the percentage of project participants that will be coming from the following:**

**(Total must add to 100)**

**\_\_\_\_\_\_ Directly from the street or other locations not meant for human habitation**

**\_\_\_\_\_\_\_Directly from emergency shelters**

**\_\_\_\_\_\_\_Persons fleeing from Domestic Violence**

**\_\_\_\_\_\_\_Total**

**7a. Provide the percentage of the agency’s current clients that are**

**\_\_\_\_\_\_ Low or no income**

**\_\_\_\_\_\_ Current or past substance abuse**

**\_\_\_\_\_\_ History of victimization/abuse including domestic violence**

**\_\_\_\_\_\_ Criminal histories**

**\_\_\_\_\_\_ Serves a special homeless population/sub population (describe)**

**(This may include individuals who are counted in multiple categories).**

**HMIS**

**HMIS Usage- Under the HEARTH Act, all agencies receiving CoC funding are required to collect client level data and provide required HUD aggregate reports including the APR, HIC/PIT and AHAR.**

**8. Is your agency currently using AZBoSCoC HMIS System? ? ☐ Yes ☐ No.**

**If no**

**1a. Describe what database your agency is currently using?**

**1b. How will your agency integrate with HMIS if funded?**

**1c. If your agency is a DV provider, will the agency use HMIS or comparable database? Contact the AZ Coalition Against Domestic and Sexual Violence for technical assistance on this question.**

**CULTURAL COMPETENCE**

**1. How does your agency ensure that services to all individuals/households housed are culturally competent? (include items concerning language include Limited English Proficiency, spiritual and faith practices, and cultural traditions?**

**Coordinated Entry and Case Conferencing**

**1. Does your agency currently participate in coordinated entry? If yes, how?**

**1a. If no, how will you participate in coordinated entry if your project is funded?**

**2. What is the percentage of individuals that you anticipate will access the proposed program through the local coordinated entry process and the By Name List (BNL)?**

**3. Describe interaction with partners and how referrals for this project will occur.**

**4. Does your agency currently participate in case conferencing? If yes, how? If no, why is the agency currently not participating in case conferencing?**

**4a. If no, how will you participate in case conferencing if your project is funded?**

**Mainstream Resources**

**1. Describe how you coordinate and interact with each of the following mainstream resources or activities. Please explain how you coordinate for each area listed. Please indicate if you have any formal agreement or MOU related to the partnership. If you do not interact with one (1) of these resources, please state why.**

**a. HOPWA**

**b. TANF/SNAP**

**c. Runaway and Homeless Youth Programs**

**d. Veterans**

**e. Head Start**

**f. School Districts**

**g. ESG**

**h. Child Welfare**

**i. Law Enforcement**

**j. Jails/Prisons**

**k. Behavioral Health Agencies/RBHA**

**l. Domestic Violence**

**m. Individuals who identify as LGBTQ**

**n. Food Stamps**

**o. SSI**

**Insurance and SSI/SSDI**

**1. How do you help participants connect to AHCCCS or the Insurance Marketplace?**

**2. How are you coordinating services for participants provided by Medicaid?**

**3. How are you coordinating or obtaining SSI/SSDI for participants?**

**4. Do you currently have staff who is SOAR trained?**

**If not, is anyone on staff enrolled in SOAR training? When will it be completed?**

**5. If no staff are trained in SOAR, do you have a SOAR contact? With which agency?**

**6. Does every participant in your program get connected to your SOAR contact? If not, why?**

**7. Who are your partners and what services will they provide in support of the participants?**

**HOUSING FIRST/LOW BARRIER**

**1. How will the project implement Housing First? The following link provides guidance about implementing Housing First.** [**https://www.usich.gov/tools-for-action/housing-first-checklist/**](https://www.usich.gov/tools-for-action/housing-first-checklist/)

**Address the following:**

**1a. How is housing low barrier and not contingent on sobriety, minimum income, lack of criminal record, completion of treatment, participation in service or other conditions?**

**1b. What efforts will the project make not to reject a household based on the lack of housing readiness?**

**1c. What efforts will be made to offer individuals with disabilities reasonable accommodation?**

**1d. How will the project ensure that households that access housing have been referred through coordinated entry and from the By Name List (BNL)?**

**1e. How will the project involve the tenant in setting housing and service goals?**

**2. Will the project ensure that participants are not screened out based on the following? Select all that apply:**

**Having too little or no income.**

**Active or history of substance use.**

**Having a criminal record with the exception of state-mandate restrictions.**

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

**None of the above.**

**Briefly explain how the areas checked will be addressed once the individual has been housed.**

**3. Will the project ensure that participants are not terminated from the program for the following reasons? :**

**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 geographic area.**

**None of the above.**

**Employment/Income**

**1. What agencies do you work with to help participants become employed?**

**2. What specifically do you do to assist participants to both increase their employment and/or other income sources (i.e. benefits) to maximize their ability to live independently?**

**Education**

**1. How does the agency ensure children are enrolled in school and receive educational services, as appropriate? (Answer N/A only if you do not serve families with children or unaccompanied youth.)**

**Permanent Housing**

**1. How will the project implement the *Move Up Strategy*? See information at this link for some ideas.**

<http://www.csh.org/wp-content/uploads/2016/07/Moving-On-Chapter-6-Final.pdf>

**Domestic Violence/human trafficking Survivors**

**1. Describe how coordination occurs with victim service providers and non-victim service providers to ensure survivors of domestic violence/human trafficking are provided housing and services that provide and maintain safety and security.**

**2. How does the program comply with the Violence Against Women Act?**

**Consolidated Plan**

**1. If you are in one (1) of the following counties, there are entitlement cities within the jurisdiction: Yuma (Yuma), Cochise (Douglas and Sierra Vista), Pinal (Casa Grande, Pinal County unincorporated areas), Yavapai (Prescott) and Coconino (Flagstaff). How do you participate with the Consolidated Plan jurisdiction or the state consolidate plan if you do not serve communities listed above?**

**(If the project is chosen to be included in the AZBOSCOC submittal, you will be required to obtain a signed certification of consistency with the consolidated plan from the appropriate jurisdiction.)**

**FOR APPLICANTS FOR DV BONUS PROJECTS ONLY:**

1. **Please describe your agency’s experience and/or strategies for providing victim informed services for victims of domestic violence including if appropriate, mobile advocacy. Please describe how this will be implemented within this project.**
2. **Please describe your agency’s experience and/or strategies for complying with the AZ Service Standards for Domestic Violence Service Providers and how those standards will be incorporated into this project. (AZ Standards) (see standards at** <https://des.az.gov/sites/default/files/media/AZDVStandards.pdf>
3. **Based on your agency’s expertise what is your estimate of the number of survivors of domestic violence that you are serving who are in need of housing services? What percentage is that of all the individuals the agency serves?**