

**2015 Continuum of Care
Renewal Application**

**Submit 1 original application with all required attachments,
and email the application to:**

**Natalie McCleskey
Stark County Regional Planning Commission
201 Third Street NE
Suite 201
Canton, OH 44702
nrmccleskey@starkcountyohio.gov**

Applicant: _____

Project Name: _____

**Homeless Continuum of Care of Stark County (HCCSC)
2015 Application
Renewal Projects**

The Homeless Continuum of Care of Stark County (HCCSC) invites renewal applications for the 2015 HUD Continuum of Care Supportive Housing Program (SHP).

The design of the proposed project must reflect research-based practices to efficiently provide services to residents; connect residents to mainstream resources, benefits and employment; and enable residents to maintain long-term housing stability.

I. Organization and Grant Information/Threshold Criteria

Organization Name:

Contact Person:

Phone:

Email:

Fax:

Project Name:

Expiring Grant #:

Agency DUNS #:

1. Is your organization:

- An incorporated non-profit organization with IRS 501(c)(3) status
- A public housing authority
- A unit of government

2. Component Type

- PH (Permanent Housing - including Rapid Re-Housing)
- PSH (Permanent Supportive Housing)
- TH (Transitional Housing)
- HMIS

II. Populations to be served

1. a. Identify the specific population focus. (Select all that apply.)

Chronic Homeless	<input type="text"/>	Domestic Violence	<input type="text"/>
Veterans	<input type="text"/>	Substance Abuse	<input type="text"/>
Transitional Age Youth (18-24)	<input type="text"/>	Mental Illness	<input type="text"/>
Families	<input type="text"/>	HIV/AIDS	<input type="text"/>
		Other (specify)	

b. Indicate specialized services you provide to meet the needs of the populations indicated above. (max. 1,000 characters)

2.a. Indicate the total number of households, homeless persons and subpopulations that **will** be served by the project, at a particular point in time (*when the project is at full capacity*):

<u>Households</u>	Households with at least one adult and one child	Adult Households without Children	Households with Only Children	Total
Total # of Households				
<u>Characteristics</u>				
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 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under age 18				
<u>Totals</u>				
Total # of Adults				

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

- b. In each non-shaded field below, enter the number of persons served at maximum project capacity according to their age group, disability status, and membership in one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. (Please note that a single individual may fall into more than one category and, therefore, the total number of persons reflected in the bottom row of the table below may exceed the total number served by the project as reflected in the table above.)

Persons in Households with at least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims Of Domestic Violence	Physical Disabilities	Developmental Disabilities	Persons not represented by listed subpopulations
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										

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims Of Domestic Violence	Physical Disabilities	Developmental Disabilities	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-Disabled Adults over age 24										
Disabled Adults ages										

18 - 24										
Non-Disabled Adults ages 18 - 24										
Total Persons										

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims Of Domestic Violence	Physical Disabilities	Developmental Disabilities	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-Disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Children under age 18										
Total Persons										

4. a. Will the project **exclusively** serve those who fall into the specified categories, which correspond to the categories defined by HUD in its definition of homelessness? *(Check the box appropriate for project type.)*

PSH - Category 1 or 4 yes no

RRH - Category 1 or 4 yes no

TH - Category 1 or 4, and Transitional Age Youth that are Category 2 yes no

HMIS - Not Applicable

b. Please indicate if your project was funded through a NOFA which requires stricter eligibility regarding homeless status by checking appropriate box(es):

Must serve 100% chronically homeless

Cannot serve clients coming from Transitional Housing

Cannot serve Category 4 unless they also meet Category 1 definition

c. How will you ensure that participants meet HUD’s definition of homelessness as applicable to your project type and NOFA restrictions (identified above)?
(max. 1,000 characters)

III. Performance Outcomes

1. Scoring for performance will be based on data reported in your most recent APR, which you should provide in the appropriate place below, or data that the CoC Planner will collect directly from HMIS.
 - a. Housing Stability (from APR):

For PSH: Percentage that remained in PSH or exited to other PH during grant year: _____%

For other Projects: Percentage that exited to PH during grant year: _____%

(Use data from Q.36a, Measure 1, under "Actual % of persons who accomplished this measure.")
 - b. Employment Income (from APR):

Percentage of adults who gained or increased income from employment from entry to exit/follow up: _____%

(Use data from Q.24.b.3, "Number of Adults with Earned Income" row, last column.)
 - c. Non-Employment Income (from APR):

Percentage of adults who gained or increased income from other sources (non-employment) from entry to exit/follow up: _____%

(Use data from Q.24.b.3, "Number of Adults with Other Income" row, last column.)
 - d. Non-Cash Benefits (from APR):

Percentage of all clients who obtained non-cash benefits from entry to exit/follow up: _____%

(use data from Q.26.a.2 and Q.26.b.2, add total columns to include both leavers and stayers, add "1+source(s)" for both leavers and stayers, divided by "total" of both leavers and stayers)
 - e. Returns to Homelessness (from HMIS):
 - i. Percentage that exited your project during federal fiscal year October 1, 2012 - September 30, 2013 and returned to ES, TH, RRH or PSH within 6-12 months of their exit.
 - ii. Percentage that exited your project during federal fiscal year October 1, 2011 - September 30, 2012 and returned to ES, TH, RRH or PSH within 2 years of their exit.

(HMIS will provide data for this measure.)
2. What were your performance targets as reported in your 2013 CoC Application?

(Use data from the 2013 CoC Application as submitted in esnaps, under 6.A. 1,2 and 6.B.)

 1. Housing Measure: _____%
 2. Income Measure: Either total income from all sources: _____%

Or, total earned income: _____ % (If you gave targets for both, include both.)

 3. Any Additional Measures:

3. Are you currently meeting your performance targets as indicated above for your 2013 grants, i.e, the grants currently funding your 2014 – 2015 operations?

Yes No If “no,” please explain:

4. a. Are there any unresolved HUD monitoring findings or outstanding audit findings related to this project? Yes No If “yes,” briefly describe:

b. Are there any other local or state unresolved findings related to this project or other programs of the agency? Yes No If “yes,” briefly describe:

5. Check any significant changes that you are proposing in the project since the last funding approval.

- Number of persons served: from _____ to _____
 Number of units: from _____ to _____
 Location of project sites
 Line item or cost category budget changes more than 10%.
 Change in target population
 Change in project sponsor
 Change in component type
 Other: (list)

Please explain any proposed changes:

6. a. Have you adopted a Housing First model? Yes No

b. Briefly describe any changes made in the project which reflect implementation of this model.

IV. BUDGET

Project Type and Budgets

Project Type

- Leasing
- Rental Assistance
- Operating
- Supportive Services

Proposed Annual Budget

	CoC Funding	Other Sources	Total
Leasing	\$	\$	\$
Rental Assistance	\$	\$	\$
Operating	\$	\$	\$
Supportive Services	\$	\$	\$
Administration	\$	\$	\$
Total	\$	\$	\$

- Please complete the following budget tables: ALL BUDGET TABLES COVER A ONE-YEAR PERIOD

SHP LEASING BUDGET DETAIL

To be completed only if requesting leasing fund

	Number of Units/Structures	Funds Requested (1 year)
Leased Units		
Leased Structures		

Project Location: List the addresses of each of the leased units/structures

# Units	Size of unit (efficiency, 1 bedroom, etc)	Location

SHP OPERATING BUDGET

To be completed only if requesting operating funds

	Eligible Costs	Explanation of Line Item (limit 400 characters)	SHP Request 1 Year
1	Maintenance/Repair		
2	Property taxes and insurance		
3	Replacement Reserve		
4	Building security		
5	Electricity, gas, water		
6	Furniture		
7	Equipment <i>(lease/buy)</i>		
	Total SHP Request		
	Cash / In Kind Match		
	Total SHP Operating Budget		
	Leveraging (cash and in-kind)		

SHP SUPPORTIVE SERVICES BUDGET

To be completed only if requesting supportive services funds

	Eligible Costs	Explanation of Line (limit 400 characters)	SHP Request 1 year
1	Assessment of Service Needs		
2	Assistance with Moving Costs		
3	Case Management		
4	Child Care		
5	Education Services		
6	Employment Assistance		

7	Food		
8	Housing/Counseling Services		
9	Legal Services		
10	Life Skills		
11	Mental Health Services		
12	Outpatient Health Services		
13	Outreach Services		
14	Substance Abuse Treatment Services		
15	Transportation		
16	Utility Deposits		
17	Operating Costs		
	Total SHP dollars requested		
	Cash / In kind Match		
	Total SHP Supportive Services Budget		
	Leveraging <i>(cash and in-kind)</i>		

Supportive Housing Program funds are provided), as well as state, local, and private sources, provided that funds from the other source are not statutorily prohibited to be used as a match. It is the responsibility of the recipient to ensure that any funds used to satisfy the matching requirements are eligible under the laws governing the funds to be used as matching funds for a grant awarded under this program. Furthermore, the recipient acknowledges that the matching funds noted above are to be used solely to satisfy Supportive Housing Program fund match requirements and will not be used in conjunction with any other grant application.

By signing below, I, _____(name/job title), affirm that I am an authorized representative of _____, and hereby verify that I have read and understand all eligibility guidelines and applicable laws mentioned above regarding the use of matching funds.

ACCEPTED AND AGREED BY:

Street Address: _____

Signature

Date signed

Project Leveraging (should be at least \$2.00 for every \$1.00 being applied for)

Type of Contribution	Source of Contribution	(G) Government or (P) Private	Value of Commitment	Cash or In-Kind
Example: Child Care	CDBG	G	\$10,000	In-Kind
Total				

Please include a detailed summary of what leverage funds will be used for. Please remember that leverage must still be used on project specific activities. For maximum scoring on your project application with HUD, letters of leverage commitment should be ready to upload in esnaps. Leverage letters of commitment WILL NOT be required to be submitted to HUD at grant agreement signing but should be kept on file for other HUD/CoC monitorings. Further guidance on leverage can be found below.

Renewal projects will be required to have new written commitment letters on file each time they are renewed. All commitment letters must be signed and dated by an authorized representative, and contain, at minimum, the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and sponsor organization to which the contribution will be given; and the date the contribution will be available.

Written agreements could include signed letters, memoranda of agreement, memoranda of understanding, and other documented evidence of a commitment. **The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project and cannot be claimed again in another year.**

By signing below, I, _____(name/job title), affirm that I am an authorized representative of _____(organization), and hereby certify that I have read and understand all eligibility guidelines and applicable laws mentioned above regarding the use of leveraged funds.

ACCEPTED AND AGREED BY:

Street Address: _____

Signature

Date signed

Please complete and return to Natalie McCleskey by Thursday, March 5, 2015, along with the following:

- Most recent audited financials and Form 990 that are available
- When audited financials and Form 990 do not account for most recently completed fiscal year, also submit unaudited financial statements for that most recently completed fiscal year.
- A table of organization for your agency and any sub-grantees (**unless already submitted to RPC**)
- Most current APR (**unless your most current APR has already been submitted to RPC**)
- All amendments to a renewal project requested/approved since the submission of the 2014 CoC application

Information included in this application must be accurately reflected in the 2015 application to HUD. Failure to do so will be seen as fraudulent and may result in the application being withdrawn from the 2015 CoC Application.