**2019 Reallocation Project Application**

**Response to RFP**: *2019 Request for Proposals for Balance of State Continuum of Care Program Reallocation Projects*

Please complete the following summary information about your project.

(Answers to questions 1-7 below, and the three pages of budget forms on the last three pages of this document, are not included in the page limit for the threshold and rating criteria responses beginning on page two.)

1. Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sub Recipient (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Location of Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Primary Contact/Telephone/E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Other Major Sponsors/roles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Description of the New Project:

Project Type (please select one):

* + Rapid Re-housing
	+ Joint Transitional Housing – Rapid Re-housing
	+ Permanent Supportive Housing Dedicated for Chronically Homeless Persons
	+ Permanent Supportive Housing DedicatedPLUS

Number of Households Served (at full capacity at a point in time): \_\_\_\_\_\_\_

Number of Persons Served (at full capacity at a point in time): \_\_\_\_\_\_\_

Provide a narrative description of the new project, including the eligible activities (rental assistance, leasing, operations, supportive services, etc.), services to be provided, population to be served, organizations involved and what they will provide, goals of the project, etc. Provide information so the raters are able to understand the scope, substance and potential impact of the project. (If this is an expansion of an existing project, please indicate and describe the pre-expansion number of persons, units, and services, as well as the post-expansion information.) Provide information about how this new project differs from your old project.

**Part I – Reallocation Project Threshold and Rating Criteria**

All project applicants must address the Threshold Criteria (A) and Rating Criteria (B) below. Limit your response for this threshold criteria and rating criteria to 5 pages. Please use Ariel 11 font. Any pages of narrative (or narrative included in attachments) in excess of the page limit will not be reviewed by the raters and will not be considered in the rating process.

NOTE: For more detailed information on the Threshold Criteria and the Rating Criteria, please see the *2019 Request for Proposals for Balance of State Continuum of Care Program Reallocation Projects* which accompanies this application.

1. **Threshold Criteria**
2. Applicant agrees to operate the program using a Housing First model? Yes\_\_\_No\_\_\_
3. Applicant agrees to serve vulnerable homeless populations (see [HUD CPD Notice 16-11](https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf))? Yes\_\_\_\_No\_\_\_\_\_
4. Applicant is participating (or agrees to participate) in the Coordinated Entry and Assessment System, which must be in compliance with [BoS CoC CE guidelines](https://deptofcommerce.app.box.com/s/3rwdm9w1wdquncuucfbnubt0aqhsd0wf). Yes\_\_\_\_\_No\_\_\_\_\_\_
5. Projects with dedicated beds for persons with disabilities must provide a brief statement on how they will ensure that persons with disabilities can interact with other persons without disabilities.
6. **Rating Criteria**– Up to 115 points.
7. Project prioritizes based on greatest need/vulnerability (0-20 Points)
8. Housing First (0-20 Points)
9. Coordination with local providers and mainstream services (0-15 Points)
10. Leverage (0-5 Points - no narrative required but must supply letters)
11. Readiness (0-10 Points)
12. Capacity (0-10 Points)
13. Soundness of approach (0-15 Points)
14. Meeting a community need (0-10 Points)
15. Applicant in local continuum without CoC grant (0 or 5 Points – no narrative required)
16. Racial equity (0-5 Points)

**2019 REALLOCATION FUNDS**

**ESTIMATED 12 MONTH BUDGET**

APPPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROJECT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  **Proposed Activities** |  **Dollars Grant**  **Request** |  **Match** |  **Totals** |
| 1. **Leased Units**
 |  | None needed |  |
| 1. **Leased Structures**
 |  | None needed |  |
| **3. Rental Assistance** |  |  |  |
| **4. Housing Operations**  **(not for Rental Assistance)** |  |  |  |
| **5. Supportive Services** |  |  |  |
| 1. **Grant Request**

**(Subtotal lines 1 through 4)** |  | **Enter Total Match (Must be AT LEAST 25% OF** **SHP REQUEST)** | **Enter Total Budget (Total SHP Request + Total Cash Match)** |
|
| 1. **Administrative Costs**

**(Up to 10% of line 6)** |  |
| 1. **Total SHP Request**

**(Total lines 6 & 7)** |  |  |  |

**NOTE:**

* **The Grant Period is 12 months. Applicants awarded funds can expect to receive a HUD contract in 2020.**
* **Applicants may only apply for the same amount of funds that are being relinquished from the existing project.**
* **The maximum budget for Administrative Costs is 10% of the Grant Request (line #6).**
* **Applicants are encouraged to develop a program scope that maximizes the number of homeless persons that can be served within available resources.**
* **Applicants awarded grants in the competition are renewable on an annual basis, along with all other existing renewing grants in the CoC.**
* **Capital costs (acquisition, construction and rehabilitation) are not eligible activities in the 2019 competition.**

|  |
| --- |
| **Eligible Supportive Services Costs** |
| **Eligible Item** | **Quantity and Description** (i.e. 0.5 FTE for case management) | **Annual Grant Request** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |
| **Total** |  |  |

|  |
| --- |
| **Eligible Operations Costs** |
| **Eligible Item** | **Annual Grant Request** |
| Maintenance and Repair |  |
| Property Taxes and Insurance |  |
| Replacement Reserve |  |
| Building Security |  |
| Electricity, Gas & Water |  |
| Furniture |  |
| Equipment (lease or buy) |  |
| **Total** |  |