|  |
| --- |
| **[2019 CoC Local YHDP APPLICATION: Due via email by 04.30.2019, 5:00 pm]****NOTE: This application includes basic information for applicants. All agencies should review the companion YHDP RFP, which contains comprehensive details:** |
| This application is for applicants interested in applying for Nashville-Davidson County YHDP Funds. The applications will be rated using several criteria, including but not limited to: capacity and experience of applicant agency, cost per person to be served, match/leverage offered, and any other criteria outlined in the YHDP RFP. |

|  |
| --- |
| **Applicant Information** |
| **Organization Name** |  |
| **Organization’s Executive Director** |  |
| **Application Contact Person** |  |
| **Application Contact Person Phone:** |  |
| **Application Contact Person Email:** |  |
| **Funding Request Amount** |  |
| **Based on the Funding Amount Request, Amount of Match Funding that will be provided** |  |

Executive Director Signature Date

*\*\*****Reminder****: To avoid any apparent conflict of interest and/or bias in the review process, applicant/subrecipient agency names must go only on this page and the next page and shall not be mentioned again throughout the rest of the document.*

|  |
| --- |
| **Subrecipient Information (If Applicable)** |
| **Organization Name** |  |
| **Organization’s Physical Address (include street, city, state, and zip code)** |  |
| **Organization’s Executive Director** |  |
| **Subrecipient Contact Person** |  |
| **Subrecipient Contact Person Phone:** |  |
| **Subrecipient Contact Person Email:** |  |
|  **Expected Subrecipient Funding Amount** |  |
| **Based on the Funding Amount Request, Amount of Match Funding that will be provided** |  |
| **Congressional District(s)** |  |
| **Is the subrecipient a Faith-Based organization?** |  |
| **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a state/local agency?** |  |

Subrecipient Executive Director Signature Date

|  |
| --- |
| **SECTION (1): Proposed Project Type** |
| ***Eligible Projects:*** | **Project Housing Type:** | **Length of Assistance** | **Proposed #YYA To Be Served** | **Proposed Number of Units** | **YHDP Program Budget Request** |
| **24 and Under Diversion with Short Term CH Host Homes** | [ ] Support Services Only (SSO) | [ ]  Up to 6 Months | Click here to enter text. | **NA** | Click here to enter text. |
| **18-24 RRH**  | [ ] Rental Asst. (RRH) | [ ]  Up to 24 months, with possible extension to 36 months with approval of a waiver | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **SECTION 2: Threshold Requirements** | **Pass or Fail**  |
| Categories | Response | CoC Interim Rule Regulation | Summary | Required Attachments: |
| Match- Is agency committing at least 25%? | [ ] YES[ ]  NO | § 578.73-CoC Interim Rule (matching) | Minimum Match: 25%**Total Match: $** | Must include supportive documentation of commitment |
| Current audit Reports – Findings?(if findings, attach page noting issue) | [ ] YES[ ]  NO | § 578.59-CoC Interim Rule | All projects subject to monitoring from HUD and local processes. Audits must be within (9) month timeframe from the end of the agency’s most current FY | If findings, note remedial actions  |
| Board participation/policy-making body- Agency is aware of requirement | [ ] YES[ ]  NO | § 578.75-CoC Interim Rule | Each recipient must have homeless or formerly homeless representation on a policy-making entity |  |
| Program Participants Informed of Rights | [ ] YES[ ]  NO | § 578.91-CoC Interim Rule | Participant informed of eligibility criteria, discharge policies, rights to appeal.  | Agency has written standards including program rules, termination process, written notice of termination and appeals process.  |
| HMIS Participation and Data Quality | [ ] YES[ ]  NO | Project Data Quality meets the 85% threshold requirement.  | “Data Not Collected” less than 2% for any category and on average.  |  |

|  |  |
| --- | --- |
| **SECTION 3: Experience With Grants** | **Max Section Points: 5**  |

**Experience of Applicant, Subrecipient(s), and**

**Other Partners (2B in e-snaps)**

**1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. Please include any experience in implementing CoC programs. (Max 6,000 characters, font size 12, Times New Roman, double spaced)**

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.**

**(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

**(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**4. Are there any unresolved monitoring or audit findings for any HUD grants (including HUD CoC and/or ESG) operated by the applicant or potential subrecipients (if any)?**

**(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**5. Describe any other issues or problems that the applicant has experienced with any Federal, State, local and private sector funding.**

**(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

|  |  |
| --- | --- |
| **SECTION 4: Project Design (e-snaps 3B)** | **Max Section Points: 5** |

1. **Provide a description that addresses the entire scope of the proposed project. (Max 6,000 characters, font size 12, Times New Roman, double spaced)**
2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. (Font size 12, Times New Roman) If multiple structures; complete one column for each structure. *Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award.***

**You must enter a value greater than zero for at least one project milestone.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **Days from execution of Grant Agreement**  | **Days from execution of Grant Agreement**  | **Days from execution of Grant Agreement**  | **Days from execution of Grant Agreement**  |
|  | **A** | **B** | **C** | **D** |
| New project staff hired, or other project expenses begin? |  |  |  |  |
| Participant enrollment in project begins? |  |  |  |  |
| Participants begin to occupy leased units or structure(s), and supportive services begin? |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? |  |  |  |  |
| Closing on purchase of land, structure(s) or execution of structure lease? |  |  |  |  |
| Rehabilitation started? |  |  |  |  |
| Rehabilitation completed? |  |  |  |  |
| New construction started? |  |  |  |  |
| New construction completed? |  |  |  |  |

|  |  |
| --- | --- |
| **SECTION 5: Supportive Services for Participants (e-snaps 4a&b)** | **Max Section Points: 5** |
| Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.  |
| Questions | Responses (Max 3,000 characters, Times New Roman, font 12) |
| 1. Please place an “X” in the response box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants. |  |
| 2. Describe how participants will be assisted to obtain and remain in permanent housing. |  |
| 3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. |  |
| 4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. |
| Service | Provider and Frequency |
| Supportive Services |  |
| Assessment of Service Needs |  |
| Assistance with Moving Costs |  |
| Case Management |  |
| Child Care |  |
| Education Services |  |
| Employment Assistance and Job Training |  |
| Food |  |
| Housing Search and Counseling Services |  |
| Legal Services |  |
| Life Skills Training |  |
| Mental Health Services |  |
| Outpatient Health Services |  |
| Outreach Services |  |
| Substance Abuse Treatment Services |  |
| Transportation |  |
| Utility Deposits |  |
| 5. Please identify whether the project will include the following activities (*yes or no responses):* |
| Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? |  |
| Regular follow-ups with participants to ensure mainstream benefits are received and renewed? |  |
| Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? |  |
| Has the staff person providing the technical assistance completed SOAR training in the past 24 months? |  |
| 6. FOR RRH PROJECTS ONLY: Housing Type and Location Detail |
| Housing Type: |  |
| Indicate the maximum number of units and beds available for project participants at the selected housing site. |
| Units |  |
| Beds |  |
| Street, City, State, Zip Code |  |

|  |  |
| --- | --- |
| **SECTION 6: Project Participants (e-snaps 5a-c)** | **Section Not Scored but MUST be Completed** |
|  | **Households with at least one adult and one child** | **Adult households without children** | **Households with only children** | **Total** |
| **Number of Households** |  |  |  |  |
|  |
| **Characteristics** | **Households with at least one adult and one child** | **Adult households without children** | **Households with only children** | **Total** |
| Adults over age 24 |  |  |  |  |
| Adults ages 18-24 |  |  |  |  |
| Accompanied children under age 18 (*can only be used if parent is 18-24*) |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |
| **Total Persons** |  |  |  |  |
| **Persons in Households with at least one adult and one child** |
| **Characteristics** | Chronic Non Vet  | Chronic Vet  | Non Chronic Vet  | Chronic Sub. Abuse  | Persons with HIV/AIDs  | Severely Mentally Ill  | Survivors of Domestic Violence  | Physical Disability  | Develop Disability  | Persons not rep. by sub-pop.  |
| **Adults over age 24** |  |  |  |  |  |  |  |  |  |  |
| **Adults ages 18-24** |  |  |  |  |  |  |  |  |  |  |
| **Accompanied children under age 18 (*can only be used if parent is 18-24*)** |  |  |  |  |  |  |  |  |  |  |
| **Unaccompanied children under age 18** |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |  |  |  |
| **Persons in Households without children** |
| **Characteristics** | Chronic Non Vet | Chronic Vet | Non Chronic Vet | Chronic Sub. Abuse | Persons with HIV/AIDs | Severely Mentally Ill | Survivors of Domestic Violence | Physical Disability | Develop Disability | Persons not rep. by sub-pop. |
| **Adults over age 24** |  |  |  |  |  |  |  |  |  |  |
| **Adults ages 18-24** |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |  |  |  |
| **Persons in Households with only children** |
| **Characteristics** | Chronic Non Vet | Chronic Vet | Non Chronic Vet | Chronic Sub. Abuse | Persons with HIV/AIDs | Severely Mentally Ill | Survivors of Domestic Violence | Physical Disability | Develop Disability | Persons not rep. by sub-pop. |
| Accompanied children under age 18 (*can only be used if parent is 18-24*) |  |  |  |  |  |  |  |  |  |  |
| Unaccompanied children under age 18 |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |  |  |  |
| ***Describe the unlisted subpopulations referred to above (Max 1000 characters, font Times New Roman, Size 9, Black)*** |
| **Outreach For Participants** |
| Enter the percentage of project participants that will be coming from each of the following locations. |
|  | Directly from the street or other locations not meant for human habitation. |
|  | Directly from emergency shelters. |
|  | Directly from safe havens. |
|  | Persons fleeing domestic violence or unsafe situations. |
|  | Total of above percentages |
| Describe the outreach plan to bring these homeless participants into the project ***(Max 3000 characters, font Times New Roman, Size 9, Black)*** |

|  |  |
| --- | --- |
| **SECTION 7: Funding Request (e-snaps 6A, E, F)** | **Section Not Scored but MUST be Completed** |
| Will it be feasible for the project to be under grant agreement by September 15, 2019? | [ ] YES[ ]  NO |
| What type of CoC Funding is this project applying for? | [ ] SSO[ ]  RRH |
| Does this project propose to allocate funds according to an indirect cost rate? | [ ] YES[ ]  NO |
| Grant Term | 2 years |
| Select the costs for which funding is being requested: | [ ] Rental Assistance[ ]  Support Services |
| **Rental Assistance Budget (ONLY TO BE COMPLETED FOR RRH PROJECT)** |
| Total Request for Grant Term: | $ |
| Total Units: |  |
| **Type of Rental Assistance** | **FMR Area** | **Total Units Requested** | **Total Request** |
| TRA | TN-Nashville-Davidson - - Murfreesboro - -Franklin, TN HUD Metro FMR Area (4701599999) |  | $ |
| **Rental Assistance Budget Detail** |
| Size of Units | # of Units (Applicant) | FMR Area FY2019(Applicant) | 12 Months | Total Request (Applicant) |
| 0 Bedroom |  | $830 | 12 | $ |
| 1 Bedroom |  | $911 | 12 | $ |
| 2 Bedrooms |  | $1103 | 12 | $ |
| 3 Bedrooms |  | $1455 | 12 | $ |
| 4 Bedrooms |  | $1738 | 12 | $ |
| Total Units and Annual Assist. Req. |  |  |  | $ |
| Grant Term  |  |  |  | 2 Years |
| Total Req for Grant Term |  |  |  | $ |
| ***\*\*Please note, when you enter your budget into e-snaps you will be using 2018 FMRs but you will need to base your budget on 2019 FMRs (stated above).*** |
| **Eligible Costs** | **Quantity and Description****(Max 400 characters)***Need a quantity and description for each requested cost.* | **Annual Assistance Requested** |
| 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 Annual Assistance Requested |  | $ |
| Grant Term |  | 2 Years |
| Total Request for Grant Term |  | $ |

|  |  |
| --- | --- |
| **SECTION 8: Incorporation of YHDP Guiding Principles****As noted in the YHDP RFP there is a requirement to align all YHDP Projects with the Guiding Principles set by the YHDP Steering Committee and the YAB.** | **Max Section Points: 20** |
| **Guiding Principles** | **What experience does your agency (or subrecipients) have with implementing these guiding principles? If your agency does not currently utilize these guiding principles please outline steps that will be taken to fully integrate the principle in practice. (3,000 characters, Times New Roman, font size 11, double spaced)** | **What resources beyond HUD YHDP funding do you need to implement these principles successfully? Where might those resources come from? (3,000 characters, Times New Roman, font size 11, double spaced)** |
| **USICH Youth Framework and Four Core Outcomes** |  |  |
| **Responding to the needs of Special Populations** |  |  |
| **Positive Youth Development and Trauma Informed Care** |  |  |
| **Family Engagement** |  |  |
| **Immediate Access to Housing with No Pre-Conditions** |  |  |
| **Youth Choice** |  |  |
| **Individualized and Client-Driven Supports** |  |  |
| **Social and Community Integration** |  |  |
| **Coordinated Entry** |  |  |
| **Equitable Treatment** |  |  |

|  |  |
| --- | --- |
| **SECTION 9: Proposed Budget**  | **Max Section Points: 7** |
| **Proposed Activity** | **HUD CoC****Request** | **Cash****Match** | **Totals** |
| 1. **Real Property (Leasing)**
 |  |  |  |
| 1. **Tenant-based Rental Assistance (TRA)**
 |  |  |  |
| 1. **Sponsor-based Rental Assistance (SRA)**
 |  |  |  |
| 1. **Supportive Services**
 |  |  |  |
| 1. **Rapid Re-housing**
 |  |  |  |
| 1. **Operations**
 |  |  |  |
| 1. **CES**
 |  |  |  |
| 1. **HMIS**
 |  |  |  |
| 1. **Request Subtotal**

**(Subtotal lines 1 through 8)** |  |  | **Total Budget**(Total CoC Request+ Total Cash Match) |
| 1. **Administrative Costs**

**(Up to 7% of entire grant)** |  |  |
|  |  |  |
| 1. **Total Request**

**(Total lines 9 and 10)** |  |

**Please provide budget detail below for any requested line items that the applicant feels will help the Performance Evaluation Committee better understand how proposed funding will be used.**

**(Font size 12, Times New Roman, double spaced, not to exceed this page.)**

|  |  |
| --- | --- |
| **SECTION 10: Consumer Focus & Community Planning for CES** | **Max Section Points: 8** |
| HEARTH-Related Questions | Please check YES or NO | Space provided for any explanation that may be needed. |
| Do staff members who deliver services or case management for this project use, or will they use evidence-based practice models? (provide documentation) | [ ] YES [ ] NO |  |
| Does staff at your agency currently attend any CES related meetings? If no, do you plan on attending CES related meetings? | [ ] YES [ ] NO[ ] YES [ ] NO [ ] NA |  |
| Does staff at your agency enter information into the local Homeless Management Information System (HMIS) for CES? If no, do you plan on entering information *(please note this is a requirement for utilization of YHDP Funds)*?  | [ ] YES [ ] NO[ ] YES [ ] NO [ ] NA |  |
| Does your agency have a project or workflow that currently accepts referrals from the CES process in Nashville-Davidson County? If no, do you plan on accepting referrals from the CES process for this project *(please note this is a requirement for utilization of YHDP Funds)*? | [ ] YES [ ] NO[ ] YES [ ] NO  |  |

|  |  |
| --- | --- |
| **SECTION 11: Housing First or Low Barrier Determination** | **Max Section Points: 8** |
|  | “Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier”. | **Total Points Possible** |
| 1. | Having too little or no income | [ ] YES [ ] NO |  |
| 2. | Active or history of substance abuse (can test positive on drug screen) | [ ] YES [ ] NO |  |
| 3. | Having a criminal record with exceptions for state-mandated restrictions | [ ] YES [ ] NO |  |
| 4. | History of domestic violence (either perpetrator or victim) | [ ] YES [ ] NO |  |

**NOTE: Agencies practicing a true housing first model will be given priority.**

**All agencies who identify their project to be adopting this approach should gauge how closely they are adhering to the recommended best practice standards of the Housing First Model using HUD’s Housing First Standards Assessment Tool** [**https://www.hudexchange.info/resources/documents/housing-first-assessment-tool.xlsm**](https://www.hudexchange.info/resources/documents/housing-first-assessment-tool.xlsm).

See also HUD’s guide called using a *Housing First Philosophy When Serving Youth*: <https://www.hudexchange.info/resources/documents/using-a-housing-first-philosophy-when-serving-youth.pdf>

|  |  |
| --- | --- |
| **SECTION 12: Project Description & Implementation Plan** | **Max Section Points: 21** |

Applicants will need to refer to *Appendix A: YHDP Project Types and Descriptions* in order to respond to the following questions. Applicants will be scored on their ability to implement all the core components and project requirements outlined in *Appendix A.*  Applicants applying with a subrecipient should clearly outline which agency will be implementing each of the core components and that the two agencies will comply with the listed program requirements. Applicants will also be scored on their experience in implementing similar projects for youth and young adults, or other populations experiencing homelessness and their plan for building capacity to serve youth and young adults under the selected project type.

**Only respond for the project in which you are applying. Please write N/A for the other projects for which you are not applying. Please include staffing structure in your responses to the questions below.**

**Diversion with Short Term Crisis Housing Host Homes**

*Max 3,000 characters each question, Times New Roman, black, size 11 font.*

|  |  |  |
| --- | --- | --- |
| **Core Element** | **Question** | **Applicant Response** |
| **Single Point of Entry** | **How will your organization work in collaboration with other entities and coordinate a single point of entry for YYA under 18? Please include how you will utilize a hotline, physical location and the ability to meet YYA where they are in the community.** |  |
| **Assessment and Triage** | **What tools and methods will be used to assess for risk and safety and to better prioritize and match YYA to needed services to maintain housing? Include how the organization will facilitate case conferencing with system partners (JJ, DCS, etc)** |  |
| **Service** | **How will your agency offer the following mandatory services (any additional services are welcome) to assist with maintaining or finding other safe and stable housing options? Mandatory Services are: Inclusion of other system partners; identification of housing resources; financial assistance; linkage to mainstream resources; assessment for continued services; family conflict resolution or engagement.** |  |
| **Short Term CH Host Homes** | **How will your agency establish, coordinate, and implement CH Host Homes into your diversion project?** |  |
| **Experience** | **Please explain your agency’s experience implementing Diversion. If your agency does not have experience, please provide detailed steps on how your agency will implement Diversion with limited to no experience and what partnerships your agency will form to build capacity. Please include experience you have working with YYA 24 years of age and under.** |  |
| **Outcomes** | **Based on the proposed outcomes outlined in the RFP, how will you measure those outcomes? Do you plan on meeting or exceeding those outcomes? Please provide a detailed response.** |  |
| **Additional Desired Outcomes** | **Are there any additional desired outcomes you plan to meet? If yes, what are they and how do you plan to measure them?** |  |

**18-24 Rapid Rehousing**

*Max 3,000 characters, Times New Roman, black, size 11 font.*

|  |  |  |
| --- | --- | --- |
| **Core Element** | **Question** | **Applicant Response** |
| **Single Point of Entry** | **How will your organization work in collaboration with other entities and coordinate a single point of entry for YYA 18-24 years of age?** |  |
| **Assessment and Triage** | **How will your agency assess the housing and support service needs and safety of YYA 18-24 who are experiencing homelessness?** |  |
| **Housing Identification** | **How will your agency identify housing for unaccompanied YYA 18-24 who are experiencing homelessness?** |  |
| **Move-In and Rental Assistance** | **How will your agency assist YYA 18-24 with move-in and administer rental assistance? Please include the range of months you plan to administer rental assistance.** |  |
| **Housing Based Case Management and Supports** | **How will your agency offer housing based case management and other supports to unaccompanied YYA 18-24? Please include plan and timeframe for offering supports once rental assistance has ended.** |  |
| **Experience** | **Please explain your agency’s experience implementing RRH. If your agency does not have experience, please provide detailed steps on how your agency will implement RRH with limited to no experience and what partnerships your agency will form to build capacity. Please include experience you have working with YYA 18-24 years of age.** |  |
| **Outcomes** | **Based on the proposed outcomes outlined in the RFP, how will you measure those outcomes? Do you plan on meeting or exceeding those outcomes? Please provide a detailed response.** |  |
| **Additional Desired Outcomes** | **Are there any additional desired outcomes you plan to meet? If yes, what are they and how do you plan to measure them?** |  |

|  |  |
| --- | --- |
| **SECTION 13: Addressing Unique Needs of YYA Experiencing or At Risk of Experiencing Homelessness****As noted in the YHDP RFP applicants are encouraged to consider how their project designs will address the needs unique to YYA experiencing or at risk of experiencing homelessness.** | **Max Section Points: 21** |
| **Group Types** | **How does your organization address the needs of these populations? If your organization currently does not address the needs of these populations, describe the steps your organization will take to start addressing the needs unique to YYA.** | **If you or the subrecipient currently addresses the unique needs of YYA, please describe any partnerships you currently have that assist in addressing the unique needs of YYA. If you do not currently address the unique needs of YYA, write N/A.** | **What are other partnerships you feel are needed to either continue, or start, addressing the unique needs of YYA? Please include how YHDP funds would strength this connection.** |
| LGBTQIA |  |  |  |
| Pregnant and Parenting YYA |  |  |  |
| YYA involved in the Juvenile Justice System |  |  |  |
| YYA involved in the Foster Care System |  |  |  |
| Victims of Trafficking and Exploitation |  |  |  |
| Minorities |  |  |  |
| YYA with disabling conditions |  |  |  |

**Please use the space below to provide additional information about your proposed project or other details that your agency feels is important or critical to note during the evaluation period.**

**Please use: 12 Font, Times New Roman, and Double-spaced text-maximum of 1 Page.**

SIGNATURE PAGE: Must be signed by the agency’s Executive Director, as well as the designated party either assigned to attend the CoC General Meetings or submit the Annual Performance Report for the HUD CoC-funded project.

[**HEARTH ACT & Opening Doors: LAWS**](http://www.endhomelessness.org/page/-/files/2098_file_HEARTH_Act_Summary_FINAL_6_8_09.pdf)

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs.

|  |
| --- |
| **In order for any project to be considered for funding through YHDP funds, please check yes or no to all of the following statements:** |
| Our agency understands HUD’s priorities as outlined in YHDP RFP. | [ ] YES [ ] NO |
| Our agency understands the role of and need for multiple interventions in the work to end homelessness, and therefore supports an: |  |
| Increase Permanent Supportive Housing beds dedicated for chronic homeless persons | [ ] YES [ ] NO |
| Increase Rapid Re-housing beds, especially for homeless families | [ ] YES [ ] NO |
| Adhere to principles of Housing First, primarily by ensuring low to no barriers to housing entry (criminal background checks, sobriety requirements, etc.- HUD wants 75% of local projects to be low-barrier), and assisting homeless persons with housing entry as quickly as possible | [ ] YES [ ] NO |
| Reallocate funding from lower-performing projects to more effective options | [ ] YES [ ] NO |
| Increased focus on System performance, versus only at project level | [ ] YES [ ] NO |
| Extensive use of Coordinated Entry Systems to assess needs and refer to housing & services | [ ] YES [ ] NO |
| Reduce length of time persons are homeless | [ ] YES [ ] NO |
| Increase income and connection to benefits | [ ] YES [ ] NO |
| Move homeless persons into permanent housing, and assure high rate of housing retention | [ ] YES [ ] NO |
| End homelessness among chronic homeless persons, veterans, families with children and unaccompanied youth | [ ] YES [ ] NO |
| Our agency understands our CoC-funded projects can only accept persons meeting the HUD definition of literally homeless.  | [ ] YES [ ] NO |
| Our agency understands the requirements of data collection and the priority on data-driven planning using the continuums local HMIS | [ ] YES [ ] NO |

***Signed:***

Applicant Organization Executive Director:

Date Signed:

***Signed:***

If applicable, Subrecipient Organization Executive Director:

Date Signed: