**AZ Balance of State**

**Information Needed for Completion of the Continuum of Care and Renewal Application**

**Current Grantees**

**Please complete the following information which will be used both in the continuum of care application (formerly exhibit 1) and in your specific project applications. Return both this file and the excel participant file to Candee Stanton by December 14, 2012. Her email address is** [**kastanton@att.net**](mailto:kastanton@att.net)

**If you have any questions, please call her at 602-881-6606.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Legal Name of Organization** |  | | | |
| **Name and title of Authorizing Person for HUD applications** |  | | | |
| **Address of Location if it has changed since last year** |  | | | |
| **Phone and Fax number to use for application if changed from last year** | **Phone** | | | **Fax** |
| **Person Completing this Information if different from above** |  | | | |
| **Phone Number** |  | | | |
| **EMAIL** |  | | | |
| **Are there any homeless or formerly homeless persons on your local continuum group?** |  | | | |
| **If there are persons who are formerly homeless—what is their connection to the community?** |  | | | |
| **From your perspective what is the unmet need in your community?—please provide an estimate of the number of beds of each type it would take to address the need for each area** | **Emergency Services** | **Transitional Housing** | **Permanent Supportive Housing** | |
|  |  |  | |
| **Permanent Supportive Housing for Chronically Homeless** |  |  | |
|  |  |  | |
| **Do you maintain a wait list for housing?**   * **Yes** * **No**   **If yes complete information to the right** | **For Transitional Housing—What was the highest number of persons/families on the wait list? On average how long was the wait until they got into housing?** | | | |
| **For Permanent Supportive Housing-- What was the highest number of persons/families on the wait list? On average how long was the wait until they got into housing?** | | | |
| **What kinds of activities does the program coordinate or participate in to ensure that 20% or more of participants are employed at exit?** |  | | | |
| **What is happening at the local level to decrease the number of homeless households with children?** |  | | | |
| **If applicable—how many chronically homeless beds did the program have in 2010** |  | | | |
| **If applicable –how many chronically homeless beds did the program have in 2011** |  | | | |
| **If applicable—how many chronically homeless beds did the program have in 2012?** |  | | | |
| **What kinds of program changes, collaborations, or other activities have been developed to improve participant involvement in mainstream resources?** |  | | | |
| **Explain how case managers provide the service of helping participants access mainstream resources? (this could be the agency’s case manager or the agency that you collaborate with to provide case management** |  | | | |
| **Does the program provide transportation assistance to clients to attend mainstream benefit appointment, employment training or a job?** |  | | | |
| **Is there a single form that provides application for four or more mainstream resources? Indicate which mainstream resources are included on the application.** |  | | | |
| **How do staff follow up to ensure benefits are received?** |  | | | |

**Please record the following information from your latest APR in this table—if you have multiple projects, add the totals from all the APRS together and record the total only.**

|  |  |
| --- | --- |
| **Item** | **Value** |
| **Total number of persons served** |  |
| **Total number of persons who left** |  |
| **Total number of persons who stayed** |  |
| **Number of persons who were employed at exit regardless of type of program.** |  |
| **Number of participants who received mainstream resources at exit.** |  |
| **Permanent Housing** |  |
| **Number of persons who exited permanent housing projects** |  |
| **Number of persons who did not leave projects** |  |
| **Number of persons who exited after staying six months or longer** |  |
| **Number of persons who did not exit after staying six months or longer** |  |
| **Number of persons who did not exit and were enrolled for less than six months.** |  |
| **Transitional Housing** |  |
| **Number of persons who exited TH projects including unknown destination** |  |
| **Number of SHP TH participants to permanent housing upon exit.** |  |
| **Cash Income Sources at Exit** | **Number of Exiting Adults** |
| **Earned Income** |  |
| **Unemployment Insurance** |  |
| **SSI** |  |
| **SSDI** |  |
| **Veteran’s Disability** |  |
| **Private disability insurance** |  |
| **Worker’s Compensation** |  |
| **TANF or Equivalent** |  |
| **General Assistance** |  |
| **Retirement (Social Security)** |  |
| **Veteran’s Pension** |  |
| **Pension from former job** |  |
| **Child support** |  |
| **Alimony (spousal support)** |  |
| **Other source** |  |
| **No sources** |  |
|  |  |
| **Non Cash Income Sources at Exit** | **Number of Exiting Adults** |
| **Supplemental nutritional assistance program** |  |
| **MEDICAID health insurance** |  |
| **MEDICARE health insurance** |  |
| **State children’s health insurance** |  |
| **WIC** |  |
| **VA medical services** |  |
| **TANF child care services** |  |
| **TANF transportation services** |  |
| **Other TANF funded services** |  |
| **Temporary rental assistance** |  |
| **Section 8 public housing, rental assistance** |  |
| **Other source** |  |
| **No sources** |  |

**List all the programs that are currently approved Balance of State Continuum of Care projects**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Project** | **Type—i.e. Transitional Housing, Permanent Housing, Permanent Housing for Chronically Homeless** | **Number of Units Approved in original Technical Submission.** | **Number of Bedrooms Approved in original Technical Submission.** | **Number of Beds Approved in Original Technical Submission.** | **Congressional District(s) that the Project is in** | **Do you have a contract for this project or is the contract pending?** |
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**Provide a description of the project that addresses its entire scope, including the needs of the community/target population, number and type of units and location by city and county (limited to 1500 characters)**

|  |  |
| --- | --- |
| **Name of Project from Above** | **Description** |
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| --- | --- | --- | --- |
| **Name of Project from Above** | **Standard Performance Measures** | **Target #** | **Universe #** |
|  | **Persons remaining in PH as of the end of the operating year or exiting PH during the operating year.** |  |  |
|  | **Persons age 18 and over who maintained or increased their total income as of the end of the operating year or program exit** |  |  |

**Other Documents:--All other documents should be emailed to Candee by 12/14/12.**

* **Cash Match and Leverage Letters--**Please email Candee all of the cash match and leverage letters. As a reminder, cash match is required for everything but leasing. For leverage, the goal is to provide documentation of leverage for at least 100% of the project costs, if you can provide leverage at a rate that is greater than 100%, the COC as a whole will score better. The letters must contain these elements: 1) name of organization providing leverage; 2) the type of contribution—i.e. cash, services, food, volunteer hours; 3) must indicate the specific name of the project it is supporting; 4) provide a value of the contribution, and 5) must include the specific dates (for that specific project) that the contribution is available.
* **501c3 letter—**Please send Candee an updated 501c3 letter for your agency if you have received a new or revised letter since last year’s application.
* **Code of Conduct—**if you agency is not listed on the Code of Conduct List which is attached or can be found at <http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/conduct>

Please send a copy to Candee.

* For those areas that have a local consolidated plan, we need copies of the signed Consistency with the Consolidated Plan form. This applies to Coconino, Yavapai, and Yuma based projects. The form is attached with this packet.