**2019 IL-501 HUD Continuum of Care NOFA Application:**

**New Project Form**

The 2019 IL 501 NOFA Project Application form is to be submitted to the City of Rockford, Community Services Division by 5 PM on August 30, 2019. The form should be submitted electronically to [Jennifer.jaeger@rockfordil.gov](mailto:Jennifer.jaeger@rockfordil.gov) . The project application is due in Esnaps by the same deadline. This form is used to gather information relevant to our Continuum of Care project review process and our Consolidated Application. Additional information on the NOFA application can be found on the NOFA page of the Rock River Homeless Coalition website. Additional guidance and FAQs will also be posted there. New applicants should contact [Angie.Walker@rockfordil.gov](mailto:Angie.Walker@rockfordil.gov) or 779-348-7567 for Esnaps log in and training.

**APPLICATION SUBMISSION:**

1. Please submit the IL-501 CoC New Project application form electronically by filling in the form. Save the form to your computer using “Save As…” and name the file “IL-501 NewApp 2019 [YourAgencyInitials] [YourProgramName]” or similar. (No quotes or brackets.) Repeat this for each project you will be submitting. You can save your work as you go.

2. For each new project, address an email message to [Jennifer.jaeger@rockfordil.gov](mailto:Jennifer.jaeger@rockfordil.gov) and attach the IL-501 CoC Project new application form and the PDF of your HUD project application from e-snaps. **Do not submit your Esnaps attachments, especially unit detail sheets, just the application.**  Put your program’s name in the subject line of the email message. If you are submitting multiple applications, send each project’s application with attachments in its own email message. Use the Project Name in the subject line of each email message.

3. Your email message and required attachments must be sent by **5:00pm on August 30, 2019.** Also, your HUD project application must be submitted electronically through the e-snaps system on the same date by 5 PM. Your Esnaps application will be reviewed in the week prior to submission for errors and to ensure it is accurate. **Please do not submit your Esnaps application prior to August 26th to allow time for review prior to submission. Applications that are submitted with errors negatively affect your project’s application score which can affect your project’s funding level and approval by HUD.** ***NOTE: Dates are subject to change. Please refer to*** <https://www.rockriverhomelesscoalition.com/> ***for updates on the timeline.***

4. Any application received on previous years’ forms will NOT be accepted and will not be ranked.

5. On submission to the City of Rockford, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.

6. All applicants will be notified by September 14th if their project has met the basic criteria to be ranked for the competition. This basic criteria is listed on the coalition website.

7. Projects will be scored according to the published evaluation criteria. This information is published on the website.

<https://www.rockriverhomelesscoalition.com/>

8. Applications will be compiled by the City of Rockford and submitted electronically to HUD according to the details and deadlines indicated in the NOFA.

9. A full application including the consolidated application as well as all project applications will be posted on the Rock River Homeless Coalition website by 8 AM September 28th. This will be the last opportunity for feedback on the application prior to submission on September 29th.

**NEW PROJECTS CHECKLIST:**

|  |  |
| --- | --- |
|  | 2019 IL-501 CoC Application Form, submitted. |
|  | PDF of Completed HUD Project Application from e-snaps. You do NOT need to attach the Applicant Profile, unit details or any attachments you uploaded to e-snaps. |

For questions on completing this application, please contact Jennifer Jaeger by email [Jennifer.jaeger@rockfordil.gov](mailto:Jennifer.jaeger@rockfordil.gov)

or by phone at 779-348-7565 OR Angie Walker by email at [Angie.Walker@rockfordil.gov](mailto:Angie.Walker@rockfordil.gov) or by phone at 779-348-7567.

**Text will resize based on the length of your answer. Please make sure that text is readable.**

**LEAD AGENCY INFORMATION – Project Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name: |  | | |
| Agency Address: |  | | |
| City, State, Zip: |  | | |
| Contact Person: |  | | |
| Contact Phone: |  | e-mail: |  |
| Agency Director: |  | | |
| Director Phone: |  | | |
| Does the agency have 501(c)(3) status? | Yes No N/A | | |
| If not a nonprofit, what type of eligible applicant is the agency? |  | | |
| Date of Incorporation: |  | | |
| Total Agency Budget: |  | | |
| End Date of last agency financial audit (e.g., for year ending 6/30/18): |  | | |
| Discuss any findings from that audit and actions your agency has taken or plans to take to address any concerns: |  | | |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| Name of Project: |  |
| Project Address, if applicable: (Mark N/A for scattered  sites.) |  |
| Is this address confidential? | Yes No |
| Amount requested: |  |

PROJECT INFORMATION

|  |  |
| --- | --- |
| Name of Project: |  |
| Project Address, if applicable: |  |
| Amount requested in this proposal: |  |
| Indicate if this project is a: | * New Project * Expansion Project * Transition Grant |
| Indicate if the project is applying as a: | * Reallocation Project * Bonus Project * Domestic Violence Bonus |

Program Type (Choose one)

|  |  |
| --- | --- |
|  | Permanent Supportive Housing / Leasing (scattered apartments) |
|  | Permanent Supportive Housing / Rental Assistance (scattered apartments) |
|  | Rapid Re-Housing / Rental Assistance (RRH) |
|  | Joint Transitional Housing/Rapid Re-Housing Project (TH/RRH) |
|  | Supportive Services Only (no housing) CES PROJECTS ONLY |

Units and Beds

Indicate the maximum number of units and beds available for project participants.

|  |  |
| --- | --- |
| Units |  |
| Beds |  |

**Primary Population(s):**

Select ALL that apply.

|  |  |
| --- | --- |
|  | Families with children with head of household with a disability |
|  | Veterans |
|  | Survivors of domestic violence |
|  | Unaccompanied Youth (under 25) |
|  | Persons with HIV/AIDS |
|  | Chronic (Homeless for more than one year with a diagnosed disability) |
|  | Single Adults with substance abuse disorders |
|  | Single adults who are mentally ill |

This answer is scored.

**Program Type (Choose one):**

|  |  |
| --- | --- |
|  | Permanent Supportive Housing / Leasing |
|  | Permanent Supportive Housing / Rental Assistance |
|  | Permanent Housing / Rapid Re‐Housing |
|  | Domestic Violence RRH-PH Project |
|  | Domestic Violence Coordinated Entry System Project |
|  | Coordinated Entry System Project (SSO) |

**Less Restrictive Eligibility Criteria (Select all that apply):**

|  |  |
| --- | --- |
|  | Program will accept clients with no current source of income. |
|  | Program will accept clients with active substance use issues. |
|  | Program will accept clients with history of chronic substance use issues. |
|  | Program will accept clients with untreated or treated yet with symptoms of mental illness. |
|  | Program will accept clients with a felony conviction. |

This answer is scored

**HMIS Participation**

|  |  |  |
| --- | --- | --- |
|  | **NOTE: DV agencies that are members of the CoC that use Infonet (an equivalent database to HMIS)**  **Should indicate that they are answering the questions based upon Infonet, not HMIS.** | |
| Is the agency able to effectively participate in the Il 501 CoC HMIS system? | |
|  | Are you currently using HMIS/Infonet to full capacity and entering 100% of homeless participants? |
|  | Are you currently only using HMIS/Infonet to meet grant standards? (Entering all HUD funded participants but not all homeless persons)  **OR** |
|  | *Not currently part of HMIS but plan to use* HMIS/Infonet to full capacity by entering 100% of homeless participants? |
|  | *Not currently part of HMIS but plan to use HMIS/Infonet* to meet grant standards? (Entering all HUD funded participants but not all homeless persons) |

**Low Demand Service Model (Select one answer for each):**

This answer is scored

|  |  |
| --- | --- |
| If a person experiences a relapse/treatment intervention, brief hospitalization, or a brief incarceration (less than 90  days): | |
|  | The program will NOT retain a spot for that participant for that period (up to 90 days). |
|  | The program will retain a spot for the participant for that period (up to 90 days). |
| Describe your policy If a person with a history of alcohol abuse experiences a relapse but is not disruptive to neighbors and/or other  participants: | |
|  | Program termination begins, and the person may appeal. |
|  | After a written or verbal warning this time the person is likely to be terminated from the program on the  2nd or 3rd offense. |
|  | The case manager and participant discuss the potential consequences of future relapses identifying  motivators for future sobriety. The service plan will have sobriety as a goal and future lapses may be  cause for termination. |
|  | The relapse will be discussed at the next case management session including identifying motivators for  drinking less, but relapse that is not disruptive or dangerous to self or others will not lead to termination. |
| Describe your policy If a person uses an illegal drug off‐site but is not disruptive to neighbors and/or other participants: | |
|  | Program termination begins, and the person may appeal. |
|  | After a written or verbal warning this time the person will likely be terminated from the program on the  2nd or 3rd offense. |
|  | The case manager and participant discuss the potential consequences of future illicit drug use and  identify motivators for future abstinence. The service plan will have abstinence as a goal, and future  relapses may be cause for termination. |
|  | The drug use will be discussed at the next case management session and identify motivators for less  frequent drug use, but a relapse that is not disruptive or dangerous to self or others will not lead to  termination. |
| Describe your policy If a person with a mental illness refuses to participate in counseling, to see the doctor, or to take prescribed  medication: | |
|  | Program termination begins, and the person may appeal. |
|  | After a written or verbal warning this time the person will likely be terminated from the program on the  2nd or 3rd offense. |
|  | The case manager and participant discuss the potential consequences of continuing to not see the  doctor or talk with their worker or take recommended medication and identify motivators for further treatment. The treatment plan will have seeing the doctor, talking with the counselor, and taking medication as a goal. Continuing to not work with the mental health team by itself may be cause for termination. |
|  | The person’s mental health status will be discussed at the next case management session and identify  motivators for treatment alternatives, but counseling or seeing a doctor or taking medication is not a  requirement for continued participation in the program. |
| Describe your policy If a person with a history of substance use problems and/or mental illness and/or criminal involvement exhibits  behavior that is disruptive to neighbors and results in a complaint to the landlord/property manager: | |
|  | Program termination and/or eviction begins, and the person may appeal. |
|  | The landlord knows to call the program manager first before proceeding to eviction. After a written or  verbal warning this time, the person is likely to be terminated from the program on the 2nd or 3rd  offense. |
|  | The landlord knows to call the program manager first before proceeding to eviction. The case manager  and participant discuss the consequences of future disruptive or dangerous behavior and identify  eviction prevention steps and motivators to avoid the disruptive/dangerous behavior. The service plan zincludes specific alternatives to the problematic behavior, and termination or eviction is avoided to the greatest possible extent. |

**Housing First:**

Describe the extent to which this project will adopt a Housing First approach, defined as housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

This answer is scored

**New Housing First Services Exception:**

In the 2019 NOFA, HUD has stated that they will allow some flexibility in requiring service participation as part of the housing first model. Describe the extent to which this project will impose service requirements, what those requirements will be and what steps the project will take to assist participants in meeting those goals.

This answer is scored

|  |
| --- |
| PROJECT NARRATIVE |
| Briefly describe your project. Be sure to address at least the following questions. 1a. Describe the population to be served by the project. 1b. What is your plan to engage, house, and serve the target population? 1.c What is your experience housing the target population? 1d. What internal capacity and/or external partnerships or networks will help you do this? Include projected staffing plan for the project. |

This answer is scored

**Continuum Participation:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a member of the Continuum of Care? | | | Yes No | |
| involvement |  |  | |  |
| Describe your agency’s commitment to participating in the Continuum of Care. | | | | |
|  | | | | |

This answer is scored

**Ongoing Evaluation/ Client Feedback:**

Describe the evaluation plan for the **specific project** in this application. Do not describe agency wide evaluation plans. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. **Give a good example** of how this **project** has incorporated outcome data to make an improvement in this project.

This answer is scored

Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?

Yes No

Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?

Yes No

Will the program present customer feedback to the Board of Directors?

Yes No

\* Is there a person with lived experience involved in your agency’s decision making process?

Yes No

If yes, please describe:

\*This answer is scored

**Mainstream Program Participation:**

*Please mark any of the following that apply to this project. Please keep explanations brief (1‐2 sentences).* ***Mainstream***

***Programs*** *refer to SSI, SSDI, TANF, Medicaid, Food Stamps/Link Card, AllKids, WIA, Veterans Health Care, as well as any*

*applicable state or local benefits.*

|  |  |
| --- | --- |
|  | Case managers systematically assist clients in completing applications for mainstream benefit programs. **If yes, describe how this service is generally provided:** |
|  |  |
|  | We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs. **If yes, describe how this service is generally provided:** |
|  |  |
|  | We use a single application form (or other screening tool) for 4 or more of the above mainstream programs.  **If yes, indicate for which mainstream programs the form applies:** |
|  |  |

|  |  |
| --- | --- |
|  | We have staff systematically follow up to ensure that mainstream benefits are received.  **If yes, please describe the follow‐up process:** |
|  |  |
|  | We have staff that have participated in an in‐person or online SOAR training regarding Social Security  benefits in the past 24 months. **If so, indicate number of applications completed since certification:** |
|  |  |
|  | We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless  persons on participation in mainstream programs. **If yes, please identify these staff members by name and job title:** |
|  |  |
|  | We are participating in enrollment and outreach activities to ensure eligible households are able to take advantage of healthcare options. **If yes, please describe:** |
|  |  |
|  | We are working to identify other sources of funding for supportive services to increase supports for homeless persons. **If yes, please describe the specific steps you are taking to identify service funding:** |
|  |  |

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|  |  |
| --- | --- |
|  | Supportive Services to Families with Children: Are the proposed project policies and practices consistent  with the laws related to providing education services to individuals and families?  Yes No N/A **If yes, please describe these policies and practices:** |
|  |  |
|  | Supportive Services to Families with Children: Does the proposed project have a staff person to ensure that  children are enrolled in school and receive educational services, as appropriate?  Yes No N/A **If yes, please describe the staffing (i.e., name, position, responsibilities, full or part‐**  **time):** |
|  |  |

**Coordinated Entry:**

All funded projects must utilize the Coordinated Entry policy approved by the Continuum of Care. A copy of this policy is posted on the website at <https://www.rockriverhomelesscoalition.com/> This section measures each projects commitment to the Coordinated Entry’s (CE) Entry Point, protocols and HUD’s expectations for CE compliance for all CoC and ESG funded projects.

|  |
| --- |
| Project agrees to follow the CE protocols for accepting, returning, or appealing referrals.  Yes No N/A **If no or N/A, please describe why:** |
| This project agrees to participation in at least 75% of Chronic/Veteran or Youth Case Conferencing (in‐person or by phone) by PSH program staff or representative knowledgeable about status of current housing referrals. It also agrees to participate in family and singles case conferencing in the future.  Yes No N/A |

Describe any staff development provided by your agency to increase staff capacity to address homelessness.

**Fair Housing & Equal Opportunity:**

Describe procedures used to market your services to eligible persons regardless of gender identity, sexual orientation, color, national origin, religion, race, sex, age, familial status, or disability who are least likely to request services in the absence of special outreach. Explain access to services for persons with Limited English Proficiency.

**Project Budget**

Please complete the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Activities** | **CoC Program Funding\*** | **Cash or In-Kind Match** | **Total Estimated Project Budget** |
| Leasing |  |  |  |
| Rental Assistance |  |  |  |
| Supportive Services |  |  |  |
| Operations |  |  |  |
| HMIS |  |  |  |
| *Subtotal* |  |  |  |
| Administration |  |  |  |
| **Total** |  |  |  |

**This question will be scored**

What will the cost per household served of the project using the following formula:

**HUD proposed award divided by (project unit capacity + anticipated household discharges to Permanent Housing)**

***Example A***: The RRH project receives a HUD award of $200,000. It is contracted for 10 units. 6 households will move to

Permanent Housing during the grant year.

**$200,000 divided by (10 + 6) equals cost per unit of $12,500**

**COMPLETE COST PER UNIT FORMULA FOR THIS PROJECT.**

|  |  |
| --- | --- |
| A) Proposed HUD Award |  |
| B) Proposed Project Unity Capacity |  |
| C) Estimated Discharges to permanent housing |  |
| **Cost per Unit = A/(B+C)** |  |

This answer is scored

**CERTIFICATION:**

***By submitting this application electronically you certify that you are***

***authorized to submit this application and that the information provided is accurate.***