**Arizona Balance of State Continuum of Care**

**2021 HUD NOFO Bonus Project Application**

**The Arizona Balance of State Continuum of Care is accepting applications for one or more bonus or expansion projects for the 2021 HUD Continuum of Care Notice of Funding Opportunity (NOFO). This application must be submitted through the AZ Department of Housing Special Needs Portal by September 30, 2021@ 5:00 pm. The link for the portal is**

[**https://housing.az.gov/portals/document-upload-portals/special-needs-portal**](https://housing.az.gov/portals/document-upload-portals/special-needs-portal)

**A pre-proposal overview of the Bonus Project Application will take place via webinar on September 16th 2021 from 1:00pm to 2:00pm. The link to the webinar can be found in the ADOH Information Bulletin announcing the availability of the Bonus Project Application. The link for the ADOH Bulletins is here: <https://housing.az.gov/documents-links/publications>**

**All applications must be in ESNAPS by October 15th. In order to meet that deadline, applications are due September 30, 2021 at 5:00 pm submitted through the Special Needs portal. Applications will be reviewed and scored by an independent review committee. All applicants will receive notification of the status of their application by October 8, 2021. Those agencies with applications to be submitted in the AZBOSCOC Consolidated Application will work with Candee Stanton, Consultant, the week of October 11th - October 15th to complete the process. ADOH is responsible for the upload of the applications into ESNAPS. Final submission date of the AZBOSCOC Consolidated Application is no later than November 16, 2021.**

**In order to accommodate the timeline, this application template includes only narrative and a basic budget template. No additional documents need to be submitted for the initial submittal due September 30, 2021 by 5:00 P.M. All applicants will be required to make a brief presentation to the independent review workgroup on October 5th. These will be done virtually and will be structured through specific questions, which will be sent to you on October 1st. Set this date aside. All applicants will be notified of their appointment time for the presentation as soon as it is determined how many applications are received.**

**If the project is included in the Arizona Balance of State Continuum of Care Collaborative Application to HUD, it will be submitted by the Arizona Department of Housing as the United Funding Agency as a part of the 2021 HUD CoC NOFO. This is a competitive process and the submittal of a bonus project application as a part of the collaborative application does not guarantee it will be funded. Final funding decisions related to the AZBOSCOC Collaborative Application are made by HUD.**

**NOTE: Prior to completing this application, you may call or email Candee Stanton at 602.881.6606 or** [**candee.stanton@gmail.com**](mailto:candee.stanton@gmail.com) **to discuss your project concept in order to ensure it is eligible for funding through the Continuum of Care. You may also review section 2A of the 2021 HUD NOFO to ensure your agency’s application aligns with federal priorities.**

[**https://www.hud.gov/program\_offices/comm\_planning/coc/competition**](https://www.hud.gov/program_offices/comm_planning/coc/competition)

**The AZBOSCOC is eligible to apply for up to $236,030 for a CoC Bonus and up to $675,993 for a DV Bonus. Applicants should not request an amount that exceeds the $236,030 or $675,993. AZBOSCOC staff may work with interested applicants to either partner or adjust their application submission based upon competitiveness of the project according to HUD priorities. Applicants may submit separate applications for each bonus type.**

* **It is anticipated that at least one project related to the CoC Bonus funding will be included in the AZBOSCOC Collaborative Application. This project can be for either rapid rehousing or permanent supportive housing.**
* **It is anticipated that one to three projects related to the DV Bonus funding will be included in the AZBOSCOC Collaborative Application. DV Bonus projects must be for Rapid Rehousing. Recipients of DV Bonus Projects can be either specific DV agencies (those agencies that also receive VAWA funds) or eligible applicants that have sufficient numbers of households that meet the definition of survivors of domestic violence so that a rapid rehousing program would be viable. *The term Domestic Violence encompasses Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking (including labor, servitude or sex trade) survivors.***

**Eligible Projects:**

**Applicants can apply for a new permanent housing bonus project or for an expansion of a current CoC permanent housing project.**

* **All new permanent housing projects can apply for one of two types of projects:**
* **New permanent support housing (PSH)**
* **New rapid rehousing (RRH)**
* **Eligible activities for new permanent housing projects include:**
* **Tenant Based Rental assistance**
* **Leased Units**
* **Short-term/Medium term Rental Assistance (RRH only)**
* **Long term Rental Assistance (PSH only)**
* **Supportive Services**
* **Ineligible Activities include:**
* **Acquisition**
* **New Construction**
* **Rehabilitation**

**It is the responsibility of the applicant to be familiar with HUD requirements and regulations related to HUD CoC NOFO and programs.**

**<https://www.hud.gov/program_offices/comm_planning/coc/competition>**

**Arizona Balance of State Continuum of Care**

**2021 Bonus Project Application**

* **Application can be no longer than 25 pages in the current 11pt font. These introductory pages and the budget page are not included in the 25 page limit.**
* **Submission must be in a Word Format.**

**The following documents will need to be submitted if the application is accepted for final inclusion. Do not submit them with this narrative application. This list is provided for information only at this time.**

* **Organization Code of Conduct**
* **Proof of Non-profit active status**
* **Match (in-kind or cash)**
* **Certification of Consistency with Consolidated Plan**

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|  |  |
| --- | --- |
| **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-CoC Bonus**  **Rapid Rehousing—CoC Bonus**  **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** |

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**THRESHOLD**

1. **Does the agency have any unresolved monitoring or audit findings for any HUD grants or other Federal, State, Local, or private grants?**

**YES  NO**

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

**2. Does the agency currently participate as a member of the Local Continuum/Coalition To End Homelessness (LCEH) that covers the county/community proposed to be served? (All CoC funded projects are required to participate in the LCEH that covers their community. Currently only Graham and Greenlee do not have an LCEH)**

**YES  NO**

**3. How does your agency currently participate in LCEH(s) that includes areas that the project will serve? How many LCEH meetings have staff from the agency attended since January 1st of this year? (Include LCEH meetings as well as committee meetings). If you are not participating, what steps are you taking to become involved?**

**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?  YES  NO**

**5. If applying as a not for profit, is the agency in good legal standing with a 501 (c)(3) non -profit designation?**

**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. Describe those checks and balances.**

**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 that operates with accepted accounting principles.**

**10. When could you start providing the activities described in the project? (If approved for inclusion in the 2021 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 commitment will be required. What is the source of the match? (i.e., in kind, rental income, program support).**

**Match is based on the full amount of the request except for leasing costs.**

**25 Page LIMIt starts Here as the 1st page**

**Note: for the purposes of this APPLICATION, the Term Household means both Individuals and families and is used INTERCHANGEABLY with Program participant**

**Project NARRATIVE**

**1. Provide a description that addresses the entire scope of the proposed project. (i.e., Type of project, target population, wraparound services that will be provided, types and location of housing (include community and county(ies).**

**2. How many households (singles and families) are estimated to be served in 12 months?**

**3. What is the rental vacancy rate in the community that you are going to serve? (In the answer provide the rate and cite the source of the data).**

**4. Are there sufficient units available to meet the needs of the program participants planned to be served? If not, what type are needed and what is the strategy to obtain needed rental units?**

**5. Will the FMRs that are available in your community be sufficient to cover the actual rents being charged in the community? (See budget page for link to FMR information)**

**6. Provide a brief description of your relationships with landlords and/or property management companies? If you don’t have relationships currently established, described the steps you will take to form them before the project begins.**

**7. 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**

**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.**

**8. Using available data, describe the unmet need for the target population in the proposed community. Unmet need description must include data from the 2020 point in time count (**[**https://housing.az.gov/sites/default/files/documents/files/2020%20PIT%20Summary.pdf**](https://housing.az.gov/sites/default/files/documents/files/2020%20PIT%20Summary.pdf)**)**

**agency data, and other sources. The description of unmet need must include local (agency, city, county) data. State and National data may also be included to support the unmet need that is described by the local data. Cite the source (community assessments, health data, First Things First assessments and other data used).**

**9. How will the project address the household’s identified housing and supportive service needs?**

**10. How will coordination take place with other organizations including federal, state, non-profit, educational, health, criminal justice and behavioral health agencies among others?**

**11. Does the agency currently participate in coordinated entry/case conferencing? Indicate if the agency has current HMIS license(s). State the number of licenses. If the agency is a domestic violence service provider (specifically a recipient of VAWA funds)--what comparable database system is used? NOTE: A comparable database must meet HUD requirements and must work with the LCEH to implement coordinated entry processes that accommodate the VAWA requirements.**

**12. If your agency currently participates in coordinated entry/case conferencing, what is the percentage of program participants anticipated will access the proposed program through the local coordinated entry process and the By Name List (BNL)? Note the BNL can be the general list, or a restricted list based on confidentiality needs (i.e., survivors of domestic violence).**

**13. How is Housing First implemented by the agency? Provide concrete actions that the agency implements related to Housing First. For more information about Housing First--** [**https://endhomelessness.org/resource/housing-first/#:~:text=What%20is%20Housing%20First%3F%20Housing%20First%20is%20a,personal%20goals%20and%20improve%20their%20quality%20of%20life**](https://endhomelessness.org/resource/housing-first/#:~:text=What%20is%20Housing%20First%3F%20Housing%20First%20is%20a,personal%20goals%20and%20improve%20their%20quality%20of%20life)

**Address the following from current activities or if the agency currently does not implement housing first how the tenets will be implemented for this project:**

**13a. 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?**

**13b. What efforts will the project make not to reject a household based on the lack of housing readiness?**

**13c. What efforts will be made to offer individuals with disabilities reasonable accommodation?**

**13d. How will the project ensure that households that access housing have been referred through coordinated entry and from the By Name List (BNL)?**

**13e. How will the project involve the program participant in setting housing and service goals?**

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

**15. How is the agency incorporating social justice and a racial equity lens in your operations and services? Answer each question below:**

**15a. Provide specific examples in areas such as: outreach, referral, intakes, service navigation, placement, and case management. Specifically address:**

**How service processes and policies:**

* **incorporate a trauma informed lens.**
* **take a stigma reduction approach with historically and currently marginalized populations?**
* **how processes ensure the full population of the community and people with lived experience are included in outreach or other efforts to address preexisting racial/social inequities?**

**15b. Provide two specific examples about how you currently serve or would serve individuals coming out of incarceration or other institutions.**

**15c. Provide two specific examples about how you currently serve or would serve households where individuals are experiencing physical or behavioral conditions(including substance use) that impact day to day living.**

**15d. (Regardless of whether you are a domestic violence focused agency or not) Describe your agency’s experience and/or strategies proposed for providing services for survivors of domestic violence that are victim centered including if appropriate, mobile advocacy. Please describe how this will be implemented within this project. The link below provides an overview.**

[**https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/#:~:text=A%20victim-centered%20approach%20seeks%20to%20minimize%20retraumatization%20associated,role%20in%20seeing%20their%20traffickers%20brought%20to%20justice**](https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/#:~:text=A%20victim-centered%20approach%20seeks%20to%20minimize%20retraumatization%20associated,role%20in%20seeing%20their%20traffickers%20brought%20to%20justice)**.**

**15e. Complete the table below to compare the clients you served to the demographics of the county(ies) where the proposed project will take place.**

**15d. How many clients did you serve in calendar 2020? Provide the number here\_\_\_\_\_\_\_\_**

| **Category (insert other gender categories that your agency uses if applicable)** | **Agency’s client demographics in 2020**  **State in a percentage** | **Most recent demographics available for the county where services take place (if you serve multiple counties, average the demographics of the counties served)-**  **State in a percentage and cite the source of the data** |
| --- | --- | --- |
| **Gender** |  |  |
| **Female** |  |  |
| **Male** |  |  |
| **Non-conforming** |  |  |
|  |  |  |
| **Age** |  |  |
| **Children 17 and under** |  |  |
| **18-24** |  |  |
| **25-64** |  |  |
| **65+** |  |  |
| **Race** |  |  |
| **African American** |  |  |
| **Asian** |  |  |
| **American Indian/Native American** |  |  |
| **Native Hawaiian/Pacific Islander** |  |  |
| **White** |  |  |
| **Many/More than one race** |  |  |
| **Ethnicity** |  |  |
| **% that are Hispanic/Latino** |  |  |
|  |  |  |

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

**17. Describe interaction with partner agencies and how referrals for this project will occur.**

**18. 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**

**19. Provide the percentage of the agency’s current program participants that are: (participants may be counted in multiple categories**

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

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

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

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

**\_\_\_\_\_\_ have experienced homelessness (enter program from a shelter or the participant was living in a place not meant for human habitation. For the purposes of this funding, individuals who are “couch surfing” or doubled up in a housing situation are not considered homeless.)**

**20. Describe how program participants will be assisted to obtain and remain in permanent housing? (include in the response the needs of the target population and include what types of assistance will be provided by the agency or other partners related to the permanent housing). Permanent housing can include the household remaining in the unit they are living in once rental assistance is reduced and/or ceases as they transition to paying 100% rent or another funding source subsidizes the rent.**

**20a. How will you determine the right type of housing that fits the needs of program participants?**

**20b. How will the program work with landlords to address possible issues or challenges?**

**Mainstream Resources**

**21. 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.**

**21a. HOPWA**

**21b. TANF/SNAP (FOOD STAMPS)**

**21c. Runaway and Homeless Youth Programs**

**21d. Veterans**

**21e. Head Start**

**21f. School Districts-23. 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.)**

**21g. ESG**

**21h. Child Welfare**

**21i. Law Enforcement**

**21j. Jails/Prisons**

**21k. Behavioral Health Agencies/RBHA**

**21l. Agencies that Serve Survivors of Domestic Violence**

**21m. Individuals who identify as LGBTQ**

**21n. Educational opportunities for young adults/adults such se technical/trades, community college, universities, on-line continuing education, etc.**

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

**23. 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?**

**24. Insurance and SSI/SSDI**

**24a. How do you help program participants connect to AHCCCS or the Insurance Marketplace?**

**24b. How are you coordinating services for program participants provided by Medicaid?**

**24c. How are you coordinating or obtaining SSI/SSDI for program participants?**

**24d. Do you currently have staff who is SOAR trained? If not, is anyone on staff enrolled in SOAR training? When will it be completed?**

**24e. If no staff are trained in SOAR, do you have a SOAR contact? With which agency?**

**24f. Does every participant experiencing homelessness in your program get connected to your SOAR contact? If not, why?**

**25. 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.**

**25a. Briefly explain how the areas checked will be addressed once the program participant has been housed.**

**26. 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.**

**27. For all agencies-- 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.**

**28. Provide two specific examples about how does (or will) the agency (whether the agency receives VAWA funds or not) align with the Violence Against Women Act (VAWA) including have staff been trained in developing and implementing emergency transfer plans ? See the links below to inform your answer**

[**https://nnedv.org/wp-content/uploads/2020/11/VAWA-Reauthorization-2020.pdf**](https://nnedv.org/wp-content/uploads/2020/11/VAWA-Reauthorization-2020.pdf)

[**https://www.hud.gov/program\_offices/housing/mfh/violence\_against\_women\_act**](https://www.hud.gov/program_offices/housing/mfh/violence_against_women_act)

**29. 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 Consolidated 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.)**

**Not included the 25 page limit**

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

**30. 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>

**31. 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?**

**Not included in the 25 page limit.**

**BUDGET REQUEST**: Budget must be based on the Fair Market Rents (FMRs) for the community served.

* 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.
* It is expected that program participants eventually pay 30% of Adjusted Gross Income while they are receiving rental assistance.

Add additional rows for multiple counties

**Supportive Services:**

* Up to 25% of the proposed budget can be allocated to supportive services for PSH projects.
* Up to 40% of the proposed budget can be allocated to supportive services for RRH projects.

**Fair Market Rents (FMR)**

2020 FMRs should be used for your calculations—they can be found here <https://www.huduser.gov/portal/datasets/fmr.html>

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Assistance** |  |  |  |  |  |
| **Category** | **Description of use of funds** | | | | **Amount Requested** |
| **Supportive Services** |  | | | |  |
|  | | | | | **Admin Costs Requested** |
| **Administrative costs**  (Administrative Costs are calculated based on 7% of total project costs (rental assistance and supportive services) | | | **Multiply Subtotal by 7%--Place that amount in the box to the right.** | |  |
| **Total Request** | **Add Rental Assistance +Supportive Services+ Financial Assistance + Admin Costs=Total Request. Place that amount in the box to the right** | | | |  |

**Do you have a federally approved indirect cost rate?  YES  NO**

**If yes, what is the rate? \_\_\_\_\_\_\_\_\_\_\_\_**

**Note: If the project is approved to be included in, the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**Supportive Services Include**

**1. Assessment of Service Needs**

**2. Assistance with Moving Costs**

**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**

**16. Utility Deposits**