

THIS IS THE MANUAL/INSTRUCTIONS

Central Florida Continuum of Care (CoC FL-507)
2021 Application for HUD CoC Program Funding
Application Instructions

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Complete and submit all relevant sections of this Application, including all required attachments and certifications, by 5:00 PM EST, September 27, 2021.

1. Please carefully read this Application together with the Request for Applications and its attachments. You may email questions to application@hsncfl.org through September 17, 2021. Between September 18th and 27th efforts will be made to answer questions, but agencies should not count on receiving answers before the due date.
2. Throughout the remainder of this Application:
 - a. The words “you” and “your” are interchangeable with “the Applicant.”
 - b. “HUD CoC Program-funded” or “HUD CoC-funded” means projects funded through the HUD Continuum of Care Program under the CoC Interim Rule.
 - c. “Services” means eligible supportive services as defined in §578.53 of the CoC Interim Rule unless otherwise specifically stated.
 - d. “Housing” means eligible housing-related assistance in the form of leasing, rental assistance or operations under §578.49, §578.51 or §578.55, respectively, of the CoC Interim Rule.
 - e. Your proposed activities (whether new or renewal) will be referred to as either Housing, Services, or Housing and Services, whichever is applicable.
 - f. “Client” refers to a program participant as defined at §578.3 of the CoC Interim Rule.
 - g. “Project” refers to the total set of Housing and/or Services activities that are collectively dedicated to housing placement and stability for the target population, consistent with §578.3 of the CoC Interim Rule.
3. If your proposed Housing and/or Services will be linked with Housing and/or Services to be provided by one or more applicants other than you, the entire set of all of these activities together are considered to be the Project. A “bundled” project are one example of this.
4. All Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH) and TH-PH/RRH Projects must include both Housing and Services. In many cases, however, HUD CoC Program funds are not used to fund both the Housing and Services components, particularly because the extent to which the HUD CoC Program provides funding for Services is limited. In addition, you are not required or, in most cases even expected to directly provide both Housing and Services.
5. If you are proposing or collaborating on multiple Projects, you must submit a separate application for each Project.
6. Throughout this Application, we may use administrative or externally generated data as a comparison with/confirmation of your responses. See Attachment A-1 to this Application.

Section 1 - Application Information

Complete all answers and check Yes or No for each question on the eligibility table. Any “No” answer will automatically disqualify your project application, unless the question does not apply to your application. This is the only section in which the name of your agency should appear. Throughout the rest of the application, you should refer to your agency as “agency” or “applicant” or “we”.

Section 2 - General Information About Project and Activities

It is imperative that you work with HSN to ensure that you establish your project profile correctly in Section 2. All applicants who start their application before September 9th should request a consult at application@hcnfl.org to ensure that questions in Section 2 have been answered correctly.

Project Type

Which category best describes your Project Type?

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Transitional Housing (TH)
- Joint TH/PH-RRH (Transitional Housing/Permanent Housing-Rapid Re-Housing)

***Tip:** HUD will not fund new Transitional Housing Projects, except as part of the TH-PH/RRH project type. TH-PH/RRH project must contain both a Transitional Housing component and a Rapid ReHousing component for the same project participants, who, based on client choice, will start in Transitional Housing and move onto Rapid ReHousing, remain in Transitional Housing for the entire enrollment, or participate only in Rapid ReHousing. Clients cannot have a minimum requirement for time spent in either Transitional Housing or Rapid ReHousing.*

***Tip:** HUD will not fund new Supportive Services Only Projects, unless they will be bundled in with another Housing Project (submitted to HUD together as one project that includes services and housing).*

***Tip:** HUD CoC funds cannot be used to assist individuals or families who are at-risk for literal homelessness.*

Provider Activities

For your proposed Project, which of the following does your agency propose to do using these project funds and/or matching funds?

Check all that apply.

***Tip:** You should check the box for any activities that will be included in your project budget or as match for the project.*

- Services - Street Outreach
- Services - Housing Navigation

Tip: *Housing Navigation refers to assisting individuals/families on the by-name list (registry) to gather the information and documentation they need to establish their eligibility for CoC projects.*

- Services - Housing Stability Case Management
- Services - Other Supportive Services (list):

Tip: *All Projects must provide Housing Stability Case Management. Projects should also include eligible “Other Supportive Services” such as application fees for housing; moving costs; child care, education services, employment assistance and job training, food, housing counseling services, legal services, life skills; mental health services, outpatient health services, substance abuse treatment services, transportation, and utility deposits.*

- Housing - Scattered-Site Rental Assistance or Leasing (Tenant-Based)
- Housing - Facility- or Complex-Specific Rental Assistance or Leasing (Project-Based)
- Housing - Agency-Operated Rental Assistance or Leasing (Sponsor-Based)

Tip: *You should select Sponsor-Based box if your agency controls housing, that tenant will rent, in multiple locations. You would select Project Based if all of the units are in one location.*

Project Funded as Part of 2021 CoC Application

Whether or not this project is funded as part of the 2021 HUD CoC Application, are you willing to have it considered for other opportunities that become available through Other CoC 507 Administered Grants (OCAG) sources, including new or reallocated funds?

By checking “Yes” the applicant is affirming the desire to implement the described project and would be willing to be considered for participation if resources are made available either through reallocation between funding cycles or because of a new funding source participating in a bundled project or a new funding source for stand-alone projects.

HUD Application Type

Which of the following best describes your proposed activities for the Project?

Renewal - You will check this box if your project application is to renew your current contract, whether that contract is with HUD (county Shelter + Care projects) or directly with HSN (all others). You would be renewing for the same activities and 12 month budget. The following agencies are eligible for renewal applications: Orange County, Seminole County, Osceola County, Grand Avenue Economic CDC, Embrace Families, Homeless Services Network, Wayne Densch Center, Aspire Health Partners, Health Care Center for the Homeless, Idignity, and Covenant House.

Expansion: You will check this box if you are submitting a Renewal Application, but also want to request additional funding to supplement the Renewal Project. To select this box your application must propose providing housing or services to more people and/or more services than you are currently providing to the same number of people. You cannot request additional funding for the same activities you are currently providing with your most recent contract/application. The following agencies are eligible for expansion applications: Orange County, Seminole County, Osceola County, Grand Avenue Economic CDC, Embrace Families, Homeless Services Network Wayne Densch Center, Aspire Health Partners, Health Care Center for the Homeless, Idignity, and Covenant House.

Reallocation/New Project - You will select this box for any project not currently funded, or that changes your renewal project to a new project (other than expansion). Eligible projects under this category are: New Projects funded from reallocation.

Any new project funded from reallocation must fund the same number of units and beds in the same geographic area as had previously been funded from the reallocated funds and must have a plan for ensuring existing tenants do not lose tenancies in the transition from one project to another. For example, if funding for 6 units comprising 10 beds for RRH in Seminole County was defunded from project X then any new applicant would have to apply to operate 6 units of RRH comprising 10 beds in Seminole County and assertively strive to serve the same tenants being served by the existing project.

Reallocation decisions will be implemented in a manner that places the highest priority on holding current Program Participants harmless. An Applicant accepts reallocated funds on the express condition that it will, barring any intervening factors beyond its control (e.g., unit abandonment), ensure the sustained tenancy of any Program Participant housed through the Project from which funds were reallocated as of the last day of the ending grant term. For more information, please refer to the Request for Applications.

Bonus - You will select this box for any project not currently funded and qualifies as either a COC Bonus or DV bonus project as defined in the 2021 HUD COC NOFO.

HUD Application Type: Renewal

(This question is only available if "Renewal" was selected above)

Did you submit a signed "Renewal 12 Month Budget" form? Yes No

Tip: If you are a renewal project you will have received a "Renewal 12 Month Budget" form which should have been signed and submitted back to HSN by 09/22/2021. If you have not agreed to this 12 month budget your project is going to be an expansion project or a new project. If you have signed and returned the form, check the box.

HUD Application Type: Expansion

(This question is only available if "Expansion" was selected above)

Did you submit a signed “Renewal 12 Month Budget” form for your non-expansion portion of this application?

Yes No

HUD Application Type: New Project

(This question is only available if “New Project” was selected above)

What month of 2022 would you like for your new project to begin? _____

Tip: It is very unlikely that HUD will start a new project before of the end of 2021. You should identify your preferred start date, but actual start dates will depend on when HUD makes the project contract available, which may be different from the preferred start date you select. Make sure you answer this question if you check the New Project box.

Related HMIS Project IDs: New Project

Although this is a new project, you may want it tied to an existing project. That existing project may be receiving HUD funding or may have a different funding source. If any of the proposed activities of this Project is related to/connected to a Project already in HMIS, provide the HMIS Project ID numbers.

Providing Services

Applicants proposing to provide Services to the Project should complete this question.

Which of the following apply to the proposed overall Project and the relationship between the Housing and the Services that will be provided?

Tip: When answering these questions, you want to answer on behalf of the parts of your project that are to be funded with these HUD funds as well as your matching funds/resources.

Select all that apply.

- Grant Sharing/Collaborative Service Provider:** You will check this box if your project would be part of a bundled project in which you provide services for scattered site housing or project-based housing that a different agency is providing. You may or may not be the only agency providing services as a part of that housing project. To check this box, you also want to be open to supporting tenants/program participants meeting your eligibility requirements who are being housed by any other housing providers. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Linked Services:** You will check this box if your services are intended to be provided to housing that is provided in a specific project. You will check this box if you are not open to supporting tenants/program participants meeting your eligibility requirements who are being housed by any other housing providers. Instead, your services will be linked with Housing that is administered by a specific housing partner and/or a specific housing location that is also part of the Project (receiving funds or providing match). The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.

- Sole Services:** You are only willing to participate in the Project if you are selected as the sole provider of the type of the Services you propose to deliver (i.e., you checked “Linked Services” and are not willing to participate in “bundling”). You would check this box if, for example, you are going to be the sole service provider for a site-based project and no other agencies will be providing housing stability case management at that location. You will also check this box if you intend to provide services to a new scattered site project and intend for no other agency to provide housing stability case management to tenants funded by those scattered site rents/leases. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Services for the Grant Term:** You check this box if your intention is for all of your services to be available to program participants for the entire grant term. (Grant terms may begin as early as Spring 2022.)
- N/A**

Providing Housing

Applicants proposing to provide Housing to the Project should complete this question.

Which of the following apply to the proposed overall Project and the relationship between the Housing and the Services that will be provided?

Tip: When answering these questions, you want to answer on behalf of the parts of your project that are to be funded with these HUD funds as well as your matching funds/resources.

Select all that apply.

- Grant Sharing/Collaborative Housing Provider:** You will check this box if your proposal is part of a “bundled” Project in which you provide Housing for program participants/tenants, but another agency(s) is providing Services. You may or may not be the only agency providing Housing to the client served by one or more agencies. To check this box, you also want to be open to housing participants that meet your eligibility requirements regardless of which agency(s) is providing the housing stability case management services. The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Linked Housing:** You will check this box if the services to be provided to your housing will be provided by one or more specific partners who are identified in this project. You will check this box if you are not open to housing tenants/program participants meeting your eligibility requirements who are assigned to any service agency who is an active provider receiving referrals through the CES process. Instead, your housing will be linked with services provided by a specific services partner(s) that is also part of the Project (receiving funds or providing match). The determination of which clients are selected and which housing provider and service provider that client is matched with will be done through the CES process.
- Housing for the Grant Term:** You check this box if your intention is for all of your housing to be available to program participants for the entire grant term. (Grant terms may begin as early as Spring of 2022.)
- N/A**

Section 3 - Key Project Characteristics – Housing

- My application includes a request for funding for housing and/or matching funds for housing
- My application is not asking for housing funds and is not using housing funding as match

(The questions in this section will not show up on the online application if you are providing Services only and, thus, selected the second box)

Coordinated Entry System (CES) Referrals

Answer Yes or No or if you will exclusively operate housing only for DV eligible persons answer NA.

Tip: *if you answer No your application will be ineligible.*

Relationship to Case Management Service Providers

If this application includes funding and/or match for housing only, and no services funding or match, you will want to check either the first or second box.

Tip: *a project that includes funding and match for rental assistance, leasing or operations, and has no case management services funding in the budget or as match will check either the first or second box.*

Tip: *If any of your tenants will exclusively receive case management services from a provider you specifically partner with (with whom you have a contract or an MOU or an MOA) you should check the first box. In this case CES will only assign program participants to your residential unit if there are service slots available with the provider with whom you have an agreement.*

Tip: *if your tenant will be receiving case management services from service providers matched through the Coordinated Entry System, you should check the second box.*

If this application includes funding and/or match for both housing and services, you will want to check the “N/A” box. You will also need to complete both Section 3 and 4 of this application.

Tip: *S+C renewal projects should check this box.*

Tip: *A project that includes housing and case management services in the budget should check this box.*

Tip: *A project that includes housing in the budget and has case management services as all or part of the match should check this box.*

Tip: *A project that includes services in the budget and has housing as all or part of the match should check this box.*

NOTE: For purposes of this Application, a “Unit” of housing means a house, apartment, room or rooms, intended for occupancy as separate living quarters, whether in fixed locations or in scattered sites. Units and Beds are different concepts. See the NOFA Detailed Instructions for more information.

Number of Homeless Housing Units

What is the total number of Housing Units (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period?

*Tip: This number should include Units for which you are requesting HUD CoC funding **as well as** Units that are part of this Project that will be funded by another source **as well as** any Units that are to be dedicated for use by homeless individuals/families but are not considered by you to be part of this project. These non-Project units would be considered leveraged resources rather than matching resources. Sometimes these leveraged resources are part of a separate project for which you are submitting a different application. Thus, in some cases the number of homeless housing units will be larger than the number of HUD CoC funded units (next question). However, it should never be smaller than the number of HUD CoC funded units.*

Number of HUD CoC Funded Units

Of the amount listed above for “Number of Homeless Housing Units”, how many Housing Units/Vouchers/Slots will be HUD CoC-funded?

Tip: This number should include only the units for which you are requesting funds from HUD in this application. This number should not include any units funded from a matching source.

Number of Match Funded Units

Of the remaining Housing Units/Vouchers/Slots in the Project not funded by HUD (i.e., not listed above as "Number of HUD CoC Funded Units"), how many are fully committed and available to the Project?

Tip: This number should include any units considered part of the match. The value of these units will be noted in the match portion of your Project budget.

Please attach evidence of any such commitment and availability as a separate file.

Tip: This commitment would include funding commitment which should support that the matching or leveraged units are available throughout the proposed grant term.

For instructions on how to attach a document, see attachment A-2

Type of Housing Units Provided

Select the type of Housing Units included in your Project.

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Transitional Housing (TH) Youth (up to age 25)
- Joint Transitional Housing/ Rapid ReHousing (victim services)

Note: Online application will only show one of the following tables based on the choice made above.

Total Beds

Based on your response to the number of housing units indicate the total number of BEDS (not units) to be dedicated to the Project throughout the grant period.

Tip: In most cases the number of beds is equal to the number of bedrooms. For example, a two-bedroom unit would usually have 2 beds. If for some reason you anticipate putting more than one bed in a bedroom and you note it on this form you will be required to fill both beds to meet your project performance expectations. HUD will hold you accountable for having at least one person in each bed. So, if you have a second bedroom and you have stated it will have 2 beds in it, you will be accountable for two people in that bedroom. If the makeup of the family suggests that only one person would be in the second bedroom (due to number of family members or gender of children, etc.) your project will lose points on project performance. On the other hand, if your application suggests only one person in each bedroom, and you are able to put two people into a bedroom it will reflect positively on your project performance.

Housing Units: Permanent Supportive Housing (PSH)

Enter the number of HUD-funded Permanent Supportive Housing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

Housing Units: Rapid Rehousing (RRH)

Enter the number of HUD-funded Rapid Rehousing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type. Please note: HUD limits Rapid Rehousing housing assistance to rental assistance and does not allow for leasing or site based options.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		

Housing Units: Transitional Housing (TH) for youth up to age 25

Enter the number of HUD-funded Transitional Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units		
(B) Leasing: # of Scattered-Site Units		
(C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc.		
(D) Leasing: # of Units in Specific Structures, Complexes, etc.		
(E) Operations: # of Units in Specific Structures, Complexes, etc.		

Housing Units: Joint Transitional/Rapid Rehousing TH/RRH

Enter the number of Other HUD-funded Housing Units/Vouchers/Slots that will be dedicated to housing homeless individuals and/or families at any given time during the grant period for the Project. All units are assumed to include Supportive Services. Enter the total number of beds for each housing type.

Housing Type	# of Units	# of Beds
(A) Rental Assistance (tenant-based). Only for RRH portion of the project: # of Scattered-Site Rental Units		
(B) Leasing. Only for TH portion of the project: # of Scattered-Site Units		
(C) Leasing. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc.		
(D) Operations. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc.		

Housing Type

Select the type of housing structures in which Program Participants will be housed (*select all that apply*).

Tip: *Shared Housing has two or more unrelated persons (individuals or families) living in the same unit. The two or more individuals or families must each have their own lease with the landlords. They must also have lockable, separate sleeping spaces but can have shared common area.*

Tip: *Clustered apartments are apartment units in one or more developments. The developments do not have to be in close proximity or contiguous to each other. A clustered apartment arrangement is slightly more restrictive than scattered site in terms of where rented/leased units will be located because the developments are previously identified, and the expectation is that multiple units in each of the participating developments will be rented/leased.*

Tip: *The answer to this question should include both HUD funded Units and Units funded by matching resources.*

Combination Project Details (if needed):

If you checked more than one box to indicate that more than one type of Housing will be provided, provide the number of Units and Beds to be located within each type and explain the nature of the mixed Housing type Project. For example, you might say that “5 units will be shared housing and 5 will be SRO, however all 10 are clustered apartments.”

Housing Project Address

Enter the physical address at which the Housing for the Project is or will be located. For Projects with multiple sites, enter the address where the majority of beds will be located. (For tenant-based rental assistance and scattered-site leasing Projects, enter the address for the Housing provider’s Project’s administrative offices.)

How many HUD-funded Units dedicated to this Project are not currently operational?

Tip: *A Unit is not operational if it has not had a tenant or a lease for the previous 30 days or has not been available (waiting to pass inspection or receive certificate of occupancy, etc.). This number should include the number of units that have not ever been operational during the current grant/contract term.*

If any Units are not currently operational, please explain why:

Tip: *The explanation should include barriers and challenges the applicant has had making units operational and what the expected timeline is to have all units operational moving forward.*

Section 4 - Key Project Characteristics – Supportive Services

- My application includes a request for funding for services and/or matching funds for services
- My application is not asking for services funds and is not using services funding as match

(The questions in this section will not show up on the online application if you are providing Housing only and, thus, selected the second box)

Coordinated Entry System (CES) Referrals (Street Outreach & Engagement, HMIS and CES would check N/A threshold, all other applicants should answer Yes)

***Tip:** By checking “Yes” you commit to provide the identified service to the Project exclusively as assigned through the Coordinated Entry System (CES). CES prioritizing clients based on needs and length of homelessness. This is a threshold question.*

Housing and Services Relationship

Type in the name of the housing partner(s) next to your selection.

- Exclusive Housing Partner: _____

***Tip:** Select this box if your agency if 100% of the tenants to whom your agency is providing services are not being housed by you but are being housed by one specific agency. Name that partner agency.*

- Inclusive Housing Partner: _____

***Tip:** Select this box if your agency if less than 100% of the tenants to whom your agency is providing services are not being housed by you but are being housed by one or more specific agencies. Name that partner agency(s) and provide the % that each one will be housing.*

- Project Includes Housing:

***Tip:** Select this box if your agency will be providing the housing AND the services associated with this Project.*

- No Identified Housing Partner:

***Tip:** Select this box if your agency will be providing services to clients assigned through the Coordinated Entry System regardless of where those clients will live.*

- N/A

***Tip:** A Coordinated Entry System or HMIS application should check N/A.*

Supportive Services Provided

Select ONLY those direct services that will be provided by this project. Select all that apply:

Tip: HUD funding should be not be requested exclusively for Intake and Entry Assessment. (A limited number of intakes and entry assessments, depending on need, can be conducted by any of the other HUD funded positions.) The Applicant may, however, wish to use other funding sources to fund staff dedicated to the intake and entry assessment functions.

Tip: Outreach positions must be dedicated to providing Street Outreach and Engagement to the Project. For example, outreach workers for a youth Project must target all youth, including singles and parenting youth. Outreach for a chronically homeless Project must serve chronically homeless individuals, families and unaccompanied youth.

Tip: Housing Navigation is a component of Street Outreach and Engagement. If your Outreach staff are going to be providing Housing Navigation services also, you do not need to split their time between the Outreach/Engagement and Navigation rows on this chart. If the position will be conducting Housing Navigation but not Street Outreach, their time should be identified on the Housing Navigation row. Applicants are encouraged to review the Housing Navigation/Housing Stability Case Management Scope of Work before requesting funds for this activity.

Tip: Your agency can choose to have staff dedicated to providing only Housing Stability Case Management OR staff that do both/either Housing Stability Case Management and Housing Navigation depending on the needs of the system throughout the grant term. Applicants are encouraged to review the Housing Navigation/Housing Stability Case Management Scope of Work before requesting funds for this activity.

Tip: Employment positions must be dedicated to providing Employment services to the Project. For example, an Employment Specialist must only work with eligible homeless Project participants for any time charged to the Project.

Instructions:

Note: The following questions are based on the selections made to the previous question. Answers are required only if one the options above is checked. Complete each section for each option checked. For example, if you checked Street Outreach and you checked Housing Stability Case Management you would only complete the requested information for those two activities. **All activities referenced below are explained in detail in the “Housing Navigation and Housing Stability Case Management Scope of Work” (Scope of Work), which is Attachment F to the RFA.**

HUD CoC Program funding provides between ½ and 3 FTEs of Services positions in any Project. It is strongly recommended that applicants seeking Services funding request a number of FTE positions within this range.

The current regional standard for the annualized cost of 1 FTE of Housing Navigation and Housing Stability Case Management is \$65,000, which includes salary, fringe benefits and employment-related liabilities, supervision and a limited allowance for mileage and supplies. The standard is only a reference; however, applicants are strongly encouraged not to exceed it.

For RRH: Applicants will be funded in part based on their ability to sustain and support the regional system of Housing and Services. Applicants not willing to serve all 3 counties** may request no more than 1 HUD CoC-funded FTE total. Applicants not willing to provide BOTH Housing Navigation AND Housing Stability Case Management may request no more than 1 HUD-funded FTE for the function they wish to provide.

Applicants may request HUD funding for Services in increments of ¼ FTE. If you request consideration for a total number of HUD-funded Services that is not a whole number (for example, 1.25 hours), you must either: i) irreversibly commit to providing the remaining funds to provide a whole number of FTEs (in this case, the remaining .75 hours), or ii) indicate that you will use part-time positions to provide these functions.

For PSH: Same as RRH, except that Housing Navigation is not a HUD-funded activity in the region due to the reliance on Street Outreach. Additionally, no HUD CoC Program funding is currently used to fund Housing Stability Case Management in PSH, as these resources are provided to PSH Projects through non-HUD, matching sources.

** By indicating that you will serve all 3 counties, you specifically agree that you will accept assignments through the Coordinated Entry System and continuously provide Services to clients who are experiencing homeless in any of the 3 counties, who are seeking services in any of the 3 counties, who express a preference to be housed in any of the 3 counties, or who have been housed in any of the 3 counties, whichever are relevant to the Housing Navigation and/or Housing Stability Case Management Services you propose to provide.

Target Population: For which populations will you regularly conduct your proposed activity? (*check all that apply*):

Staffing

For the following questions, all positions should be funded in .25 Full Time Equivalent (FTE) increments (example .25, .5, .75, 1, 1.25, 1.5, etc. FTE). An FTE refers to a position that is 40 hours per week or at least 2000 hours per year.

All positions noted on this chart should be dedicated to this Project for the noted FTE percent of the staff position's time.

of HUD Funded FTE

Identify the % of Full Time Equivalent staff for which you are requesting HUD funding for the identified Supportive Service.

Tip: If you have a position that will be split between more than one function funded in this Project application, please list the appropriate FTE amount in the row for the relevant functions and answer the question at the bottom of the chart clarifying which functions will be served by the same individual staff.

Tip: HUD funding is for direct client services only. In some cases up to 10% of one position will be eligible for supervision. Exclude all staff hours related to administration.

of Non HUD Funded FTE (Funded from other sources)

Identify the % of FTE for the identified Supportive Service which will be funded from other sources. This should include matching revenue that is paying for the staff position.

Total FTE

What is the total FTE that will be providing the identified Supportive Service when counting HUD and matching funds.

Staff - Partial Funding

Answer this question to clarify what your expectations are in the event that your request for funding for a position(s) is not fully funded.

- Select “Agency will fund the gap” if your agency will use other funds to make up the difference between your request and the awarded amount.

Select “Agency will split the position” if your agency will have the identified position split his/her time between the identified Supportive Service and other activities, for this Project or another project.

Select “Agency will hire for the portion of time funded” if the agency will use part-time staff to complete the identified Supportive Service.

Geographic Coverage

System Orientation of Street Outreach, Housing Navigation and Housing Stability Case Management.

The Central Florida Continuum of Care serves Orange, Osceola and Seminole Counties. Services must be provided throughout this entire region. Resource allocation for limited Services dollars must take this need into account. By checking a box below corresponding to a portion of the region, you are committing to provide Services to individuals and families who become homeless in that area, who seek assistance in that area, and/or those who prefer to be permanently housed in that area, whenever relevant.

Tip: The expectation is for an agency providing street outreach to an individual who is engaged is not required to continue outreach should the individual relocate to a different county, though doing so is encouraged when it ensures continuity of services during critical engagement and housing lease up phases of outreach and engagement.

Tip: To select the Cross County Moving box the expectation is that Housing Stability Case Management will be provided for individuals/families associated with the geographic region you select even if they choose housing in a different county. For example, by checking Orange County, you are agreeing to support an individual or family who became homeless in Orange and/or received Outreach services in Orange and/or received Navigation services in Orange but selected a housing unit in Osceola County.

The following applies only to the section under staffing regarding **“Special Populations Served by Street Outreach and Engagement”**

This question will only show if you have selected Street Outreach and Engagement as a Supportive Service that you will provide. Select “Yes” if you agree to spend a minimum of 4 hours per week, per FTE, conducting outreach and engagement to each of the special populations.

Service Delivery Location- Check Location of “The Field” only if:

Tip: By checking “Yes” you are committing that more than 50% (preference is 80%) of direct client contacts will happen in the field - at client’s homes, jobs, or other locations where the client spends time. Less than 50% of direct client contacts will be in the office of the service agency.

Tip: For Project Based rental assistance projects providing Housing Stability Case Management, the answer should be “Yes”.

Answer the percentage of services that will be delivered in the field.

Other Essential Elements

Caseload

If you are providing Housing Navigation and/or Housing Stability Case Management, for each FTE position in the Project, do you commit to accept assignment of and continuously serve a caseload of up to:

- 20 families with children (and/or youth, if applicable), for RRH, Youth TH, or TH-RRH Projects?
- 15 chronically homeless individuals and/or families, for PSH Projects?

Yes No N/A

If No, explain and quantify the caseload level you will commit to accepting and continuously serving:

Tip: If you select No, make sure you specify the caseload level you commit to serve with an FTE position.

Tip: If you are not providing Housing Navigation and/or Housing Stability Case Management, select N/A.

CoC FL-507 Standards & Policies

Do you commit to follow the applicable CoC FL-507-adopted standards for the appropriate project type? (For example, if you are part of a RRH Project, will you follow the CoC FL-507 Rapid Rehousing Standards and RRH Exit Policies? If you provide PSH will you follow the PSH Exit Policies?)

Education & Training Requirements

Do you have education and training requirements for positions providing services to this Project?

If the Applicant is the Housing Provider only, the answer must apply to the partner who will be providing the services.

If Yes, please describe (max 25 words)

Job Description

Do you have job descriptions for the staff providing the Services proposed in the Supportive Services Scope of Work question? If the Applicant is the Housing Provider only, the answer must apply to the partner who will be providing the services. If there is more than one service provider, a sample job description from one of the providers will suffice. If Yes, please attach as a separate file.

For instructions on how to attach a document, see attachment A-2

Professional Oversight and Supervision

Will you provide professional oversight of and supervision for the Services proposed above?

Yes No

If Yes, please attach as a separate file either a resume for each professional currently providing such oversight/supervision, or a description of a detailed plan for ensuring the provision of this oversight/supervision to the Project. If the Applicant is the Housing Provider only, the answer must apply to the partner who will be providing the services. If there is more than one service provider, a sample job description from one of the providers will suffice.

For instructions on how to attach a document, see attachment A-2

Cultural Competence

How will you ensure cultural competence in your service provision? (max 300 words)

Tip: To receive maximum points answers should reflect awareness of cultural competency as it relates to gender, race, ethnicity, sexual orientation, and language.

Language Barriers/Limited English Proficiency

How will you address language barriers/Limited English Proficiency in your service provision? (max 300 words)

Tip: To receive maximum points your answer should include whether or not any bi/multilingual staff currently work for the Project, how bi/multilingual staff will be encouraged to apply for available positions, and how you will access translation services if bi/multilingual staff are not available.

Does your Project include, or have access to SOAR workers?

Tip: Select “yes” if your Project staff includes a dedicated SOAR worker, or if your Project is able to refer clients to a dedicated SOAR workers.

If Yes, have those SOAR staff received training, including refresher training, within the past 24 months?

Tip: Select “yes” if your SOAR staff have received initial or refresher training within the past 24 months.

CoC Training

Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core trainings, if made available by CoC FL-507?

- Housing First Yes No
- Motivational Interviewing Yes No
- Trauma-Informed Care Yes No
- Harm Reduction Yes No
- LGBTQ Housing Inclusion Yes No
- Victim Services/DV Safety Yes No
- Housing Focused Case Management Yes No
- Training identified in Sub-Recipient contract and/or CoC Training Standards Yes No
- Other: Yes No

Other Support Services Chart

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

As a result, applicants need to be aware that the HUD CoC funding available for other Supportive Services requests through this RFA process is expected to be minimal. Applicants are strongly encouraged to find and use other sources of funding/access other systems for the services listed below to the greatest extent possible.

Available: (column A)

Will you or a Project partner make this Service available to all clients who need it?

How provided? (column B)

If you answered “Yes” in column A, clarify how the Service will be provided.

Tip: If you answered “No” or “don’t know/not sure” in column A, you do not need to complete Column B.

Applicant:

Select this box if your agency is going to provide the service.

Project Partner:

Select this box if a specific Partner in this Project will provide the service, and name the Partner. The Partner would be submitting a separate application for this Project if HUD funds are intended to be used to pay for the service. In rare, pre-approved circumstances your agency would be able to sub-contract with a Partner to provide these services using HUD funds received from this Project.

Other Partner:

Select this box if an agency who is not part of the Project is going to provide the service. This may be an agency with whom you contract to provide this service to other clients with whom you work, in addition to this Project. This Partner would not be submitting a separate application for funding as a part of this Project nor would you be providing them funding from this application. You should submit a commitment letter of MOU documenting the Partner’s commitment as an attachment.

For instructions on how to attach a document, see attachment A-2

None of the Above:

Select this box if the service will be provided but none of the above 3 options describes how it will be provided.

HUD Funding: (column C)

If you checked “Yes” in column A, check “Yes” if you are requesting HUD funding to provide the service for this Project.

Frequency: (column D)

If you checked “Yes” in column A, check the box that best represents how often the service will be provided for this Project.

Does your Youth Project incorporate strategies for the following (check all that apply)

If your project is not a Youth Project, select “No”

Section 5 – Geographic Coverage and Jurisdictional Priorities

Jurisdictional Priorities

The rows in the table list the jurisdictions participating in the Central Florida Continuum of Care. For each row, indicate which of the following codes apply to the Project, based on the descriptions provided below (*check all that apply*).

Jurisdictional Coverage

Jurisdiction	Check the Box if the Project** Meets Code (see description below)				
	A	B	C	D	E
City of Kissimmee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Orlando	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City of Sanford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osceola County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminole County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A = The Project will serve individuals and/or households who become homeless and/or who are using community services and resources (including hospitals, jails, etc.) within the jurisdiction.

B = **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the Project is the jurisdiction’s highest priority among all proposed Projects to be considered through this RFA process. **OPTIONAL**

C = **For Projects that only operate within a single county:** The appropriate official (from a relevant jurisdiction) has certified that the jurisdiction has a history of financial investment in homelessness-specific projects you have operated and/or has quantified the amount of the financial investment provided over the past three (3) years. **OPTIONAL**

D = **For Projects that serve multiple counties or the entire region:** The appropriate official (from a relevant jurisdiction) has certified that projects you currently operate or have previously operated within the past

three (3) years have served individuals and/or families experiencing homelessness within the jurisdiction.

OPTIONAL

E = **For all Projects:** The Project is specifically designed in direct response to a high-priority need that has been formally identified by the jurisdiction in a plan, study or report. (Specify the need addressed by the Project and the source used to verify that the need is a jurisdictional priority: _____) and attach a copy of the relevant pages of the document as a separate file. **OPTIONAL**

For each of B, C and D, the appropriate jurisdictional official should complete Section 2 of the Jurisdictional Representative Certification Form.

For instructions on how to attach a document, see attachment A-2

Section 6 - Identification of Target Population(s) and Service to Sub-Populations

HUD has strongly encouraged the dedication of resources to chronically homeless individuals/families (or dedicated plus) in PSH Projects and the dedication of Housing resources for families with children, unaccompanied youth, and victims of domestic violence in RRH Projects.

Although it is possible that you may not be asked to assist all potential sub-populations, members of all of these sub-populations could be assigned to the Project through the Coordinated Entry System. By completing and submitting this Application, you are expected to assist them unless a particular rejection or restriction would not violate Housing First principles, as defined in Attachment E to this RFA.

Bed Inventory Target Population Chart

The purpose of this chart is to clarify the target population of your Project, but also if there are any sub-populations within your target population that you are not able to serve/house.

Dedicated % (paper column A)

What % of your housing units or program (services) slots will be dedicated exclusively for this population?

Tip: The percentages in paper version column A do not need to add up to 100%

Tip: For chronically homeless units/services, the head or co-head of household must meet the HUD definition of chronically homeless.

Tip: Youth families with children refers specifically to an unaccompanied youth, under the age of 25, with his/her/their children. Youth families with children may include two parenting youth if both are under the age of 25. If one parenting youth is over the age of 25, this family would count as a homeless family rather than a youth family.

All Inclusive Population (column B)

If you check “Yes” in the column, you are asserting that 100% of the people who fall into the target population would be eligible for your housing/services given availability.

For example, if your project intends to serve unaccompanied female youth you may have stated that your project served 100% unaccompanied youth in column A, but you will select “no” in column B because your project does not serve unaccompanied male youth.

For example, if your project intends to serve chronically homeless individuals, but you will not accept the referral of a sex offender, you will check “no” in column B.

Explanations (column C)

If you check “No” in column B provide an explanation or description of the members of the sub-population that will not be approved/accepted for your project. It is important to list all categories or sub-populations that will not be approved/accepted for your project.

In the above examples, you would note “serves females only/no males” or “no sex offenders” in column C.

For Housing Projects Only - Prioritization**Number of Units Prioritized for Chronically Homeless Individuals or Families**

If there are other Units/Vouchers/Slots in the Project that are NOT dedicated for chronically homeless individuals or families but will be prioritized to chronically homeless individuals or families upon vacancy, how many such Units/Vouchers/Slots are in the Project (do NOT include any beds already dedicated included in the number in Box 1(C) above)?

***Tip:** Typically, these are units that were filled prior to the new definition for chronic homelessness was implemented, and the agency is committed to making these units available as they attrite.*

Section 7 - Housing First/Zero Barrier Approach

Please read CoC FL-507 Requirements of a Housing First Approach to Program Operations, which is Attachment E to the RFA.

Eligibility Chart

This chart is designed to assess whether you do or will place key identified restrictions or limitations on eligibility for your Project.

Tip: The chart assumes you are complying with HUD's eligibility requirements, so you do not need to note compliance with HUD's eligibility requirements in your response.

Tip: Eligibility refers specifically to eligibility to access to Housing and Services through your portion of the Project only. For example, unless you or a Project partner is also the landlord, reasonable methods used by landlords to screen prospective tenants that do not violate Fair Housing are not considered denials of eligibility.

Factor (column A)

This column lists potential factors which your Project may or may not have used or may or may not intend to use in the future.

Tip: When answering for "composition of client's family" - please refer to the definition in the [HUD Equal Access Rule](#) and answer based on all composition options include various age and gender of children combinations, unmarried partners, grandparents, etc.

Previous 12 months (column B)

You will check "Yes" if during the past 12 months you have denied eligibility to, refused to assist or taken steps to avoid serving members of your target population to whom the factor in column A applied and for whom this factor was at least a partial reason for the denial, refusal or avoidance.

Tip: If the factor was present, but not the reason, you do not have to note. For example, if an individual had no income, but they were denied because of a criminal history rather than because of their lack of income, you do not have to note that you denied someone with little or no income.

Tip: For client's current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.

Tip: For Client's criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.

Tip: For New Projects, select "No" for all lines in the "Previous 12 month" column

Future Expectations: (column C)

You will check “Yes” if you anticipate that in the future you will deny eligibility, refuse to serve, or take steps to avoid assist a referred client for this reason/factor.

Tip: As with the previous 12 months, if the factor will be present, but not the reason, you do not have to note. For example, if an individual had no income, and you will deny because of a criminal history rather than because of their lack of income, you do not have to note that you will deny someone with little or no income.

Tip: For client’s current or past history of domestic violence your answer should include, but not be limited to lack of protective orders, period of separation from abuser, still with abuser, law enforcement involvement, etc.)

Tip: For Client’s criminal record you do not have to note compliance with any federal or state mandated restrictions, such as restrictions on where a sex offender may live.

Explanation: (column D)

If you checked “Yes” in either column B or C please provide an explanation. Reasons could be related to available funds, program philosophy, or other.

Termination Chart

Complete the next chart in the same manner as you completed the Eligibility Chart. For the Termination Chart you will answer the questions in relationship to reasons a program participant is terminated from the Project, rather than determined eligible.

Tip: For Client’s violation of program rules, you do not need to answer on behalf of a private sector landlord who is a Project partner. You would only be answering for issues or offenses that are not ones for which a tenant can be evicted under a typical lease agreement that complies with Florida landlord-tenant law.

Tip: For Previous 12 months, note if at any point within the previous 12 months you have discharged, evicted, cut off or terminated assistance for the applicable reason

Tip: For Future Expectation please note if you would discharged, evicted, cut off or terminated assistance for the applicable reason

Tip: Provide a brief explanation of specific circumstances or justification for any “yes” answer.

Services Continuity

You should check “Yes” if you will actively continue to offer Services to a client even if the client is evicted from, relocated from or otherwise no longer in Housing.

Tip: If you are a Project/Site Based Housing or a Housing Project that also includes Services, applicant answering “Yes” commits you to providing the services at least until the client is linked to another provider of comparable services

12 Month Discharge %:

If you currently provide any Housing or Services to homeless individuals or families in a PSH, RRH or TH project, what was the percentage of clients served during the past 12 months that you evicted, discharged, or cut off or terminated from assistance for any reason other than successful program completion?

Tip: You would select “N/A” if you are not currently providing Housing or Services to homeless individuals and families in a PSH, RRH or TH project.

Tip: This question would not apply to persons who are discharged because they have expired/timed out of the funder’s eligible time for assistance.

Partner Discharge Policies

Do you have an agreement or understanding with any entity that takes actions to terminate, discontinue, discharge or evict based on the factors in the Eligibility Chart or Termination Chart above?

Tip: You would select “Yes” if your partner does have an agreement, MOU, understanding or policy in relationship to PSH, RRH or TH program participants that involves termination, discontinuation, discharge or eviction based on the factors in the Eligibility and Termination charts. For this question a partner could include a funder or any other project stakeholder.

Tip: You would select “No” if you have a partner, but there is no such agreement, MOUS, understanding or policy.

Tip: You would select “N/A” if you do not have a partner for this project.

Service Intensity

You will select “Yes” if you and the Project partners allow for changes in service intensity and duration based on changes in clients’ needs or circumstances? (Example: frequency of home visits increases for clients experiencing a crisis that threatens housing stability).

If you answer Yes, describe the factors involved and the specific process by which adjustments are made.
(maximum 100 words)

Location Limitation:

This question seeks confirmation of whether clients will have choice of multiple locations for Housing and/or receive Services from this Project.

You will select “Yes” if clients be required to live in a particular structure or area at some point during their period of participation in the Project?

Tip: You would select “Yes” if this is a site based project or if your services are all location based (no or limited field based services).

Tip: You would select “Yes” if you are a TH-RRH project that requires clients to live in a site-based TH setting.

Tip: You would select “No” for scattered site Projects.

Tip: You would select “No” if you are providing services to clients assigned from CES regardless of where those clients live.

If Yes, and your project includes Services or is not a Site Based Housing Project, explain the requirement (maximum 100 words) and provide a copy of the applicable policy or procedure in a separate file attached as “Location Limitations”.

Additional Requirements

Will the Project have Services participation requirements or other prerequisites (in addition to ones addressed above) to acceptance into the proposed Project?

If Yes, explain (maximum 100 words)

Does the Project quickly move participants into permanent housing?

You will select “Yes” if your project will move program participants into permanent housing as quickly as possible and will not require additional steps (e.g. a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing.

Tip: If this is a Victim Services Project, you should select “Yes” if the Project will move program participants as quickly as possible into permanent housing after the program participant believes their

immediate safety needs have been addressed (assisted in quickly moving into permanent housing as soon as they believe it is safe).

Client Satisfaction Surveys (scored)

If you are a renewal project you should select “Yes” if you have implemented Client Satisfaction Surveys for program participants of this Project.

***Tip:** A Renewal Project should select “N/A” as the answer to the New subquestion, and a New Project should select “N/A” as the answer to the Renewal subquestion.*

If this is an application for a New or Expansion Project, you should select “Yes” if you have implemented Client Satisfaction Surveys for program participants of other projects your agency administers.

Section 8 - Prioritization Based on Need

Prioritization in Provision of Project Housing and Services

Families with Children and/or Unaccompanied Youth

Select “Yes” if you commit to accepting and assisting only families with children and/or unaccompanied youth referred/assigned through the Registry Management processes of the Coordinated Entry System (which uses HUD’s and CoC FL-507’s adopted needs criteria as a basis for making referrals and will only refer clients who are HUD eligible for your Project)

Tip: CES will only refer clients who are HUD eligible for your Project.

Tip: CES will only refer chronically homeless families or unaccompanied youth to a PSH project.

Prioritization

Select “Yes” if you commit to prioritizing clients for assistance based on CoC-wide established needs criteria, as implemented through the Coordinated Entry System.

Family Unity

You will select “Yes” if you would **not** deny any family assistance to the Project, or separate the members of the family, as a condition of entry into the Project for any reason

Tip: A “Yes” selection would not require you to accept families or unaccompanied youth that do not comply with federal or state law.

CES MOU

You will select “Yes” if you commit to entering, or have already entered, into a Memorandum of Understanding to clarify your roles and responsibilities as well as those of the Coordinated Entry System? Victim Services agencies may select “NA”

CES Continuity

Select “Yes” if you currently receive CoC funds, currently comply with a CES MOU and commit to continuing to comply with the CES MOU until the next contracts are signed.

Tips:

- Select “N/A” if you do not currently receive CoC funding and/or are not using a CES MOU.
- Victim Service agencies should select “Victim Services N/A”

N/A or Please Explain

If you answered “No” to Families with Children and/or Unaccompanied Youth OR
“No” to Prioritization OR
“Yes” to Family Separation OR
“No” to CES MOU OR
“No” to CES Continuity
please explain (max 150 words)

Tip: If you do not need to offer an explanation, select “N/A”.

Chronic CES Referral

For PSH projects, do you commit to accepting only clients referred/assigned through the Chronic Registry Management process of the Coordinated Entry System? Select “Yes” if you are a PSH project and commit to accepting and assisting only clients referred/assigned through the Registry Management processes of the Coordinated Entry System (which uses HUD’s and CoC FL-507’s adopted needs criteria as a basis for making referrals and will only refer clients who are HUD eligible for your Project) (Refer to [HUD Notice CPD-16-11](#))

Tip: Select “N/A” if you do not have a PSH project.

Severest Needs and Chronicity

For PSH projects, select “Yes” if you commit to giving first priority in the Housing and/or Services you provide in the Project to persons experiencing chronic homelessness, and in particular to those with the most severe needs and longest histories of homelessness

Tip: Select “N/A” if you do not have a PSH project.

Greatest Need for Chronic Homelessness

If you are asked to accept a person/s who is not experiencing chronic homelessness select “Yes” if you commit to give first priority to those who are at greatest risk for chronic homelessness assigned through CES.

Tip: Select “N/A” if you do not have a PSH project.

HUD Required Recordkeeping

Select “Yes” if you have a PSH project and will assist the Coordinated Entry System with meeting HUD-required and CoC FL-507 defined recordkeeping requirements related to documentation of the chronicity of homelessness and the prioritization processes described above.

Tip: Select “N/A” if you do not have a PSH project.

PSH Prioritization Continuity

Select “Yes” if you currently receive CoC funds for a PSH Project, currently comply with a CES Prioritization and commit to continuing to comply with the CES Prioritization until the next contracts are signed.

Tip: Select “N/A” if you do not currently receive CoC funding.

Tip: Select “N/A” if you do not currently comply with CES Prioritization.

Tip: Select “N/A” if you are not a PSH project.

N/A or Explain

If you are a PSH Project and selected “No” to Chronic & Dedicated Plus CES Referral, Severest Needs and Chronicity, Greatest Risk for Chronic Homelessness, HUD Required Recordkeeping or PSH Prioritization Continuity, please explain (150 word max). Otherwise, select “N/A”.

Place Resided Immediately Prior to Program Entry

Approximately what percentage of the clients you will serve at any given time - once the Project is at full capacity - will have entered housing directly from the locations listed in chart? (*Only new projects need to complete this table. All existing projects will have this data pulled from APR or CES*)

Section 9 - CoC Involvement and Engagement

Throughout this section, if information about your activity/performance pertaining to the Project are not available (e.g., with a new Project), information from any current or homelessness assistance activity in the region may be the basis for your response instead. See Attachment A-1 for information related to CoC participation as a part of the application scoring process. In addition to the answers to the questions below, Program data and related information available, such as, but not limited to, sign in sheets, from your participation in the CoC will be used to assess data quality and completeness, evaluate Project performance, CoC participation, and to review baseline system and project performance data. See Attachment A-1.

Domestic Violence and other Victim Service providers will be held harmless in relationship to entry of client-level data into HMIS and from other requirements of the CoC Interim Rule and VAWA protecting victims/survivors in the CoC application scoring process. However, they are expected to document that they have entered data into their comparable data system.

Commitment to Future HMIS Continuity

Select “Yes” if you commit to active and continuous participation in the CoC’s HMIS (or a comparable data system, for DV or Human Trafficking Projects) from as early as January 1, 2022, through the end of the grant award period.

Current Inclusion in HMIS Bed/Services Inventory

Select “Yes” if ALL beds and/or supportive services associated with all units/vouchers/slots, that you currently operate or administer that ever assist homeless individuals/households are included in HMIS with all relevant data entered (comparable data system for DV or Human Trafficking Projects)

Tip: If you have units/vouchers/slots, including services slots that are not in HMIS (or comparable system) because they are only sometimes used for homeless individuals/households you will select “no”

Beds/Vouchers/Slots NOT in HMIS (paper version says “If no”)

Enter the number of beds/vouchers/slots you control that are **NOT** entered into HMIS and then enter the percentage of your inventory those beds represent.

Tip: the second question requires a percentage.

Commitment to Future HMIS Bed/Services Inventory Continuity

Select “Yes” if you commit to ensuring that ALL Beds associated with all Units/Vouchers/Slots or Services Slots funded in any manner through the Project are continuously included in HMIS (comparable data system for DV or Human Trafficking Projects) throughout the award period.

Commitment to Comply with HMIS Policies and Procedures

Select “Yes” if you commit to ensuring that staff is familiar with and follows the CoC FL-507’s HMIS Policies and Procedures as found at www.centralflorida.coc.org

Tip: Select: “Yes” if you are a DV or Victim Service provider who will comply with the policies and procedures of your comparable system.

Commitment to Ensure Participation in HMIS Annual Refresher Training

Select “Yes” if you commit that all HMIS end users in your agency will receive at least annual refresher training.

Tip: Select “N/A” if you are a victim services provider who is federally prohibited from entering data into HMIS.

Commitment to Enter Universal Data Elements & Personal Identifying Information Into HMIS

Select “Yes” if you commit to entering the core Universal Data Elements (UDEs) and Personal Identifying information into HMIS as necessary for ongoing evaluation and improvement of the Project’s performance and the progress of the CoC FL-507 system as a whole?

Tip: Select: “Yes” if you are a DV or Victim Service provider who will enter the referenced information into your comparable system.

Commitment to Work in Support of CoC’s HMIS Data Quality Plan

Select “Yes” if you commit to supporting the CoC FL-507 Data Quality Plan, including ensuring the complete, accurate and timely entry of data into HMIS (or into a comparable system, if a DV and Victim Service Provider).

Commitment to Work in Support of Ongoing Availability HUD APR Data

Select “Yes” if you commit to ensuring running the HUD Annual Progress Report (APR), using the APR to populate the HMIS Project Dashboard, and running other reports on a regular basis in an effort to support the goal of complete, accurate and timely HMIS data in the system.

Tip: If you are a victim services provider who is federally prohibited from entering data into HMIS your answer should reference your comparable system.

2020 Point-In-Time (PIT)

Identify which activities related to the 2020 Point in Time (PIT) Count (conducted in January 2020) in which a representative of your agency participated

Tips:

- *Select “PIT planning sessions” if your representative participated in any of the PIT planning meetings prior to the day of the count.*
- *Select “PIT street surveys” if your representative participated in street counts the night of the count.*
- *Select “Service Provider Surveys” if your representative participated in PIT Service Provider Surveys in the week following the PIT count.*
- *Select “N/A” if no representative participated in any of the PIT activities.*

2022 Point-In-Time (PIT)

Select “Yes” if you commit one or more representative(s) to participate in activities related to the 2022 PIT which is scheduled to occur during the last 10 days of January 2022?

2021 Housing Inventory Count (HIC)

Select “Yes” if you are an existing CoC provider and you submitted your 2021 HIC on time or if you are a new applicant if you commit to ensuring that all beds associated with all Units/Vouchers/Slots that provide Housing to homeless individuals/households will be appropriately included as part of the next Housing Inventory Count (HIC), which will also represent the housing inventory during the last week of January 2022.

Tip: this question also applies to DV and Victim Service providers since the HIC doesn't include any client-specific data and the bed inventory information of DV and Victim Service providers is required to be maintained by the HMIS Lead Agency.

Section 10 - Increasing Access to Mainstream Benefits

If you are not proposing to provide Case Management, Navigation or Outreach Services to the Project, skip to Section 11.

Proposed Services with this Application

Tip: Select "N/A" if you are proposing to provide Services, but not Case Management, Navigation and/or Outreach Services, and then skip to "Proximity of Key Resources and Services to Housing" section.

Note that, in light of HUD priorities, applications requesting funding for new services other than Case Management, Navigation and/or Outreach Services are considerably less likely to be funded.

For purposes of this application process, mainstream benefits include:

- *CareerSource/Employment Programs/Workforce Development*
- *Healthcare/Medicaid/Medicare/Health Insurance/Substance Abuse Programs*
- *SSI/SSDI/TANF/Food Stamps/Early Childhood Education*

Commitment to Incorporating Strategies for Increasing Access to Mainstream Benefit into the Project

Select "Yes" if you commit to incorporating, as an ongoing component of your Project for all clients in this Project, follow-up activities to ensure that mainstream benefits are received and renewed, including efforts to ensure that:

1. Mainstream benefits for which clients may be eligible are identified;
2. Applications for mainstream benefits are submitted as appropriate;
3. The eligibility determination process is completed and benefits are being received; and
4. Applications to ensure eligibility renewal applications are submitted whenever needed.

Current Efforts to Increase Access to Mainstream Benefits

Select "Yes" if you currently perform the activities in the previous question as part of your ongoing Case Management, Navigation or Outreach activities.

Explain "Yes" for Current Efforts to Increase Access to Mainstream Benefits

If you selected "Yes", explain your approach to increasing access to mainstream benefits for all clients in the Project (max 200 words).

Facilitating Access to Mainstream Benefits as an ACCESS Community Partner

Select "Yes" if you commit to serving as an ACCESS Community Partner ("Assisted-Service Site" level) with the Florida Department of Children and Families for the purpose of facilitating enrollment in mainstream benefits accessed through the ACCESS Florida system throughout any period you receive CoC funding?

(See <http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/community-partner-network>)

If "No" selected above for ACCESS Community Partner

If you selected "No" to serving as an ACCESS Community Partner, then select "Yes" to this question if you instead commit to providing all clients with the same services as those provided by as an ACCESS Community Partner ("Assisted-Service Site" level)?

Facilitating Access to Transportation

Select the appropriate box based on the extent to which you will provide (or facilitate the provision of) to clients of the Project with regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, or jobs.

None Some Most All

Description of Access to Transportation

Describe your approach to facilitating access to transportation for the level of transportation access indicated above.

Facilitating Access to SSI and SSDI

Select “Yes” if you have an on-staff SOAR Specialist or commit to entering into a Memorandum of Understanding or agreement with a designated and available SOAR program provider to ensure that clients with disabilities can access SSI, SSDI and other publicly administered income supports.

School Liaison

Select “Yes” if your Project serves children or unaccompanied youth, and you commit to have a designated staff person whose responsibilities specifically include ensuring that children are enrolled in school and receive appropriate services as required by federal law.

Tip: Select “N/A” if your project will not serve children or unaccompanied youth

Mainstream MOUs

Select “Yes” if you have formalized any other agreements or partnerships with entities administering mainstream benefit resources and services that will streamline and/or expedite access for Program Participants.

If "Yes" selected above for Mainstream MOUs

If you selected “Yes” to Mainstream MOUs, please list all the entities with which you have an MOUS and briefly describe the nature of those agreements or partnership. Please also attach copies.

For instructions on how to attach a document, see attachment A-2

Section 11 - Program and Financial Management

Timely Filing of APR

Select “Yes” if you have received HUD CoC Program funding for any activities at any time since January 2015 and successfully submitted your Annual Program Report (APR) timely or ensured that a timely submission could be made on your behalf.

If you selected “No” please provide a detailed explanation, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

IRS Form 990

Select “Yes” if you or your parent organization are required to file Form IRS 990 and the 990 filed in a timely manner (including any approved extensions) for the agency fiscal year that was most recently completed prior to January 1, 2021?

Yes, please attach

For instructions on how to attach a document, see attachment A-2

If No _____

If you selected “No” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Repay/Return Grant Funds

Select “Yes” if you ever required to repay or return grant funds awarded from HUD (recipient or subrecipient) at any time since January 2015.

Tip: Select “N/A” if you have not received any HUD funding since January 2015.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Unspent HUD Funds

Select “Yes” if you have left more than 1% of the funds from a HUD grant unspent (recipient or subrecipient), from any expired award that was not a 1st year award, since January 2015.

Tip: Select “N/A” if you have not received any HUD funding since January 2015.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Outstanding HUD Obligation

Select “Yes” if you have an outstanding obligation or debt to HUD (recipient or subrecipient) that is in arrears or for which a payment schedule has not been agreed upon.

Tip: Select “N/A” if you have not received any HUD funding.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Unresolved Findings

Select “Yes” if you have any unresolved HUD Monitoring and/or Office of Inspector General (OIG) Audit findings related to this or any other currently operational projects (recipient or subrecipient) providing homelessness assistance.

Tip: Select “N/A” if you have not received any HUD funding.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made or corrective actions taken as a result.

Most Recent Audit

Select the time period that was covered by your entity or parent entity’s most recently completed independent financial audit and management letter.

Please Attach

Attach a copy of the audit/financial statements.

For instructions on how to attach a document, see attachment A-2

Findings/Corrective Action

Select “Yes” if the most recent audit or management letter included findings and/or call for correction action(s).

Tip: Select N/A if your entity or parent entity have not had an independent financial audit and management letter.

If you selected “Yes”, please attach any action or response prepared in responses to the findings or call for corrective action(s).

For instructions on how to attach a document, see attachment A-2

Significant Non Compliance

Select “Yes” if you have been found to be in significant or continuous non-compliance with any grant agreement or had any grant agreement terminated by a funder for cause since January 2015.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Fair Housing Complaint

Select “Yes” if a Fair Housing complaint been made against the Applicant since January 2015.

If “Yes”

If you selected “Yes” please provide a detailed explanation of the circumstances, including dates and amounts of any incidents or findings, as well as any changes made, or corrective actions taken as a result.

Section 12 - Applicant's Portion of the Project Budget

If you are submitting for a Renewal Project and have signed and returned the "Renewal 12 Month Budget" Form you can skip to Section 14.

Total Budget

Complete the tables below, including all income and expenses as they pertain to your portion of the Project only. Please note that the terms used below have specific definitions assigned under the HUD FY 2019 NOFA and CoC Interim Rule. See also Attachment D of the Request for Applications.

Tables in the online version may look different, but the questions are the same.

Expense Categories Detail Costs

Tip: For each Expense Category you should project expenses for 12 months of the Project when it is fully operational/at capacity.

Tip: If you are not sure how to categorize your expenses, please contact HSN at application [@hsncfl.org](mailto:hsncfl.org) for assistance prior to TBD.

Leasing Expense Category - Other Structures - Detail Costs Table

The information provided should only pertain to the facilities that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2018 HUD NOFA. Costs are subject to future adjustment based on 2018 Fair Market Rent (FMR) amounts.

Tip: Select "N/A" if your Project does not include any Leasing for Other Structures costs.

Tip: Leasing: Other Structures usually refers to congregate living sites. These costs have been placed at a low priority by the CoC FL-507 and are extremely unlikely to be funded through the HUD CoC Program.

Tip: The information provided should only pertain to facilities that are dedicated to the Project.

Tip: You cannot use Leasing funds to Lease a facility that your agency owns.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.

If you did not select "N/A" please attach the methodology used to determine fair market rate for the structure(s) to be leased.

For instructions on how to attach a document, see attachment A-2

Leasing Expense Category - Housing Units - Detail Costs Table

Tip: Select “N/A” if your Project does not include any Leasing for Housing Units costs.

Tip: Leasing: Housing Units usually refer to individual apartments or homes.

Tip: A “0 bedroom” unit is often referred to as an efficiency unit.

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. More information about HUD-eligible leasing costs can be found in Attachment D of the Request for Applications and the 2019 HUD NOFA.

Cost out the leasing activity associated with the Project based on the units or facilities anticipated to be leased by the Project. Costs are subject to future adjustment based on 2019 Fair Market Rent (FMR) amounts.

Tip: The Actual Leasing Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. If so, simply retype that figure into the Actual Leasing Amount column (paper version Column B). In some cases, an agency intends to lease units at a rate less than FMR amount, and that lesser amount should be listed in the Actual Leasing Amount column.

Tip: The monthly Actual Leasing Amount should never be greater than the FMR.

Tip: Remember that FMR includes the cost of both rent AND utilities.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating.

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B).

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

Rental Assistance Costs

Tip: Select "N/A" if your Project does not include any Rental Assistance costs

Tip: A "0 bedroom" unit is often referred to as an efficiency unit.

The information provided should only pertain to those units, vouchers, or housing slots that are dedicated to the Project. Cost out the Rental Assistance associated with the Project based on the units anticipated to be leased by the Project. More information about eligible rental assistance costs can be found in Attachment D of the RFA, the CoC Interim Rule and the FY 2018 HUD NOFA.

Costs are subject to future adjustment based on 2018 Fair Market Rent (FMR) amounts.

Tip: The Actual Rental Assistance Amount is a monthly figure and is usually equal to the Fair Market Rent (FMR) amount found in the column to the left of paper version Column A. If so, simply retype that figure into the Actual Leasing Amount column (paper version Column B). In some cases, an agency intends to rent units at a rate less than FMR amount, and that lesser amount should be listed in the Actual Leasing Amount column.

Tip: The monthly Actual Leasing Amount should never be greater than the FMR.

Tip: Remember that FMR includes the cost of both rent AND utilities.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Leasing.

Tip: Per HUD regulations, a project cannot include Rental Assistance AND Operating Costs.

The Total Project Budget Amount column should equal the Number of Units column (paper version Column A) multiplied by the Actual Leasing Amount (paper version Column B)

The final, Total HUD Budget Amount column should specify only the amount of funding that is being requested in this application from HUD. It should not include match or any other cash from other sources.

Supportive Services Detail Costs Table

Tip: Select “N/A” if your Project does not include any Supportive Services costs.

List and cost out the Supportive Services you propose to provide to the Project, as described in Section 4.

Tip: The funding request should tie to the number of staff or quantity of services you identified in Section 4. You are not asked to provide budget detail language in the Supportive Services Detail Costs Table because that language will be taken from the “Project Services Staffing Chart” and the “Additional Supportive Services Funding Request Chart” in Section 4.

Tip: Eligible types of Expenses are listed in paper version Column A.

For each line item, in paper version Column B list the total amount of Project funding you are requesting in this application. List “0” if not funds are being requested.

For each line item, in paper version Column C list the total amount of funds that will be included in the Project from other case sources, including match.

For each line item, paper version Column D should equal the combined amounts of paper version Column B and paper version Column C.

Other Supportive Services Funding Request

Although many Supportive Services are eligible to be funded through the HUD CoC Program, HUD is first and foremost a Housing agency. As a result, the amount of HUD CoC funding made available for Services is very limited. In addition, much of this small amount available will necessarily be allocated to Street Outreach and Engagement, Housing Navigation and Housing Stability Case Management efforts to ensure that clients can choose, get and keep permanent housing.

If you are requesting HUD CoC funding for any Supportive Services in the Other Services Chart, please complete the Other Supportive Services Funding Request table explaining the specific types and costs of activities to be performed, amounts of funding requested and the amounts of service to be provided. The explanations should only pertain to the Supportive Services that you will provide and that are dedicated entirely to the Project. **The amount of HUD CoC funding available for Supportive Services is expected to be minimal.**

For a complete list of Supportive Services that are eligible to be funded through the HUD CoC Program, please see Attachment D of the RFA.

Instructions for the Other Support Services Funding Request Chart

Supportive Service Type - Activity or Item

Identify the specific service, from the eligible list in Attachment D, for which you are requesting funding. For example: Bus Passes for Local Transportation

Tip: Your score will improve if it is clear how the services/resources will be used. For example: Bus passes for housing search and appointments.

Description

Provide details including, but not limited to, quantity, cost and if any staff identify the amount of FTE. For example: .75 FTE at \$25,000 or 100 round-trip Lynx bus passes at \$2.00 each

Assisted

Provide the number of clients who will receive assistance from the funds for this support service, including all sources of funding (HUD and non-HUD)

HUD Funding Request

How much funding for this service are you requesting from HUD?

Total

What is the total you anticipate spending on this service, including HUD and other funding sources?

Housing Operating Costs

Tip: Select "N/A" if your Project does not include any Operating Costs

Tip: Operating Costs apply only to expenses related to the operations of housing units in which clients will reside. Operating Costs does not apply to general operating expenses of your agency of the Project.

The information provided should only pertain to those operating costs that are dedicated to the Project. More information about eligible operating costs can be found in Attachment D of the Request for Applications, the CoC Interim Rule and the 2018 HUD NOFA.

The Description Column, (paper version Column B) should describe the costs for each line item, specifying Quantities and Details. The details must fully explain the costs listed in paper version Column C.

Example: .75 FTE maintenance services at \$X/Hour

Example: \$X monthly fee for alarm services

The Total Project Budget Amount Column (paper version Column C) should include the total Project cost for this line item, including the funds requested from HUD, match and other cash sources.

The Total HUD Budget Amount (paper version Column D) should include only the Project costs being charged being requested from HUD for each line item.

HMIS Costs

Tip: Select "N/A" if your Project does not include any HMIS Costs.

The information provided should only pertain to those operating costs that are dedicated to the Project.

Tip: For most projects this table would only include the costs your agency incurs as part of the licensing and support charged to you by the HMIS Lead and other costs associated with your HMIS participation.

The Software Line Item should reflect your Agency's costs associated with licensing and support charged to you by the HMIS Lead.

Tip: Equipment, Service (such as internet access), Personnel, Space & Operations expenses can only reflect the cost associated with the percentage of time/expenses directly related to participation in HMIS, including data entry.

Expenses Summary Table

Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months.

For each Expense Category (paper version Column A) of your Project, the HUD CoC Funds column (paper version Column B) should list the funds for which you are applying in this application. These amounts should all reflect the amount included in your Expense Detail Costs Tables.

Tip: The entries in paper version Column B must match the totals from the corresponding Expense Category Detail Costs table(s).

All Other Funds (cash sources only - not in-kind) (paper version column C) should list all matching funds PLUS any other funds you are committing to the Project.

Tip: The entries in paper version Column C must match the totals from the corresponding Expense Category Detail Costs table(s).

The Total column (paper version column D) should equal the combined total of the previous two columns.

Tip: Unless your application is for an exclusive HMIS project, the HMIS line item should represent only the cost for your agency to participate in HMIS, which could include payment for the licenses and support provided through the HMIS Lead for which you are billed.

Tip: The entries in paper version Column D must match the totals from the corresponding Expense Category Detail Costs table(s).

The Subtotal line should equal the combined total of Leasing, Rental Assistance, Supportive Services, Operating and HMIS costs.

For Administration costs you may request a maximum of 3.5% of your Subtotal amount of the HUD CoC Funded column (paper version Column B).

The Total should equal the combined total of the Subtotal and Administration costs lines.

About Project Match:

Under the CoC Interim Rule, the Applicant must commit to the Project an amount equal to at least 25% of total of lines 8, 9, 10, 11 and 12 of the Expenses Summary Table to the Project (except for leasing funds, require no match). However, the amount of match listed below may be less than that amount, if some or all of the required match amount is to be provided from in-kind sources. Your match can in any eligible line item of the project. It does not have to be for the same line for which you are requesting HUD funding.

Because HUD CoC Program funds for Services are so limited, CoC FL-507 is strongly encouraging use of match to boost the availability of Services directly to the Project (Direct Services Match.) In order to be considered Direct Services Match, the funding must be used to directly provide specific Services (Housing Navigation and/or Housing Stability Case Management services, rental application fees, utility deposits, or assistance with moving costs, unit cleaning and repairs), and must provide them only to clients you serve through the Project during the grant period.

Example: If you propose to have 1 full-time Housing Stability Case Manager serving the Project, if you ask HUD for 80% of the funding for the position but commit 20% of the funding from another non-HUD-source, that counts as Direct Services Match. (Assistance provided to other clients outside of the Project is not considered match.)

Income Table

Tip: The Income Table should reflect your 12 month budget assuming the project is at full capacity for the 12 months. You may not want to think about your first, ramp up year. Instead, think about year two when it is all at full capacity.

Line1: Fill in the amount of funding you are requesting from HUD through this application.

Line 2a: Fill in the amount of any matching funds that will be used specifically for Housing Navigator, Housing Stability Case Management, Rental Application Fees, Utility Deposits, or Moving Cost Services or Unit Cleaning & Repairs associated with the Project. This amount should include only cash sources, not in-kind.

Line 2b: Fill in the amount of any matching funds that will be used for any other (not listed in 2a) line item associated with the Project. This amount should include only cash sources, not in-kind.

Line 3: If you will be using cash sources greater than the 25% required match and want to list those sources for the project, please list the sources, amounts and the total in the “Applicant Total” column. You are not required to list funds committed beyond the 25% match. The amount in this line should include only cash sources, not in-kind.

Line 4: Identify any Program Income you will bring to the Project. Program should include program income paid to the Applicant that will be reinvested into the Project. Examples of program income include returned deposits or rent (for leasing projects) or revenue from an entrepreneurial venture. Program income is not required and HUD regulations prohibit your agency from charging program fees for this Project. The line should only include cash, not in-kind.

Line 5: The TOTAL should equal the combined amount of lines 1 -4.

In Kind

If you are providing Match in the form of in-kind contribution, check “Yes” and indicate the amount. Select “N/A” if you are not providing in-kind contributions.

Tip: If you select this option you will be required to track all of the in-kind contribution for reporting purposes.

Your Commitment of Matching Funds to Project

Complete the table below describing the source, date of written commitment and value of the written commitment for each matching source for your portion of the Project.

Tip: Not all matching sources will be applicable for every Project.

Tip: Private sources includes any non-governmental match, including corporate, individual, faith based or foundation contributions.

Attach Match Documentation

Attach written documentation of the source and amount of each match commitment. The documentation should be written on letterhead stationary from the source of the match and should include the amount, the source of the funds/ contribution, the use of funds/ contribution, the dates that the funds will be available (which should match the tentative dates of the Project grant year). The letters should be dated no later than the date of application submission.

For instructions on how to attach a document, see attachment A-2

Operational Project-Based Housing

You will select “Yes” if your Project includes Project Based/Site Based Housing and the proposed Housing Units are already in existence and operational (in particular, a Certificate of Occupancy been issued for all structures that contain the Units)

Select “N/A” if your Project does not include Project Based (Site Based) Housing and skip to “Indirect Cost Rates”

Restrictive Covenant

You will select “Yes” if any of the properties in this Project are subject to an active restricted covenant

Yes No

Indirect Cost Rates

You will select “Yes” if you plan to allocate funds according to an indirect cost rate.

Section 13 - Project Performance, Cost-Effectiveness, CoC Participation and Alignment with System Performance Measurement Initiatives

Note has been read

You will check “yes” to verify that you have read this page of instructions and are aware that administrative data, program and performance data will be used in the scoring of this Project application. If you are currently a HUD COC funded project or have a non-CoC funded project similar to the project you are applying for (example: you are applying for a RRH project and the Non-CoC project is a RRH project) that is entering all project data into HMIS then you do not complete this section.

If you are a New Project (Reallocation, DV Bonus or COC Bonus) and you DO NOT meet the criteria in the previous sentence, then complete this section (Narratives a, b and c).

NOTE:

Throughout this section, if data and information are not available about the Housing and/or Services you propose to provide to the Project (for example, if this is a new Project), data and information from the most closely related Housing and/or Services activity that your agency provides may be substituted. Program data and related information available as a result of your administrative/financial/program reporting and participation in HMIS will be used to evaluate past performance as well as to generate baseline system performance data. See Attachment A-1.

If you are a New Project (Reallocation, DV Bonus or COC Bonus) and you DO NOT meet the criteria for a project with performance data in HMIS then complete this section.

- a. **Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of housing stability and exits to homelessness. (200 max)**
- b. **Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of increased income, both earned income and unearned income. (200 max)**
- c. **What percent of the housing units in current projects that you participate in are currently occupied? __%**

d. Your Participation in CoC Activities, Priorities and Initiatives

Meeting and training sign in sheets will be used to evaluate past performance in relation to CoC activities, priorities and initiatives (d). See Attachment A-1.

e. The Cost-Effectiveness of Your Housing and Services

NOTE:

Project- and Applicant-specific measures of cost-effectiveness will be calculated based on information provided in Sections 3, 4 and 13. See Attachment A-1.

Section 14 - Inclusive Structure and Participation.

You will check “Yes” or “No” to each question in this section. If you checked yes to d, e, f, i and/or k, you must provide a description in 200 word or less.

Tip: If you answer “No” for any question you will be ineligible for points allocated to that question.

Section 15 - New Projects: Key Information

Scalable

Select the box that best describes if, based on funding available, your portion of the Project is scalable (i.e., can your proposed activities under the Project be expanded or reduced to meet CoC priority and capacity needs)?

Field Based Services

Select “Yes” if you are providing Services in your portion of the Project

If you are providing field based services fill in the percent of services done in the field.

Tip: Field based services can include, but are not limited to, services provided at the client’s residence, workplace, grocery store, family member’s home or other place that is convenient for the client and gives the case manager insight into the client’s environment.

Tip: Select “N/A” if your portion of the Project is for Housing only.

Project Timeline

Please use the chart to provide a Project timeline that indicates when the following key events will occur during the course of the Project’s first year:

- a. Hiring of staff
- b. Serving of first client
- c. Placement of first household into permanent housing
- d. Project is operating at full capacity
- e. Management plan
- f. Supervision
- g. Internal monitoring
- h. HMIS
- i. Outcomes/Performance Measures
- j. Client files
- k. Financial

Section 16 - New Projects: Project Seeking Funding Through Reallocation

Check the box that best describes your Project application.

Section 17 - New Projects: Narrative for Applicants Providing Supportive Services

This section is to be completed only by Applicants proposing to provide Services as part of a NEW Project.

Responses provided in this Section are in addition to but should be consistent with responses provided elsewhere in this Application.

Check below if your project will include the following Supportive Services:

Housing Navigation and/or Housing Stability Case Management

Outreach & Engagement

Additional Supportive Services

Experience with Housing First

Describe your experience with and investment in activities that use the Housing First model. Responses should explain any evolution on your part to adopt Housing First principles into your service delivery, and how that evolution occurred. Include reference to any specific policies you have adopted in support of Housing First activity (*max 200 words*). *Please remember to not use the name of the agency.*

Housing First Competency Training

Describe any experience and/or training that your staff have had/will have with Housing First core competencies such as motivational interviewing, trauma-informed care, cultural competency and the Housing First approach to service delivery (*max 200 words*). *Please remember to not use the name of the agency.*

Housing Navigation and/or Housing Stability Case Management

Note: Housing Stability Case Management has much in common with other forms of case management, but it is a specialization based on a low-demand, Housing First approach. Please review the Housing Navigation and Housing Stability Case Management Scope of Work, Attachment F to the RFA. Reference the Scope of Work in responding to the following:

Describe your perception of how individuals or households assisted through this Project may be similar or different from those with which you currently work/historically have worked, and the steps you are taking to ensure that members with the target population for this Project are served using a Housing First philosophy. Responses should include any your previous experience working with individuals or families, how you would provide access to healthcare, public benefits (such as TANF or SNAPs) employment, and other services to assist participants to remain stable housed. You should also discuss experience and plans for identifying housing units and advocacy on behalf of clients with landlords and property managers (*max 500 words*) *Please remember to not use the name of the agency.*

Tip: Answers may emphasis how clients served through this Project may have a different previous housing status from your current projects (ex. this Project serves persons who are literally homeless but previous Projects served anyone in need) or whether clients served through this Project may have higher/lower/same level of barriers to housing, more complex/less complex/same level service needs or other differences/similarities.

Trauma Informed Care (max 200 words)

Describe how your Project delivers trauma informed services with an understanding of the vulnerability and experiences of trauma survivors, including the prevalence of physical, social and emotional impacts of trauma. How is trauma integrated into policies procedures, practices and settings? How does the Project place priority on restoring survivor’s feelings of safety, choice and control if relevant?

Outreach & Engagement

Outreach & Engagement: Capacity

The Central Florida region currently faces gaps in outreach capacity in several key areas. Select the box(es) associated with any specific outreach capacity your Project will provide. *Please remember to not use the name of the agency.*

Tip: Select "NA" if none of the other options apply to your Project

Outreach and Engagement: Value Added

Describe how your outreach and engagement activity will complement other outreach projects to maximize coverage of the Central Florida region. Include discussion of how staff will participate in the Coordinated Entry System and in CoC efforts to coordinate geographic and sub-population coverage as part of an overall outreach strategy. (max.200 words) Please remember to not use the name of the agency.

Additional Supportive Services

Additional Supportive Services: Description

Housing First-based Projects will not succeed without case management. Additional Supportive Services are often needed to ensure Project performance.

Describe the non-case management, non-outreach services the Applicant proposes to provide/ensure provision. (max. 2000 characters) Please remember to not use the name of the agency.

Tip: Although not appropriate for an application for HUD funding, an application for Intensive Case Management funding that may be administered through HSN, should those funds become available, could include SOAR Specialists, LCSW/RN, and Peer Support Specialists.

Tip: Although not appropriate for an application for HUD funding, an application for Housing Locator/Landlord Services should include a description of how those services are integrated with the Coordinated Entry System and the rent payment processes for scattered site units, as well as how it will conduct unit inspections for scattered site and site based units.

Additional Supportive Services: Housing Stability and Retention

Describe how such services will help promote housing stability and retention on the part of Program Participants. (max. 500 words) Please remember to not use the name of the agency.

Youth Project Narratives

How will your project incorporate any of the following: human trafficking, LGBTQ Youth, Family Reunification, Positive Youth Development, Trauma Informed Care; Use of Risk and Protective Factors (max 500 words).

Please remember to not use the name of the agency.

Domestic Violence/Victim Services Narratives

Complete the following narratives only if you are applying for a new bonus project that will exclusively serve survivors of domestic violence, dating violence, sexual assault, or stalking.

Describe your Agency’s experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes (500 max).

Describe your Agency’s Emergency Transfer Plan (300 max).

Describe how your Agency’s uses a Victim-Centered Approach (300 max).

Describe your Agency’s experience in rapidly moving persons into permanent housing after safety needs are addressed (300 words max)

Describe your Agency’s current CoC Engagement (200 max).

Describe your Agency’s Comparable Data Base and provide examples of how you use your HMIS comparable database to assess the special needs of project participants. Include type of data tracked (such as demographics, housing stability, previous living arrangements, service use by type and intensity, etc.) (300 max).

Permanent Housing and Healthcare Project

Complete the narrative questions only if you are applying for the CoC Bonus that utilizes housing vouchers and healthcare provided through an array of healthcare services providers? Limited to permanent housing and rapid rehousing.

To get full points for the application the Applicant must attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. In the case of a permanent supportive housing project, provide at least 25 percent of the units included in the project; or (ii) in the case of a rapid re-housing project, serve at least 25 percent of the program participants anticipated to be served by the project.

To get full points for the application the Applicant must attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided.

Section 18 - New Projects: Narrative for Applicants Providing

Housing

This section is to be completed only by Applicants proposing to provide Housing as part of a NEW Project. Applicants submitting as part of a renewal Project should SKIP this section, as should Applicants proposing to provide Supportive Services as part of a new Project.

Project Scope

Provide an overview of the entire scope of the Housing Project, including but not necessarily limited to, descriptions of:

1. The number, type (i.e., Permanent Supportive Housing, Rapid ReHousing, and configuration (i.e., scattered site, site based, facility based) of the units in which Program Participants are to be Housed;
2. The type and amount of the HUD subsidy to be made available to the Project (tenant-based, project-based or sponsor-based rental assistance, leasing funds, operating subsidies);
3. The nature of the relationships among and responsibilities of the Applicant, landlords, intermediaries and tenants (i.e., how are the partners connected to each other, who is responsible for what);
4. The sources of and process for assuring the coordination of Supportive Services and other resources prior before, during and after housing placement; (i.e., case management is assigned by CES or is linked to the Project; who is providing non-case management services; If the Project is site based, how will clients continue to receive case management services if they are evicted from the site-based units) and
5. The identifiable and applicable steps in the housing placement process, from identification or assignment of individuals/households to identification and selection of housing units to lease execution and move-in to the implementation of housing retention and stabilization strategies (max 750 words).

Please remember to not use the name of the agency.

Project Based Housing-Additional Requirements

If the housing (all of the units or any part of the total units) for the new project you are submitting for is project based (single site) and still in development (has not received a Certificate of Occupancy) the project must be completed by November 2021. In addition, you will need to submit the following additional documentation (as an attachment).

Documentation from all investors stating when the development is expected to complete construction (e.g., fully-executed and recorded - if applicable - Construction Loan Agreement and/or Amended and Restated Operating Agreement with tax credit investor/syndicator), fully-executed and recorded Notice of Commencement, and a copy of the completion schedule/date included with the general contractor's agreement.

Housing First Experience

Describe the Applicant's experience with and investment in activities that use the Housing First model. Responses should explain any evolution on the part of the Applicant to adopt Housing First principles into its housing provision, and how that evolution occurred. Include reference to any specific policies adopted by the Applicant in support of Housing First activity (max 300 words). *Please remember to not use the name of the agency.*

Regional Needs

The Central Florida region currently faces gaps in housing capacity in several key areas. Select the box(es) associated with any specific Housing capacity your Project will provide.

Tip: Select NA if your Project provides Services only

Tip: Select NA if your Project is a housing project but does not meet any of the specific needs/categories on the Regional Needs list.

Projects Seeking Funding From Reallocation

Please check this box if you agree to the following requirements for new projects receiving funding from

Reallocation:

- 1 - Each tenancy must be sustained through at least the end of their current lease or sublease term.
- 2 - For Program Participants residing in tenant-based housing, allow continued tenancy to the maximum extent feasible through lease extensions, and placement in a subsequent unit without disenrollment.
- 3 - For Program Participants residing in project-based or sponsor-based housing, ensure acceptance into the new Project and facilitate a maximally seamless transfer between Projects with no break in housing.
- 4 - CES will assign participants from the caseload of the Project from which reallocation funds are being taken.

Projects Seeking Funding for the Permanent Housing and Healthcare Project

To get full points for the application the Applicant must attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. In the case of a permanent supportive housing project, provide at least 25 percent of the units included in the project; or (ii) in the case of a rapid re-housing project, serve at least 25 percent of the program participants anticipated to be served by the project.

To get full points for the application the Applicant must attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided. The value of the commitment must be at least an amount that is equivalent to 25 percent of the funding being requested for the project (the total amount of the project that will be funded by HUD COC funding).