**2017 Arizona**

**Balance of State Continuum of Care**

**Renewal Applications**

**Please note this document provides information for renewal applications. There is a separate application for reallocation/bonus projects that can be found at** [**www.azhousing.gov**](http://www.azhousing.gov)**.**

**Introduction:**

The 2017 HUD Continuum of Care Notice of Funding Availability (NOFA) has been released. The Arizona Department of Housing (ADOH), as the Collaborative Applicant, will submit the full BOSCOC Application by the due date of September 28, 2017.

A project is considered eligible for renewal in the 2017 COC NOFA competition if the current contract with HUD expires in calendar year 2018, has been included and confirmed on the final Grant Inventory Worksheet (GIW) and has met all performance spending and capacity requirements identified in the NOFA.

The BOSCOC reserves the right to administratively disqualify or penalize any application that does not comply with the submission process. This includes answering all questions completely and meeting all HUD and BOSCOC deadlines.

Applicants are strongly encouraged to read in its entirety the 2017 NOFA and this local application packet.

* Again, there is a requirement to rank applications in Tier 1 and Tier 2. This year, it is required Tier 1 represent ninety-four percent (94%) of the BOSCOC Annual Renewal Demand (ARD) with the remaining six percent (6%) ranked in Tier 2.
* The NOFA is a competitive process and the BOSCOC uses an objective process to rank all applications.
* HMIS is required for the COC and must be funded; therefore, the HMIS grant will be included in Tier 1.
* HUD priorities include:

1) Ending homelessness for all persons

2) Create a systematic response to homelessness.

3) Strategically allocate resources.

4) Use a Housing First Approach.

Priority populations continue to be:

1) households with a member who meets the definition of chronically homeless. (Individuals and Families

2) families

3) youth

4) veterans

* COC Threshold/Evaluation requirements include:

1. Coordinated Entry Participation
2. Housing First and/or Low Barrier Implementation
3. Documented, secured minimum match
4. Project has reasonable costs per permanent housing exit as defined locally
5. Project is financially feasible
6. Sub recipient is active COC participant
7. Application is complete and data are consistent
8. Data quality at or above 90%
9. Bed/unit utilization at/or above 90%
10. Acceptable organizational audit/financial review
11. Documented organizational financial stability

**Governance Advisory Board:**

The Governance Advisory Board met August 10, 2017 and established the following concerning bonus/reallocation projects:

• Reallocation projects will not automatically be ranked in Tier 2.

• Bonus application will be open to entire BOSCOC geographic area. Any agency applying must be currently involved in local or regional Continuum of Care meetings to apply. The bonus project is for permanent housing only (PSH, RRH, or TH-RRH). For PSH projects, 100% of housing must be dedicated to serving households that meet the definition of chronically homeless.

• Projects may not include construction or expansion.

• If you are a current sub-recipient and only have one project that you are submitting for reallocation, it will also be required that you submit the renewal application required of all sub-recipients. Please contact David Bridge for additional information at 602-771-1039 or at David.Bridge@azhousing.gov.

**FY2017 Funds Available:**

There is $**3,883,471** ARD available to the AZBOSCOC for FY2017

Tier 1: 94% of ARD $3,650,463

Tier 2: 6% of ARD $ 233,008

Housing Bonus: 6% of FPRN: $ 233,008

Total $4,116,479

**Ranking Projects in Tier 1 and Tier 2:**

Projects submitted to HUD in Tier 1 are expected to be funded, provided the project meets HUD eligibility and threshold requirements listed above.

Tier 2 projects will be awarded funds by HUD based on a computed comparative score using:

* the COC ‘s FY2017 application competitive score;
* the rank the COC gives the project;
* the project type (maximum points for Permanent Supportive Housing; centralized/coordinated assessment system); and
* commitment to Housing First/low-barrier entry.

**Priority List (Projects Ranking-Tier 1 and Tier 2):**

Project applicants will be informed via e-mail when the Priority Listings have been posted on the ADOH website; no later than September 12th?

**Local Renewal Application/Form:**

**For the 2017 BOSCOC NOFA Competition, there are two (2) forms that must be completed locally:**

1. The 2017 Renewal Application provides information about the agency’s participation in the Continuum and activities that take place to align the agency in support of the BOSCOC. **Complete only one (1)** of these for each sub-recipient.
2. The form for each applicant to self-score **each of its projects** based on the criteria required by HUD. Complete a project questionnaire for ***each project*** currently under contract with the BOSCOC.

**Additional Documents Required:**

* Match documentation is required for each project. Prepare match letters in accordance with requirements. Match at twenty-five percent (25%) is required for pertinent activities. Please send each letter with the project name and 2017 as the identifier. Please do not scan the match letters as a packet with other documents as they have to be uploaded individually by project so they must be sent as individual files by project! Match must be cash or in-kind and be equal to twenty-five percent (25%) of the entire budget, excluding admin and leasing. Leasing is not required to be matched. Costs incurred by a partner organization to provide “in kind” service to program participants must be documented by a Memorandum of Understanding (MOU) prior to grant agreement execution.
* **Reminders**: 1) If your project is rental assistance and not leasing - those funds must be matched. 2) For 2017, program income can be used as match. *A template for Match Letters is attached to this e-mail.*
* Match amounts for each project will be provided by ADOH. This match amount will reflect the total amount of match required by the project minus the amount that will be provided by the ADOH. The remainder is the responsibility of the agency.
* A Certification of Consistency with the Consolidated Plan must be provided by the local jurisdiction when applicable. Projects that serve households in Yuma, Prescott, Sierra Vista, Douglas, Casa Grande and Flagstaff are required to have a local certification. *The template for the Certification is attached to this e-mail.*
* Match letter should document that match is for the correct dates of the renewal contract.

**Submittal Timelines/Process:**

The process for submittal of documents has changed. Documents **must** be submitted in electronic format via the ADOH Special Needs Portal located at: <https://housing.az.gov/portals/document-upload-portals>. The name of the file(s) must be labeled **AZ500Renewal – (Project Name)**. The Application needs to be a Word Document; Project Certification(s) and match letters may be PDF’s.

* Please call Candee Stanton at (602) 881.6606 if you have any questions about how to complete the information.
* Please call Michele Meyerkorth at (602) 771-1020 if you have questions about submitting through the portal.

**NOFA Schedule**

|  |  |  |
| --- | --- | --- |
| **Item** | **Due Date** | **Who is responsible** |
| **Match worksheet sent to subrecipients** | **8/15/17** | **David Bridge** |
| **Renewal, Bonus/Reallocation applications due submitted through ADOH portal by 5:00 pm** | **8/25/17** | **Sub-Recipients and New applicants** |
| **For Renewal Applications, Match Letters and Certificates of Consistency with Consolidated Plan**  **(Submit through ADOH Portal)** | **9/8/17** | **Sub-Recipients** |
| **Notification of project acceptance renewal applications** | **9/13/17** | **Karia Basta/David Bridge** |
| **Notification of acceptance of new or bonus/reallocation projects for submittal** | **9/8/17** | **Karia Basta/David Bridge** |
| **New or Bonus/Reallocation projects submit additional required information (based on feedback from Candee Stanton)** | **9/15/17** | **Applicants and Candee Stanton** |
| **AZ BOSCOC submits application (Bonus/Reallocation, Renewal, Planning, and BOSCOC narrative)** | **9/28/17** | **David Bridge with help from Candee Stanton** |

**2017 AZBOSCOC**

**Scoring Matrix**

|  |  |  |
| --- | --- | --- |
| **Compliance/COC Participation** | | |
| **Item** | **Where is it Scored** | **Maximum Points** |
| Adding CH Beds through Dedicated Plus | Proof in Narrative | 2 Bonus Points |
|  |  |  |
| Attendance at COC meetings | Self Score-Agency | 2 |
| PIT Count | Self Score Agency | 2  1 Bonus Point for Overall Coordination |
| HMIS data accuracy | Self Score -Project | 7 |
| HMIS timely data entry | Self-Score-Project | 7 |
| APR submitted on Time | Self -Score-Project | 2 |
| Occupancy Rate | Self Score—Project | 4 |
| Participation in Case Conferencing | Self Score---Project | 3 |
| Percentage of Referrals accepted through Coordinated Entry | Self Score—Project | 3 |
| **Total** |  | **30** |
| Performance | | |
| Exits to PH (All project Types | Self Score-Project | 14 |
| Employment Income Improvement | Self Score-Projects | 6 |
| Benefit income Improvements | Self Score—Projects | 6 |
| Retention in PSH **OR** | Self Score—Projects | 14 |
| Average Length of Time in Housing (RRH/TH) | Self Score ---Projects | 14 |
| **Total** |  | **40** |
| **Hard to Serve/Low Barrier** | | |
| PSH Beds Dedicated to CH **OR** | ADOH | 5 |
| RRH Services HUD focus populations | ADOH | 5 |
| 2 | ADOH | 5 |
| Providing Low Barrier Services | ADOH | 5 |
| Housing First Implementation | Self Score-Agency | 5 |
| **Total** |  | **20** |
| **Cost Effectiveness/Reasonableness** | | |
| Adequate Match | ADOH | 3 |
| 95% Use of Funds | ADOH | 3 |
| Contract/Application Performance and Compliance | ADOH | 4 |
| **Total** |  | **10** |

**2017 Arizona**

**Balance of State Continuum of Care**

**Renewal Application**

**Section 1: Agency Responses**

**The application begins here—delete all pages prior to this when submitting the application. Application should be no longer than 25 pages from this point forward**

|  |  |
| --- | --- |
| **Name of Agency:** |  |
| **Contact Person:** | **Phone Number:** |
| **Name of Projects eligible for renewal**  **(add rows if needed)** | **Type of Project** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **What Local COC does your agency participate in?**

**I. Outreach**

1. **What kind of outreach activities does your agency participate in?**
2. **Are there PATH outreach workers in the communities you serve? If yes, name the community and how your agency interacts with the PATH team.**
3. **How is outreach tailored to those that are least likely to request assistance?**

**II. Coordinated Entry and Case Conferencing**

1. **Explain how Coordinated Entry is working in your community.** 
   1. **Have all households who have scored with high needs or been identified as chronically homeless been engaged in services in the local community? If no, explain the process to engage those individuals.**
   2. **Describe interaction with partners and how referrals occur.**
   3. **If Coordination is occurring without the use of HMIS, explain.**
2. **Is case conferencing occurring in your community? If so, describe.**
3. **Does your agency participate?**
4. **How is it determined which households are addressed as a part of case conferencing?**
5. **Does case conferencing occur on an ad hoc basis or on a scheduled basis.**
6. **If it is scheduled, how often?**
7. **What agencies in your local community(ies) participate with you in case conferencing?**

**III. Mainstream Resources**

1. **Describe how you coordinate and interact with each of the following mainstream resources or activities. Provide narrative for each area. Include planning and operational activities if applicable. If you do not interact with one (1) of these resources, please state why.**

1. **HOPWA**
2. **TANF/SNAP**
3. **Runaway and Homeless Youth Programs**
4. **Veterans**
5. **Head Start**
6. **School Districts**
7. **ESG**
8. **Child Welfare**
9. **Law Enforcement**
10. **Jails/Prisons**
11. **Behavioral Health Agencies/RBHA**
12. **Domestic Violence**
13. **Department of Justice (housing and services programs)**
14. **Other Federal agencies (housing and service programs)**
15. **Other State government agencies (housing and service programs)**
16. **Other local government agencies (housing and service programs)**
17. **Private entities including foundations (housing and service programs)**
18. **How do you work with the mainstream programs in applying for and receiving mainstream benefits?**
19. **How do your staff stay up-to-date about mainstream resources available? (i.e. attend local training, participate in webinars, etc.)**
20. **Name the person(s) on your staff who have primary responsibility for ensuring that staff know about mainstream benefits and ensures that assistance is being provided to participants to enroll in benefits. (provide name and title of staff).**

**IV. Insurance and SSI/SSDI**

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

1. **Do you assist participants with enrolling in health insurance through other organizations such as private insurers, other non-profit organizations, or other agencies? If yes, explain.**
2. **How are you coordinating services provided by Medicaid to assist your participants?**
3. **How are you coordinating or obtaining SSI/SSDI for participants?**
4. **Do you currently have staff who is SOAR trained?**

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

**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?**

**V. Homelessness and Criminalization**

1. **Provide information about your communities’ policies and/or ordinances related to homelessness and criminalization.**

2. **What is your involvement with educating elected officials, city and county officials and law enforcement about the impact of criminalization and alternative processes that are effective?**

3. **What interactions do you have with jails and prisons in your communities?**

1. **How do you outreach to jails and prisons to ensure that individuals released do not become homeless? How does the community reach out and serve those recently released offenders**?

**VI. Employment/Income**

1. **What agencies do you work with to help participants become employed? Please describe any strategies specifically targeted to employment barriers and challenges experienced by individuals and families who have experienced homelessness.**

2. **What specifically do you do to support participants in becoming employed, if appropriate and then increasing income?**

**3. What specifically do you do to support participants increasing incomes from benefits?**

**VII. 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.)***

**VIII. 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), Yavapai (Prescott) and Coconino (Flagstaff). How do you participate with the Consolidated Plan jurisdiction?**

**IX. Domestic Violence Survivors**

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

**X. Discharge Planning**

**1. Describe locally how you work with the following organizations with regards to individuals who are discharged to ensure they are not discharged to the streets or emergency shelters. What are the local protocols for individuals referred from the following: (Indicate not applicable who have no interaction)**

* **Foster Care**
* **Health Care**
* **Mental/Behavioral Health Care**
* **Correctional facilities (jails and prisons**)

**XI. Formal agreements with early childhood service providers.**

1. **Please indicate if you have an MOU/MOA or formal partnership agreement with any of the following? (yes or no)**

| **Type** | **MOU/MOA** | **Other Formal Agreement** |
| --- | --- | --- |
| Early Childhood Providers |  |  |
| Head Start |  |  |
| Child Care and Development Fund |  |  |
| Federal Home Visiting Program |  |  |
| Healthy Start |  |  |
| Public Pre-K |  |  |
| Birth to 3 |  |  |
| Tribal Home Visiting Program |  |  |
| First Things First Providers |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**XII. Beds dedicated to households who qualified as chronically homeless at entry.**

**Please complete this table based on a point in time date of April 1, 2017.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name (list all your projects)** | **Type (PH, RRH, TH)** | **# of Beds available on that date (vacant and occupied)** | **# of beds used by individuals who were CH at entry on that date** |
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**HUD for FY 17 has established a new project type this year-DedicatedPlus.**

DedicatedPlus A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;

(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

1. **Based on your experience, could the contract for any of your projects be changed to increase the number of beds dedicated to chronically homeless or designated plus? If yes, indicate which projects and the number of beds that could be dedicated to chronically homeless in the table below: (2 bonus points will be awarded if a commitment is made to dedicate additional beds)**

| **Project Name (list all your projects)** | **# of beds in the project** | **Current # of beds dedicated to CH** | **# of beds that could be added to dedicated CH** | **# of beds that could be dedicated to Designated Plus**  **Sum of 2 columns** |
| --- | --- | --- | --- | --- |
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**Agency Renewal Application**

**Self -Scored Questions**

**For each of the following questions self-score your activities related to the specific area for your agency:**

| **Question** | **Response** | **Self-Score** |
| --- | --- | --- |
| **Compliance/COC Participation** | | |
| 1. **Participation in Continuum of Care** | | |
| Based on participation starting with statewide meeting at ACEH (now the Arizona Housing Coalition) conference in October 2016 through July 2017 Local COC meetings. Which meetings has your agency sent a representative?  Check all that Apply  \_\_\_\_\_\_\_The BOS meeting at the ACEH (now AHC) Conference  \_\_\_\_\_\_\_The statewide meeting to discuss reorganization to Local COC  \_\_\_\_\_\_\_My agency has representatives on BOSCOC subcommittees. If yes, indicate which subcommittee(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not Scored:  \_\_\_\_\_\_\_How many local COC meetings were available to attend?  \_\_\_\_\_\_\_How many local COC meetings did your agency attend?  \_\_\_\_\_\_\_My agency is the representative from the local COC to the statewide regional representatives’ meeting. | | **Score** |
| 1. **Unsheltered Point in Time Count** | | |
| 3 points Agency staff coordinated all aspects of the local unsheltered PIT count.  (one point as bonus point)  2 points Representatives from the agency actively participated in unsheltered PIT count (administer multiple surveys, coordinated volunteers, distributed incentives)  0 points Agency representatives did not participate in the local unsheltered count. | | **Score** |
| **Targeted -Hard to Serve Populations/Low Barrier** | | |
| 1. **Housing First-One point for each principle implemented (maximum 5 points)** | | |
| Applicants are allowed to enter the program without income.  Applicants are allowed to enter the program even if they aren’t clean and sober or treatment compliant.  Applicants are allowed to enter the program even if they have criminal justice system involvement except for the allowed exemptions.  Service and treatment plans are voluntary. Tenants cannot be evicted for not following through.  We have an identified services partner. \_\_\_We provide services. \_\_\_\_External partner provides services. Name external partners\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Score** |
| Describe your Housing First approach and score your agency based on the scale above. How quickly are participants moved into permanent housing? How is Housing First institutionalized within your agency by policy, by practice? | | |
| **4. (NOT SCORED) Provide an example of how the agency has promoted the use of PIT count information from this year or previous years to inform the community(ies) about the issue.** | | |
| **5. (NOT SCORED) Provide an example about how the agency has used the PIT count information from this year or previous years to contribute to local planning activities to eliminate homelessness in the community(ies).** | | |

**2017 BOSCOC**

**Project Questionnaire**

**Complete a form for each project the agency has under contract with ADOH through the COC. Copy this form for each project as needed.**

|  |  |
| --- | --- |
| **Name of Agency:** |  |
| **Contact Person:** | **Phone Number:** |
| **Name of Project** |  |
| **Project is (check all that apply)**  **PSH**  **RRH**  **Leased Units**  **Tenant Based Rental**  **Project Based Units**  **Transitional Housing** | **At a point in time when fully occupied:**  **Number of Units: \_\_\_\_\_\_\_\_\_\_**  **Number of Beds: \_\_\_\_\_\_\_\_\_\_**  **Number of beds dedicated to CH based on project contract: \_\_\_\_\_\_\_\_\_\_**  **Number of beds dedicated to veterans based on project contract: \_\_\_\_\_\_\_\_\_\_** |
| 1. Review your current project description in the 2016 project application. Provide an updated description, **limited to 1,000 characters**, based on changes such as projects that have been combined, changes in services, new community partnerships, etc. Please write each section below in complete sentences.  **Every Project must have an updated project description for 2017:**  Provide narrative for each section below:  Name of Project:  County (ies) project is located in:  Type of Project:  Target Population  Did the Project change in any way since the last NOFA? (i.e. reallocated, combined with another project):  What need is the project meeting? (provide data)  What supportive services are provided and by whom?  Who are your agency partners for this project? | |

**Refer to your most recent APR and HMIS data to calculate score.**

**Self-score each project based on the following criteria/attributes:**

| Criteria/Attribute | Scale/Points | **Self-Score** |
| --- | --- | --- |
| Compliance/COC Participation | | |
| 1. HMIS Data Quality | 7-All client data entered within 7 days.  5-80% of client data entered within 7 days  0—79% or less of client data not entered within 7 days |  |
| 7 Data Quality is 100%  6 Data Quality is 95%-99%  0 Data Quality is 94% or below |  |
| 2. Occupancy Rate for the year beginning January 2017 | 4 101% and above  3 91%-100%  2 80-90%  0 79% or below |  |
| 1. Case Conferencing (as defined in Definitions) | 3--Involved with formal case conferencing or efforts to establish case conferencing in your community  0 Not involved with formal case conferencing or efforts to establish case conferencing in your community. |  |
| 1. Percentage of Referrals accepted through coordinated entry | 3 85%-100%  2 70%-84%  0 69% and less |  |
| Performance | | |
| 5. For TH/RRH/PH households that exited program as a positive exit year. (APR Data—Leavers) | 14—90% and above of households exited program to positive exit (i.e. for RRH—they may exit program but still stay housed in current location successfully.  10—85%-89% above of households exited program to positive exit (i.e. for RRH—they may exit program but still stay housed in current location successfully.  0---Less than 85% of households exited program to positive exit (i.e. for RRH—they may exit program but still stay housed in current location successfully |  |
| 6. For PSH households (stayers), were retained in housing at least 6 months  OR  For RRH or TH households (stayers) were retained in housing at least 90-120 days | 14---85% and above of PH households stayed in housing at least 6 months.  10- 75%-84% of PH households stayed in housing at least 6 months.  0--- Less than 74% of PH households stayed in housing at least 6 months. |  |
| 14---85% and above of RRH or TH households stayed in housing at least 90 to 120 days.  10- 75%-84% of RRH or TH households stayed in housing at least 90 to 120 days.  0--- Less than 74% of RRH or TH households stayed in housing at least 90 to 120 days. |  |
| 1. Households that maintained or increased employment income | 6 25%-or more of HHs served  3 10%-24% of HHs served  0 9% or less of HHs served |  |
| 8. Households that maintained or increased benefit income | 6 85%-100% of HHs served  3 45%-84% of HHs served  1 15% - 44% of HHs served  0 14% or less of HHs served |  |
| **Did any households lose benefits during the operating year? If yes, explain the circumstances.** | | |
| **Cost Effectiveness/Reasonableness** | | |
| 1. Request for payment submitted to ADOH on time for the previous twelve (12) months. *(Submitted within thirty (60) days for the previous month.)* | 2 100% of payment requests submitted on time  1 80%-99% of payment requests submitted on time  0 79% or below of payment requests submitted on time |  |