CT BOS CoC Continuum of Care 2018

**Request for Proposals for New Domestic Violence Bonus Rapid Re-Housing Projects**

**DEADLINE FOR SUBMISSION OF APPLICATIONS: Monday, July 23, 2018**

**BACKGROUND**

Each year CT BOS CoC competes with other CoCs across the country to secure federal funds to help end homelessness through the U.S. Department of Housing and Urban Development’s (HUD) Continuum of Care (CoC) program. This year, in addition to the usual funding awarded through this process, HUD has made up to $50 million available nationally to fund Domestic Violence Bonus projects (DV Bonus). The CT BOS CoC is eligible to apply for approximately $1.3 million in DV Bonus Funds. The CT BOS CoC is seeking DV Bonus applications for projects dedicated to serve survivors of domestic violence, dating violence, stalking, and human trafficking for inclusion in the CoC’s 2018 application for HUD CoC funds. More information about the types of projects eligible to apply appears below. The CoC may only submit one of Rapid Re-Housing project for consideration for funding under the DV Bonus component.

The CT BOS CoC will convene a committee to review and score applications that are submitted in response to this RFP. The CT BOS CoC will use those scores to determine which DV Bonus application will be submitted to HUD. HUD makes final decisions regarding which applications are funded. Projects not conditionally selected by HUD for funding under the DV Bonus, will be considered by HUD for funding under the funds typically available to the CoC for new projects. In other words, any DV bonus project included in the CoC’s application to HUD that is not selected for the DV Bonus will automatically compete for the usual pot of funds available to the CoC and may be funded through that usual pot instead of through DV Bonus funds.

Once projects have been selected for inclusion in the CoC’s application to HUD, the CT BOS CoC Team will work with applicants to provide instructions on how to submit the final project application in the HUD required eSNAPS[[1]](#footnote-1) format.

The CT BOS CoC encourages applications from applicants that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds. The CT BOS CoC provides technical assistance to ensure that the process is accessible to all eligible applicants, including those who have not received CoC funds in the past.

Please note that this application is based on the best information that is currently available, and the CT BOS CoC may need to revise the requirements described herein and/or request additional information based on additional guidance received from HUD and/or policy decisions made by the CT BOS CoC Executive Committee. The CT BOS CoC will disseminate all information about this funding opportunity as it becomes available through the CoC’s email listserv. **To ensure that you receive the latest information please subscribe to the CT BOS CoC mailing list by visiting the CT BOS CoC website:** [**http://www.ctbos.org**](http://www.ctbos.org)

The CT BOS CoC is currently seeking applications for the following DV Bonus project types:

* New **Rapid Rehousing (RRH)** projects that will serve homeless individuals and/or families, including youth, who meet the criteria defined below.
* Projects funded through this RFP may serve only individuals and/or families, including unaccompanied youth, who are residing in emergency shelter or a location not meant for human habitation AND qualify under the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking (see Appendix and Eligible Populations sections for more information).
* To be eligible for funding projects must commit to using the Housing First model (see Appendix).

Beginning with the FY 2017 CoC Program Competition, HUD allows project applicants to apply for a new **expansion project** under the reallocation process or bonus in order to expand existing eligible renewal projects that will increase the number of units in the project or allow the recipient to serve additional persons. HUD has clarified that applicants may propose to use DV Bonus funds to expand an existing project that is not dedicated to serving DV survivors in order to dedicate additional units in the project to DV survivors. HUD has also clarified that the component type for the existing project and the new expansion project must be identical (e.g., only an existing RRH project may only apply for a RRH expansion). Projects may not apply for an expansion to replace other funding sources. Applicants seeking funding for an expansion project should complete the relevant section of this application.

**All applications for are due by close of business on Monday, July 23, 2018 should be sent to** [ctboscoc@gmail.com](mailto:ctboscoc@gmail.com)

**Project Requirement and Priorities:**

* Eligible activities/projects for the Funds:
  + All projects must be Rapid Re-Housing
  + Projects can request funds for
    - Rental assistance (must be tenant-based –TRA)
    - Supportive Services
    - HMIS
    - Project Administrative Costs
* Additional information regarding Project Administrative Costs:
  + - HUD establishes a maximum rate of 10% for project administrative costs (i.e., admin costs may not exceed 10% of the aggregated amount requested for all other budget line items. For example, a project that requests $500,000 annually for rental assistance and supportive services can request up to $50,000 additional for admin. Total CoC budget = $550,000 in this example.
    - The CoC reserves the right to limit administrative fund requests to a level below 10% based on NOFA requirements, CoC application scoring incentives and/or strategic priorities such as those aimed at maximizing direct assistance.
    - Project Admin costs do not include staff time and overhead directly related to carrying out CoC Program eligible activities, because those costs are eligible on the relevant budget line item, not on the project administrative costs line. For example, the cost of conducing Housing Quality Standards (HQS) inspections and determining rent reasonableness are eligible on the rental assistance line NOT the admin line. The costs of office supplies and supervision for case managers are eligible on the supportive service line NOT the admin line.
    - Applicants should note that though admin is budgeted as a % of the total amount requested for the other CoC project budget line items, it cannot be billed that way, and **costs must be allocated only to these eligible activities**:
      * General management oversight and coordination
        + Salaries, wages, and related costs of recipient staff, sub recipient staff, or other staff engaged in program administration including:

Preparing program budgets and schedules and amendments to those budgets and schedules

Developing systems for assuring compliance with program requirements

Monitoring program activities for progress and compliance with program requirements

Preparing reports and other documents directly related to the program for submission to HUD

Coordinating the resolution of audit and monitoring findings

Evaluating program results against stated objectives

Managing or supervising persons whose primary responsibilities with regard to the program include such assignments

* + - * + Travel costs incurred for monitoring of sub recipients;
        + Administrative services performed under third-party contracts or agreements, including general legal services, accounting services, and audit services; and
        + Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space.
  + Costs of providing training on CoC requirements and attending HUD-sponsored CoC trainings
  + Costs of carrying out the HUD required environmental review responsibilities.
* Additional Information Regarding Indirect Costs:
  + - Indirect costs are those that cannot be relatively easily and with a high degree of accuracy directly assigned to an eligible CoC activity, such as rental assistance, leasing, operating or supportive services. Rather, indirect costs are incurred for common or joint objectives and cannot be readily associated with a particular CoC program budget line item. Salaries for IT staff who maintain the agency's network, or costs associated with payroll management are examples of indirect costs. Indirect costs are distinct from and can be budgeted in addition to the project administrative costs described above. To charge more than the 10% de minimis indirect cost rate, the agency must have an indirect cost rate proposal that is in accordance with federal OMB requirements. If HUD conditionally awards the grant, agencies will be required to submit the rate proposal in e-snaps during the post-award process. Applicants with an approved indirect cost rate must submit a copy of the approval with their application to the CoC and must attach the approval to their project application in eSnaps. Indirect costs are applied to each budget line (e.g., Supportive Services) not on the project admin costs line. For example, projects claiming the 10% de minimis rate would include that 10% indirect rate on their CoC budget line items (e.g., supportive services, leasing). Projects with an approved federal indirect rate of 19% would include that 19% indirect rate on their CoC budget line items.
  + Term – Projects may request only one year of funding. Awarded projects will be eligible to apply for renewal funding through the annual CoC Competition.
  + The FY 2018 HUD Appropriations Act requires HUD to obligate FY 2018 CoC Program funds by September 30, 2020. Obligated funds remain available for expenditure until September 30, 2025. However, HUD reserves the right to require an earlier expenditure deadline under a grant agreement. The applicant is expected to initiate the approved projects promptly in accordance with the requirements of the NOFA. Grant terms, and associated grant operations, may not extend beyond the availability of funds. Applicants must plan accordingly and only submit applications that can start operations in a timely manner with sufficient time to complete post award process within the awarded grant term. In addition, HUD will take action if the grantee fails to satisfy the timeliness standards found in 24 CFR 578.85. HUD strongly encourages all rental assistance to begin within 12 months of award. Awards are anticipated to occur in approximately December 2018. The CT BOS CoC reserves the right to change requirements related to timeliness of expenditures for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at rapid project start-up.
  + The CT BOS CoC reserves the right to prioritize funding for applications that will be ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately December 2018.
  + Projects, except as prohibited to protect victims of domestic violence, dating violence, sexual assault, or stalking, must agree to enter client data into the CT BOS CoC HMIS. Excepted projects must enter data into a comparable database.
  + All projects must participate in the annual homeless count(s), and Coordinated Access Networks (CANs) and comply with all CT BOS CoC Policies and Procedures available at: <http://www.ctbos.org/policies/>
  + Applications must demonstrate:

* + - A plan for **rapid implementation** of the program; the project narrative must document how, and when, the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.
    - A connection to **mainstream service systems**, specifically:

1. that activities are in place to identify and enroll all Medicaid-eligible program participants; AND
2. whenever possible, that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). Medicaid-financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, they must demonstrate that the project leveraged non-Medicaid resources available in the CoC’s geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.
3. that services are in place to connect participants to mainstream resources, including benefits, health insurance and employments services
   * + Experience in operating a successful **Housing First** program and a program design that meets the definition of Housing First as adopted by the CT BOS CoC (see Housing First Principles in the Appendix).
     + A plan for outreach to the eligible population.
     + That the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
     + That they meet HUD’s match requirements (See pages 29-30 and Appendix)

* Eligible localities:
  + Projects must be located within CT BOS CoC
* Eligible populations:
* RRHprojectsmay serve only individuals and/or families, including unaccompanied youth, who meet the following criteria:
* residing in a place not meant for human habitation (i.e., unsheltered and living, for example, on the streets, in a park, or on public transportation); OR
* residing in an emergency shelter; AND
* qualify under the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking (see Appendix)
* Individuals coming from an institution where they have resided for 90 days **or** less AND have entered the institution from the streets or emergency shelter maintain their homeless status during that time.
* Except as noted above, persons in transitional housing **are not eligible** for new RRH projects funded through this RFP.
* Eligible applicants:
* Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
* Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
* Multiple agencies are permitted to apply together as part of a collaboration.

**CT BOS Continuum of Care**

**2018 New DV Bonus Project Application\***

**(\* Do not submit pages 1-7 as part of the application)**

**APPLICATION**

**All information requested in this application is required, and the CoC reserves the right not to review applications that:**

* + **Are late**
  + **Are incomplete**
  + **Are submitted by ineligible applicants**
  + **Do not indicate that the proposed project will meet all eligibility requirements**
  + **Exceed the following maximum page limit:** *combined 17 page limit using a 12 point font with one inch margin for Sections 1 (Organizational Experience and Capacity), 2 (Project Description, 3 (Supportive Services for Participants) and 4 (Domestic Violence Specific Information)*
  + **Propose costs that deviate substantially from the norm in the locale for the type of structure or kind of activity proposed.**

**Applications are due by COB on Monday, July 23, 2018 and should be sent to** [**ctboscoc@gmail.com**](mailto:ctboscoc@gmail.com)

**Please contact CT BOS at** [**ctboscoc@gmail.com**](mailto:ctboscoc@gmail.com) **for questions about the form or process.**

1. **Project Applicant Information:** 
   1. Name of Organization:
   2. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: Describe

* 1. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sub-Recipient Organization (if applicable):** 
   1. Name of Organization:
   2. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: Describe

* 1. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact person for this application:**
   1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Project Address:**
3. **Type of Project:** 🞎 RRH (Only RRH projects are eligible for funding under this RFP)
4. **Project Eligibility** 
   1. Project commits to using DV Bonus funds to serve onlyindividuals and/or families, including unaccompanied youth, who are residing in emergency shelter or a location not meant for human habitation AND qualify under the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking (see Appendix).

🞎 YES 🞎NO (note that projects indicating “no” are not eligible to apply under this RFP)

* 1. Project commits to using the Housing First model (see Appendix).

🞎 YES 🞎NO (note that projects indicating “no” are not eligible to apply under this RFP)

1. **Housing Type**
   1. Type: 🞎 Scattered Site (To be eligible for funding under this RFP projects must use a scattered site (i.e., tenant based rental assistance model)
   2. Total Number of Units:
   3. Total Number of Beds:
2. **Is this an expansion project?** 🞎 YES 🞎 No

**If this is an expansion project, please indicate:**

1. Is this project seeking expansion funds to replace other funding sources?

🞎 YES 🞎 No (Note: use of expansion funds to replace other sources is not permitted)

1. **Component Type of the existing project:** 🞎 RRH To apply as an expansion project under this RFP, the existing project you are proposing to expand must be a RRH project.
2. **Grant # of the eligible renewal project that is requesting expansion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Point in Time (PIT) Project Capacity:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***PIT Capacity - Existing Project*** | ***PIT Capacity – New Project*** | ***Total PIT Capacity – Existing Project + New Project*** |
| # of Units |  |  |  |
| # of Beds |  |  |  |
| # of Households Served |  |  |  |
| # of People Served |  |  |  |

1. **Proposed Project Budget**

|  |  |
| --- | --- |
| **Activities** | **Annual Assistance Requested** |
| CoC Rental Assistance |  |
| Indicate Type of RA (if applicable) | 🞎TRA (Tenant-based Rental Assistance - Required for RRH) |
| CoC Supportive Services |  |
| CoC HMIS |  |
| Sub-total CoC Request (Add all lines above) |  |
| Administrative costs (Up to 10% of subtotal)[[2]](#footnote-2) |  |
| Total CoC Annual Request (Add Sub-total and Admin) |  |
| Cash Match |  |
| In-kind Match |  |
| Total Match (Add cash and in-kind match) must be at least 25% of total request)[[3]](#footnote-3) |  |
| Total Annual CoC Budget (Add Total Request and Total Match) |  |
| Total Annual Budget from non-CoC sources (see #12 on page 13) |  |
| Total Annual Budget (Add annual CoC and non-CoC budgets) |  |

1. **Are you proposing to include indirect costs in your budget?** 🞎 YES 🞎NO
   1. **If Yes, please select which type of rate you are using:**

🞎 de minimis rate of 10% 🞎other rate (specify rate): \_\_\_\_\_\_\_\_\_\_\_\_

* 1. If you are using a rate other than the de minimis rate, please indicate:

🞎 My agency has an approved indirect cost rate **and has submitted a copy of the approval to the CT BOS CoC with this application.**

🞎 My agency has an indirect cost rate proposal that is in accordance with federal OMB requirements. If HUD conditionally awards the grant, my agency will submit the rate proposal in e-snaps during the post-award process as required by HUD.

1. **OTHER FUNDING:**

Are the HUD CoC funds you are requesting sufficient to operate the project to serve the # of participants proposed in this application? Yes No

If no, how much additional funding is required annually to fully support the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the table below indicate all additional funding sources and amounts, other than HUD CoC sources, are committed to this project (e.g. HUD VASH, OMH, DOHMH, HASA, etc.)? For each source, indicate the type of activity funded and the amount at which each activity type is funded. Please list amounts separately for each type of activity. Please add fields as necessary, if your project includes more than 3 non-CoC funding sources.

|  |  |  |
| --- | --- | --- |
| **Non-CoC Funding Source** | **Activity Funded (Select All that Apply)** | **Amount Committed Annually** |
|  | Supportive Services |  |
| Operating |  |
| Rental Assistance |  |
| Leasing |  |
| Administrative Costs |  |
|  | Supportive Services |  |
| Operating |  |
| Rental Assistance |  |
| Leasing |  |
| Administrative Costs |  |
|  | Supportive Services |  |
| Operating |  |
| Rental Assistance |  |
| Leasing |  |
| Administrative Costs |  |
| **Total Annual Commitment from all non-CoC sources:** | |  |

1. **A. Population to be Served in the Project (Point-in-Time)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Households** | **Households with At Least One Adult and One Child** | | **Adult Households without Children** | | **Households with Only Children** | **Total** |
|  | **# with Head of Household 25 years old & older** | **# with Head of Household under 25** | **# with Head of Household 25 years old & older** | **# with Head of Household under 25** |
| **Total Number of Households** |  |  |  |  |  |  |

**B. Population to be Served in the Project (Annually – over the course of a year)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Households** | **Households with At Least One Adult and One Child** | | **Adult Households without Children** | | **Households with Only Children** | **Total** |
|  | **# with Head of Household 25 years old & older** | **# with Head of Household under 25** | **# with Head of Household 25 years old & older** | **# with Head of Household under 25** |
| **Total Number of Households** |  |  |  |  |  |  |

**I. Organizational Experience and Capacity of Applicant & Sub-Recipients**

**PLEASE NOTE: maximum combined page limit is** *17 pages using a 12 point font with one inch margin for Sections I (Organizational Experience and Capacity), II (Project Description) III (Supportive Services for Participants) and IV (Domestic Violence Specific Information).*

|  |  |
| --- | --- |
| 1. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.   Be sure to provide concrete examples that illustrate (1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications (2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with:   * the Housing First model * delivering or securing Medicaid funded services for participants in the agency’s programs * linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing | |
| 1. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve. | |
| 1. Describe the basic organization and management structure of the applicant and sub recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant. | |
| 1. Describe the experience of the applicant and potential sub recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. | |
| 1. Describe the experience of the applicant and potential sub recipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and sub recipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.” | |
| 1. Have any of your agency’s HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes  no   If yes, were there any findings from the audit?yes  no  If there were findings, please describe the findings and your agency’s corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD. |
| 1. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential sub recipients (if any)?   Yes No  If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve. |
| 1. Have you returned any funds to HUD on any existing grants in the last two years?   Yes No  If yes, how much has been returned?  What is the reason that the funds have been returned?  What actions are you taking to ensure full spending? |
| 1. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?   Yes No  If yes, how much is owed?  What is the reason for the obligation to HUD?  What is preventing establishing a payment schedule? |
| 1. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? Yes No Not applicable (my agency has no CoC grants)   If no, what is the reason that the funds have not been drawn down?  What actions are you taking to ensure timely draw down? |
| 1. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? Yes No Not applicable (my agency has no CoC grants)     If no, what is the reason that APRs were late?  What actions are you taking to ensure timely submission? |

1. **Project Description**

|  |
| --- |
| 1. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s).The description must be consistent with other parts of this application and identify:    * The target population including the number of single adults and the number of families with children to be served when the project is at full capacity    * Address and location of units    * Type and number of units – scatter site or single site, single or multi-family homes, etc.    * The specific services that will be provided and outreach methods to be used to serve the long-term homeless population    * Projected outcomes    * Coordination with partners    * Project timeline – when units will be developed or leased-up    * HMIS implementation    * How the project will leverage or deliver Medicaid and other mainstream services to participants |
| 1. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. |

|  |
| --- |
| 1. In cases where the proposed project is expanding an existing project, describe how the requested funds will supplement existing services and resources, and increase participants served. |
| 1. Describe a plan for **rapid implementation** of the program; Indicate the month and year in which the project will begin to house eligible participants, the month and year in which the project will achieve full occupancy, and a detailed plan for ensuring timely and full project rent-up. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents. |
| 1. Will the project receive referrals only through CT BOS’s Coordinated Access Network?   Yes No  Please note that accepting referrals only through CAN is required. |
| 1. Describe recipient/sub recipient experience with and a description of the program design for implementing Housing First. |

|  |
| --- |
| 1. Will your agency employ homeless and/or formerly homeless individuals in this project?   Yes No  If yes, please describe the role of these individuals in the project. |
| 1. Describe your plans to implement a system of Continuous Quality Improvement, program evaluation, and consumer satisfaction in order to ensure that your program provides a high quality of services. Please describe how outcomes related to improving employment rates and increasing income among participants will be measured**.** |
| 1. Describe your agency’s existing mechanism(s) for consumer involvement and how that information is used. Describe how you would obtain consumer feedback in this new program. |

**III. Supportive Services for Participants**

|  |
| --- |
| A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?  🞎Yes 🞎No |
| B. For projects serving **families with dependent children and single adults 24 years old or younger,** does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?  🞎Yes 🞎No |
| C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:   * Plan to move eligible participants into the project * Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services * How units will be identified and rent reasonableness will be determined |
| D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:   * Needs of target population and services required * How tenants will access these services * Coordination with other providers and mainstream systems * How tenants will access SSI/SSDI and other mainstream benefits * Unique needs of youth (if applicable) |
| 1. Please identify whether the project will include the following activities:   Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 🞎Yes 🞎No  Regular follow-ups with participants to ensure mainstream benefits are received and renewed? 🞎Yes 🞎No  Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub recipient, or partner agency? 🞎Yes 🞎No  Indicate the last SOAR training date for the staff person providing the technical  Assistance: ­­­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IV. Domestic Violence specific information** If you already submitted an application in response to the general RFP issued by the CT BOS CoC and wish for that application to also be considered for DV Bonus funds, please complete ***only*** Section IV (Domestic Violence Specific Information) of this application and submit by 7/23/18.

|  |
| --- |
| A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, who are survivors of domestic violence, dating violence, stalking, and human trafficking. Be sure to provide concrete examples that illustrate your experience with:   * Using a low-demand, Housing First model to rapidly locate permanent housing for survivors. * Designing and operating programs that help survivors to increase their income and achieve long-term housing stability. * Designing and operating programs that are focused on safety. * Designing and operating programs that are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. * Designing and operating programs that are trauma-informed. * Designing and operating programs that help survivors to navigate a range of systems and advocate for survivors’ safety, independence and housing stability. |
| B. Describe how your proposed project will meet the specific needs of survivors. Be sure to describe how your project will:   * Use a low-demand, Housing First model to rapidly locate permanent housing for survivors. * Help survivors to increase their income and achieve long-term housing stability. * Ensure a focus on safety. * Ensure that services are strengths-based and survivor-driven and offer a range of options to support survivors to rebuild control over their lives and improve safety for themselves and their families. * Ensure that services are trauma-informed. * Help survivors to navigate a range of systems and advocate for survivors’ safety, independence and housing stability. |

1. **Outreach for Participants**

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

\_\_\_ Persons who came from the street or other locations not meant for human habitation

\_\_\_ Persons who came from Emergency Shelters

\_\_\_ Persons who came from safe havens

\_\_\_ Other – Please describe: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Total of above percentages

PLEASE NOTE: Project must serve only eligible participants as described on page 6 of this RFP.

|  |
| --- |
| B. Describe the outreach plan to bring eligible homeless participants into the project, including a contingency plan to ensure project rent-up in accordance with the described timeline if sufficient eligible applicants are not identified in a timely manner. |

**VI. Supportive Services Type and Frequency:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**.  *For “Provider” indicate: “Applicant” if the applicant will provide the service directly; “Sub recipient” if a sub recipient will provide the service directly; “Partner” if an organization that is not a sub recipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.* | | | | | | |
|  |  | **Frequency – select one per service type** | | | | |
| **Supportive Service** | **Provider** | **Daily** | **Weekly** | **Bi-monthly** | **Monthly** | **Does not Apply** |
| Assessment of Service Needs |  |  |  |  |  |  |
| Assistance with Moving Costs |  |  |  |  |  |  |
| Case Management |  |  |  |  |  |  |
| Child Care |  |  |  |  |  |  |
| Education Services |  |  |  |  |  |  |
| Employment Assistance/Job Training |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |
| Housing Search/ Counseling Services |  |  |  |  |  |  |
| Legal Services |  |  |  |  |  |  |
| Life Skills |  |  |  |  |  |  |
| Mental Health Services |  |  |  |  |  |  |
| Outpatient Health Services |  |  |  |  |  |  |
| Outreach Services |  |  |  |  |  |  |
| Substance Abuse Treatment Services |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Utility Deposits |  |  |  |  |  |  |

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the proposed project?

🞎 Yes, very accessible

🞎 Somewhat accessible

🞎 Not accessible

**VII. Population/Subpopulation Characteristics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population Characteristics** | **Persons in Households with At Least One Adult and One Child** | **Adult Persons in Households without Children** | **Persons in Households with Only Children** | **Total** |
| **Disabled Adults over age 24** |  |  |  |  |
| **Non-disabled Adults over age 24** |  |  |  |  |
| **Disabled Adults ages 18-24** |  |  |  |  |
| **Non-disabled Adults ages 18-24** |  |  |  |  |
| **Accompanied Disabled Children under age 18** |  |  |  |  |
| **Accompanied Non-disabled Children under age 18** |  |  |  |  |
| **Unaccompanied Disabled Children under age 18** |  |  |  |  |
| **Unaccompanied Non-disabled Children under 18** |  |  |  |  |

**Totals from Above:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Number of Adults over age 24** |  |  |  |  |
| **Total Number of Adults ages 18-24** |  |  |  |  |
| **Total Number of Children under 18** |  |  |  |  |
| **Total Persons** |  |  |  |  |

**SUBPOPULATIONS: NOTE THAT ALL PARTICIPANTS MUST BE INDICATED AS VICTIMD OF DV.**

**Households with At Least One Adult and One Child**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Subs.  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | Victims of  Dom.  Viol. | Phys.  Disab | Dvlpmt  Disab | Not  Other-wise  Represented |
| Disabled Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Non-disabled Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Disabled Adults ages 18-24 |  |  |  |  |  |  |  |  |  |
| Non-disabled Adults ages 18-24 |  |  |  |  |  |  |  |  |  |
| Disabled Children under age 18 |  |  |  |  |  |  |  |  |  |
| Non-disabled Children under age 18 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

**Adult Households without Children**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Subs.  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | Victims of  Dom.  Viol. | Phys.  Disab | Dvlpmt  Disab | Not  Other-wise  Represented |
| Disabled Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Non-disabled Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Disabled Adults ages 18-24 |  |  |  |  |  |  |  |  |  |
| Non-disabled Adults ages 18-24 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

**Households with Only Children**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Subs.  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | Victims of  Dom.  Viol. | Phys.  Disab | Dvlpmt  Disab | Not  Other-wise  Represented |
| Unaccom-panied  Disabled  Children  >18 |  |  |  |  |  |  |  |  |  |
| Unaccom-panied Non-  Disabled  Children  >18 |  |  |  |  |  |  |  |  |  |
| Accom-panied  Disabled  Children  >18 |  |  |  |  |  |  |  |  |  |
| Accom-panied Non-  Disabled  Children  >18 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

**VIII. HMIS Participation**

1. Does your agency currently enter client data into a database that is comparable to HMIS and compliant with all HUD HMIS requirements? Yes No

2. Does your agency already have the capacity to share de-identified information from this database with the CoC? Yes No

|  |
| --- |
| 1. If you responded no to either #1 or #2 above, please describe how you will ensure that the proposed project will meet these requirements and your timeline for being able to meet both requirements. |

**IX. Budget detail** – complete only the sections relevant to the type of funds your project is requesting

**Rental Assistance Budget[[4]](#footnote-4)** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Projects must use Tenant-based Rental Assistance (TRA) for RRH. ***All applicants should review the information in the Appendix about Rental assistance budgets for a RRH project prior to completing this chart.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Size** | **No. of Units** | **FMR** | **Term**  **(12 months)** | **Total** |
| Efficiency |  | $ |  |  |
| 1 Bedroom |  | $ |  |  |
| 2 Bedroom |  | $ |  |  |
| 3 Bedroom |  | $ |  |  |
| 4 Bedroom |  | $ |  |  |
| **Total Annual Request** |  |  |  |  |

**Supportive Services:** Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**  **(max 400 characters)** | **Annual Assistance Requested** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing Search/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |
| Total Annual Assistance Requested |  |  |

**HMIS**

Enter the quantity and total budget request for each HMIS cost.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity and Description** | **Annual Assistance Requested** |
| Equipment |  |  |
| Software |  |  |
| Services |  |  |
| Personnel |  |  |
| Space and Operations |  |  |
| Total Annual Assistance Requested |  |  |

**Sources of Match – Please complete the match table below.**

Per the CoC Program Interim Rule (24 CFR 578.73), match must equal **25 percent of the total grant request.** For example, if the ‘total assistance requested’ is $100,000, , then the project applicant must secure commitments for match funds equal to no less than $25,000.

* The total match requirement can be met through **cash, in-kind, or a combination** of the two.
* Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
* **Cash sources.** A recipient or sub-recipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.
* The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
* If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or sub-recipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient’s or sub-recipient’s organization. If the recipient or sub-recipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided.
* During the term of the grant, the recipient or sub-recipient must keep and make available, for inspection, **records documenting the service hours provided**.
* **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match. For example, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, GA do not go to the grantee and cannot be used as match.
* For more information – See appendix

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify Type of**  **Contribution:**  **Cash or In kind** | **Name the Source of Contribution** | **Identify Source as:** | **Date of Written Commitment** | **Value of Written Commitment** |
| **(G) Government**  **or (P) Private** |
| ***Example:* Cash** | **CT DMHAS** | **G** | **7/1**  **5/18** | **$10,000** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | **TOTAL:** | $ |

**APPENDIX**

**DEFINITIONS OF KEY TERMS:**

**Category 4 – HUD Homeless Definition:** HUD defines four categoriesunder which individuals and families may qualify as homeless. Category 4 isindividuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member. HUD has clarified that persons who are fleeing or attempting to flee human trafficking may qualify as homeless under paragraph 4, and therefore may be eligible for certain forms of homeless assistance under the CoC Program, subject to other restrictions that apply. HUD considers human trafficking, including sex trafficking, to be “other dangerous or life threatening conditions related to violence against the individual or family member.” Where an individual or family is fleeing, or is attempting to flee human trafficking, that has either taken place within the individual’s or family’s primary night-time residence or has made the individual or family afraid to return to their primary night-time residence; and the individual or family has no other residence; and lacks the resources or support networks to obtain other permanent housing; HUD would consider that individual or family to quality as homeless under paragraph 4 of the definition.

**Housing First Principles**

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

* Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
  1. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
  2. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
  3. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
  4. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

* Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.

1. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
2. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
3. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
4. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

* Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction.
  1. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Virginia law.
  2. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community).
  3. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
* Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:

1. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
2. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
3. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out legal obligations as defined by local and state law.
4. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

* Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
  1. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
  2. There are defined processes for communication and coordination across the two functions to support stable tenancy.
  3. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

* Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
* Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
* Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
* Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
* Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
* Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

**Rental Assistance Budgets for RRH**

HUD requires that all new rental assistance projects must budget their projects at 100% of FMR. New project applications may not request budgets at either more or less than FMR.

HUD requires all RRH project applications to budget each unit at the full annual amount (i.e., at 12 months for each year). For example, a RRH project requesting 3 years of funding for 10 units with an FMR of $1000/month would be required to budget rental assistance at 10 X 1,000 X 12 per year or $120,000 annually and $360,000 for the full 3 year project. This does not mean that you must provide rental assistance at full FMR or for a full year for all or any project participants.

RRH projects may anticipate serving more than one household during a year in a single budgeted unit. This does not mean that households are sharing units, rather that you are using the available budget to serve as many households as possible. For the purposes of the annual project budget, even if average length of rental assistance needed by participants is anticipated to be shorter or longer than 12 months, each unit included in the budget must be budgeted at 12 months.

For example, a project anticipating average length of rental assistance at full FMR for 4 months per household, would budget each unit included in the application at the full 12 months and anticipate serving 3 households in each budgeted “unit” during the year. If in reality the households you serve need less than the full FMR or fewer than 4 months of assistance, you may serve more households than indicated in your application. You should plan to serve at least the number of households proposed in your application, but can serve as many households as possible.

Similarly, for the purposes of the annual project budget, even if average amount of rental assistance required by participants is anticipated to less than full FMR, each unit included in the budget must be budgeted at full FMR. Here’s another example: a project anticipating average length of rental assistance at 50% of FMR for 4 months per household, would budget each unit included in the application at the full 12 months and anticipate serving 6 households in each budgeted unit during the year. In this example, if FMR is $1,000/month, each household would be anticipated to receive $500/month in rental assistance (i.e., 50% of full FMR) for 4 months. You would budget each unit at the full 12 month FMR (i.e., 12 X $1,000 or $12,000/unit/year). But you would anticipate serving, 6 households during the year in that “unit” (i.e. each household receives $500/month for 4 months (or $2,000 during the year) and six households per year receive $2,000 (6 X 2,000= $12,000 and thus you will have fully expended the $12,000 you budgeted for one unit for one year. Again this does not mean, that households are sharing units, rather that you are using the available budget to serve as many households as possible.

In order to ensure cost effectiveness and maximize the number of participants who can be assisted, the CT BOS County CoC, encourages participants to design their projects in a manner that provides the least assistance necessary to prevent a return to homelessness. Some households may need a small amount of assistance for only one month. Others may need a deeper subsidy for a longer period of time. You may not provide rental assistance for longer than 24 months to any RRH participant.

**Matching Requirements**

Agencies providing the required match using volunteer time should indicate this as in-kind match. Agencies providing the match using paid staff time should indicate this as cash match and list the source of the funds used to pay for those staff salaries. Match is only in-kind if it is a donation of services, goods, materials, or equipment. Donations are typically from a third party. In-kind match from a third-party requires an MOU with the entity providing the match. An agency cannot sign an MOU with itself.

Match, whether cash or in-kind, can only be used on eligible CoC Program costs, i.e., any cost that is defined as eligible in the CoC Program Interim Rule – this is not limited to approved budget line items for the particular project. For example, case management is an eligible CoC Program cost. You can use State funds that support case management services for project participants as cash match for a project, regardless of whether or not the project has requested CoC funds for supportive services.

Below are some examples of cash and in-kind match:

* CASH MATCH: Recipient or sub-recipient agency staff provide case management funded through a State contract
* CASH MATCH: Building utilities not covered by the CoC grant are paid by the recipient agency and funded through private sources
* CASH MATCH: Mental health services are provided to participants by a sub-recipient and funded through SAMSHA.
* In-Kind: Board member provides legal services at no cost
* In-Kind: FQHC operated by a community partner provides outpatient health services to participants
* In-kind: Value of the copy machine used by project case managers and owned by the recipient or subrecipient agency.

The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that, if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again (i.e., cannot be claimed by more than one project or by the same project in another year).

To avoid delays in grant execution, the CT BOS CoC encourages applicants to submit match documentation with their project applications in ESNAPS. This step will occur later, if your grant is selected by the CoC to be included in the final application to HUD.

When the match source is cash, recipients/subrecipients must provide HUD with match documentation prior to grant agreement execution. Documentation can be attached to the project application in eSnaps or, if it is not available at application submission and HUD conditionally awards the project, submission of the documentation will be a condition for grant execution.

Written documentation of cash match must be provided on the source agency's letterhead, (e.g., if you are using case management services funded by DMHAS as cash match, the letter must come from DMHAS and be on their letterhead), the letter be signed and dated by an authorized representative od the source agency, and, at a minimum, must include the following: amount of cash to be provided to the recipient for the project, specific date the cash will be made available, the project name and fiscal year to which the cash match will be contributed, the time period during which funding will be available, and allowable activities to be funded by the cash match (e.g., case management or rental assistance for project participants). If awarded the grant by HUD, to document cash match, agencies must show that the funds were recorded on the agency’s books and expended on eligible expenses during the grant operating year.

If using in-kind match, the applicant should submit with the project application in ESNAPS an MOU with the donor entity. If the MOU is not available at application submission and HUD conditionally awards the project, submission of the MOU will be a condition for grant execution.

If awarded the grant by HUD, to document in-kind match of donated services the recipient and/or sub-recipient must keep and make available, for inspection by HUD and/or the CoC, records documenting that the service hours were actually provided. They must also keep the MOU with the donor entity on file. Requirements for the MOU, include: establish the unconditional commitment of the services being donated, provide the name of the project and operating year to which the match is being contributed, describe the specific service to be provided (must be a CoC program eligible activity), indicate total point-in-time number of clients receiving the service and total clients receiving the service over the grant term, state profession and qualifications of the persons providing the service, state hourly cost of the service to be provided, indicate that the services are valued at rates consistent with those ordinarily paid for comparable services in that locality.

If awarded the grant by HUD, to document in-kind match of donated goods, property or equipment, the recipient and/or sub-recipient must keep and make available for inspection by HUD and/or the CoC: documentation of the value of the commitment (must be documented on source agency letterhead, signed & dated) and indicate that the value is consistent with the cost ordinarily paid for similar goods in the local market**.** The letter must indicate the date on which the in-kind donation will be available, the project and operating year to which the match is being contributed, the time period during which the goods will be available, and the CoC Program allowable activities to be provided by the donation (e.g., donation of food for meals for project participants, or donation of tenant rights and responsibilities booklets to provide tenant counseling services). The recipient and/or sub-recipient must also keep and make available records documenting that the donation was actually received.

Since the documentation requirements for in-kind match are significantly more onerous than for cash match, the CT BOS CoC encourages agencies to use cash match sources whenever possible.

Since it is not permissible to use CoC funds as match, you may not use staff time for administrative work that is already included in your project budget as match. Since eligible project administrative costs are capped by HUD at 10% of the grant awarded, if your application includes project administrative costs of less than 10% of the grant awarded, you may use, as cash match, funds that support staff time for eligible project administrative costs up to the difference between the allowable and the requested level of project administrative costs. You may not use, as match, funds that support staff time for project administrative costs that exceed the cap established by HUD. Please note the restrictions on eligible project administrative costs and the difference between project administrative and indirect costs described in the RFP.

Similarly, since eligible indirect costs are also capped by HUD, if your application includes indirect costs that are less than the applicable cap, you may use, as cash match, funds that support staff time for eligible indirect costs up to the difference between the allowable and the requested level of indirect costs. You may not use, as match, funds that support staff time for indirect costs that exceed the cap established by HUD. Agencies claiming indirect costs at higher than the 10% de minimis indirect cost rate must have an indirect cost rate proposal that is in accordance with federal OMB requirements, and allowable indirect costs are capped at the proposed/approved rate.

For more information see:

<https://www.hudexchange.info/resource/3113/importance-of-documenting-match-under-the-coc-program/>

1. eSNAPS is the web-based system HUD uses for the CoC competition. All applicants whose projects are selected by the CT BOS CoC for inclusion in the final application for HUD, will need to submit applications in eSNAPS. The CT BOS CoC will notify applicants at a later date of whether their applications have been selected and of the deadline for submission of applications in eSNAPS. [↑](#footnote-ref-1)
2. Please carefully review instructions for Project Administrative Costs and Indirect Costs starting on page 2. [↑](#footnote-ref-2)
3. CT BOS CoC discourages projects from committing more than the required match. HUD will monitor based on the amount committed in the application and overcommitting increases recapture risk. [↑](#footnote-ref-3)
4. HUD requires that for projects using CoC rental assistance funds leases are between the CoC program participant (i.e., the homeless/formerly homeless person and the property owner). Agencies may not use CoC rental assistance funds for master leasing. [↑](#footnote-ref-4)