**LOCAL REQUEST FOR APPLICATIONS (RFA) for   
FY2023 HUD Continuum of Care (CoC) Funding**

**FOR**

**NEW/EXPANDED**

**PERMANENT SUPPORTIVE HOUSING**

**&**

**RAPID RE-HOUSING**

**DEADLINE FOR SUBMISSION OF APPLICATIONS: THURSDAY, AUGUST 24, 2023 3:00 P.M.**

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**NOTE: This year, the traditional application has been divided into 2 documents- this application, and an Addendum, which includes detailed specifics on eligible expenses, regulations, definitions, etc. Interested entities MUST read and review the related Addendum, and certify thorough review in this application. This application is based on the best information currently available, and MDHA may need to revise the requirements described herein and/or request additional information based on additional guidance made available by HUD, and/or decisions made by the CoC Performance Evaluation Committee (PEC). MDHA 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 Nashville CoC mailing list by emailing MDHA’s Homeless Coordinator, Suzie Tolmie, at** [**stolmie@nashville-mdha.org**](mailto:stolmie@nashville-mdha.org) **with subject heading *CoC 2023 listserv*.**

**SECTION 1: FY2023 CoC LOCAL NEW PROJECT APPLICATION COVERSHEET & GENERAL PROJECT INFORMATION**

1. **Project Name:**
2. **Applicant Name:**

**Proposed Project Start Date:**

**Funding Requested:**

**Match Amount:**

**Match - Funding Source(s):**

**Project/Activity Type:**

☐ New PSH

☐ New RRH

**Target Population:**

☐ chronically homeless

☐ families w/ children

☐ single individuals

☐ young adults 18-24

☐ serious & persistent mental illness

☐ substance use disorders

☐ domestic violence

**Is Project applying as an Expansion?**

☐ Yes

**If yes to above, Existing Project Grant Number:**

**Is project applying for DV Bonus funds?**

☐ Yes ☐ No

**Proposed number of CoC-funded beds and units:**

Beds = Units =

☐ other – specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Owned/Long-term lease- address:**

**Primary Agency Contact regarding Project Application (Name and Contact Information):**

**Our agency has thoroughly reviewed the local FY2023 CoC Addendum ☐ YES ☐ NO**

1. **THRESHOLD CRITERIA:**
2. **SAM & UEI Number**

* **SAM Registration Requirement.** Applicants must be registered with <https://www.sam.gov/SAM> before submitting their application into HUD’s online e-snaps system. In addition, Applicants must maintain an active SAM registration with current information while they have an active Federal award or an application or plan under consideration by HUD.
* **UEI Number Requirement.** As of April 4, 2023, entities doing business with the federal government must use the Unique Entity Identifier created in SAM.gov.
* Our agency has registered with SAM and has a UEI number. It is:
* Our agency has begun the process of registering with SAM and getting a UEI number. Proof is attached.

1. **Certification of Participation in Coordinated Entry (CE)**

Does staff at your agency enter/update client records in CE in HMIS for the clients served by this project?

☐ YES ☐ NO ☐ N/A New project

If no, please identify any estimated date (month and year) client data will be entered/updated in CE in HMIS.

Month: Year:

1. **Certification of HMIS Participation**

All Applicants who are awarded HUD CoC funding are required to participate in the CoC’s designated Homeless Management Information System (HMIS) database, and to ensure that data entered for the Project is accurate, complete, and timely, as outlined in the HMIS Data Quality Plan. As HMIS participating agencies, Applicants must follow the HMIS Policies and Procedures and Participating Agency Agreement. For details on HMIS, please contact Hannah Cornejo-Nell at the Office of Homeless Services, [hannah.cornejo-nell@nashville.gov](mailto:hannah.cornejo-nell@nashville.gov) .

See also [https://nashville.weebly.com/administrative-documents.html](https://mhidnashville.weebly.com/administrative-documents.html) for the HMIS Participating Agency Agreement & the Data Quality Plan.

1. Does (or will, for agencies new to this funding) the Applicant/Project participate in HMIS? ☐ YES ☐ NO
2. If Applicant is a victim-service agency or legal services agency, serving survivors of domestic violence, Applicant certifies it utilizes a comparable database for the Project. ☐ YES ☐ NO

If no, please explain:

**QUESTIONS 2 – 4 - FOR EXISTING PROJECTS SEEKING EXPANSION FUNDS ONLY**

**2. 100% of clients served by this funding source must be referred through CE. Please identify how many enrollments in this project in the last federal fiscal year (ending September 30, 2022) were not received through CE referrals and explain why.**

**3. If any referrals from CE were denied by your agency for the year above, please explain why a denial was issued in each case.**

***If your project is not currently receiving all referrals through CE:***

**4. Are you actively working with the CE team at the Office of Homeless Services to establish a process for your project to accept all referrals through CE? ☐ YES ☐ NO Please explain. Staff at the Office of Homeless Services will be consulted to confirm.**

**PROJECT DESCRIPTION (no more than one page)**:

* **Identify your role in the project and proposed partners, if any. Describe history of collaboration between proposed partners.**
* **Describe the type of housing being proposed, location, the number and configuration of units, and how this will fit the needs of program participants (e.g., two or more bedrooms for families).**
* **Describe the overall goal and vision for the project.**
* **Indicate the number of households and people to be served during the project year and the outcomes anticipated.**
* **Describe the estimated schedule for project start up, including the anticipated dates the project will begin filling units/serving participants, will be operating at full capacity and the method for assuring effective and timely completion of all work.**

**PROJECTS SERVING VICTIMS OF DOMESTIC VIOLENCE ONLY --**

* **Briefly describe the degree to which your project improves safety for the population you serve. [200 word max]**

**EDUCATIONAL SERVICES FOR PARTICIPANTS**

**A. For projects serving families with dependent children and single adults 24 years old or younger, will the applicant have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including but not limited to early childhood education programs such as head start/preschool programs, Tennessee Early Intervention Services (TEIS) and the HERO Program for Families in Transition at Metro Nashville Public Schools (see** [**https://mnps.org/students-families/services/HERO**](https://mnps.org/students-families/services/HERO) **)?**

**☐ YES ☐ NO ☐ N/A**

**B. For projects serving families with dependent children and single adults 24 years old or younger, will the applicant have policies and practices that are consistent with the McKinney-Vento rights (see** [**https://nche.ed.gov/wp-content/uploads/2018/10/introduction.pdf**](https://nche.ed.gov/wp-content/uploads/2018/10/introduction.pdf) **) afforded to students experiencing homelessness, including but not limited to immediate school enrollment, school selection and full participation in all school activities?**

**☐ YES ☐ NO ☐ N/A**

1. **HUD & LOCAL PRIORITIES (Up to 26 points- when responding to these questions, keep in mind HUD’s 9 Homeless Policy Priorities outlined in this year’s NOFO & found in the Addendum)** **Limit for this section is 5 pages double-spaced, 12-point font**
2. **Improving System Performance (up to 10 points)**
3. **Improving the Performance of the CoC (up to 5 points)**

**Describe how the project will improve the performance of the CoC in the following areas: 1) Reducing the time individuals and families are homeless; 2) Reducing returns to homelessness; 3) Increasing income; and 4) Obtaining or retaining permanent housing.**

1. **Special Assistance to Retain/Obtain Permanent Housing (up to 1 point)**

Describe any special assistance participants will receive to help them obtain and remain in permanent housing in a manner that fits their needs (e.g. transportation to access services, safety planning, tenancy sustaining services, landlord liaison services, and other assistance to ensure retention).

1. **Obtain Mainstream Benefits (up to 2 points)**

Will the project include the following services/activities?

* Transportation assistance to enable participants to attend mainstream benefit appointments, employment training, and/or jobs?

☐ YES ☐ NO

* Regular follow-ups with participants to ensure mainstream benefits are received and renewed?

☐ YES ☐ NO

* Will project participants have technical assistance with obtaining SSI/SSDI benefits for which they are eligible, provided by the applicant or partner agency?

☐ YES ☐ NO

Indicate the last SOAR training date for the staff person providing SSI/SSDI technical assistance: ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe how the proposed project has a specific plan for ensuring participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply (e.g., Medicare, Medicaid, SSI, SNAPS, local Workforce office, early childhood development)**

1. **Employment Services (up to 3 points)**

Describe how the project serves the employment and job-training needs of adult participants, including whether the project offers volunteer and/or work opportunities to clients/tenants and/or links them with employment and vocational programs to support self-sufficiency and income growth. Include information on documented successful referrals and outcomes in comparable programs (if applicable).

If you have formal agreements, MOUs or partnerships with employment service agencies, employers or other vocational services, please specify.

1. **Utilizing Housing First Narrative (up to 4 points) - Number each response.**
2. Describe how the proposed project complies with the Housing First low-barrier approach, i.e., applicants will not be denied housing based on lack of income, active/history of substance use, having a criminal record, or a history of domestic violence.
3. Describe how participants will not be terminated from the project if they fail to participate in available support services.
4. Describe how the project will prioritize rapid placement and stabilization in permanent housing and how eviction back into homelessness will be avoided. Explain how applicant will assure that a program participant’s assistance is terminated only in the most severe cases.

**d. Housing & serving unsheltered persons experiencing homelessness (up to 9 Points – NA for DV Proposals)**

Describe how the proposed project will house and serve persons sleeping outdoors and in other unsheltered areas not meant for human habitation.

**SECTION 2: PERMANENT SUPPORTIVE HOUSING (PSH)**

**INSTRUCTIONS**

* Page limit for section 2: 4 pages; must use at least 12-point font
  + - 1. **THIS PROJECT PROPOSES TO (select one):**

☐ Create additional PSH units

☐ Expand services for participants in existing PSH units

* + - 1. **HOUSING TYPE (APPLICABLE TO PROJECTS PROPOSING TO CREATE ADDITIONAL UNITS ONLY)**
* Type – select all that apply:

☐ Scattered site/TBRA (Tenant-based Rental Assistance)

☐ Master leasing

* Total number of additional units proposed: \_\_\_\_\_\_
* Total number of additional beds proposed: \_\_\_\_\_\_\_\_\_
  + - 1. **NEED FOR NEW SERVICES (APPLICABLE ONLY TO PROJECTS PROPOSING TO CREATE NEW SERVICES FOR PARTICIPANTS IN ONE OR MORE EXISTING PROJECTS)**

Briefly describe why the additional services proposed through this application are essential to assist eligible participants in one or more existing PSH projects to obtain and/or retain permanent housing.

* + - 1. **TARGET POPULATION**

1. **COMPLETE THE CHART BELOW INDICATING HOUSEHOLDS TO BE SERVED & UNITS TO BE PROVIDED IN THE PROJECT –** Only include households to be served/units that will be funded through the new CoC funds you are seeking in this application at full occupancy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLDS** | **HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD** | **ADULT HOUSEHOLDS WITHOUT CHILDREN** | **HOUSEHOLDS WITH ONLY CHILDREN** | **TOTAL** |
| **TOTAL NUMBER OF HOUSEHOLDS** |  |  |  |  |
| **TOTAL NUMBER OF PERSONS** |  |  |  |  |

1. Describe how the applicant determined an unmet need for PSH for the populations/subpopulations to be served. Include any data used to make this determination.

**SERVING MOST VULNERABLE/HIGHEST BARRIER**

**Please describe below how the project serves homeless persons who are the most vulnerable/ facing most/highest barriers (i.e., length of time homeless, numerous disabilities, criminal backgrounds, etc.). Statistics are very helpful.**

* + - 1. **IS THIS AN EXPANSION PROJECT?** ☐ YES ☐ NO

Please note: Applications for expansion can be submitted regardless of whether or not the applicant has an existing CoC renewal project.

**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 State/local sources is not permitted)

1. Non-CoC funding source of existing project (applicable only for projects applying to expand a non-CoC funded project): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Complete the chart below, Project capacity (applicable to projects proposing to add units and/or increase the # of households served): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***CAPACITY - EXISTING PROJECT*** | ***CAPACITY – NEW PROJECT*** | ***TOTAL CAPACITY – EXISTING PROJECT + NEW PROJECT*** |
| # OF HOUSEHOLDS/Units (Full capacity) |  |  |  |
| # of HOUSEHOLDS (Annually) |  |  |  |
| # OF PEOPLE (Full capacity) |  |  |  |
| # OF PEOPLE (ANNUALLY) |  |  |  |

1. **ADDITIONAL SERVICES TO BE PROVIDED** (applicable to projects proposing to provide additional services to people in one or more existing projects – please check all that apply):

☐ increase number of and/or expand variety of supportive services provided

☐ increase frequency and/or intensity of supportive services

Briefly describe the different/additional services that will be provided:

**SECTION 3: RAPID REHOUSING**

**INSTRUCTIONS:**

* This section must be completed only by applicants seeking funding for RRH, including those proposing to create additional RRH units and/or those proposing to expand services in an existing RRH project.
* Agencies applying for multiple, distinct RRH projects must complete this section for each proposed RRH project.
* Page limit for Section 3: 4 pages; must use at least 12 point font
* Applicants must compile all relevant sections into a single document and delete sections that are not applicable to the type of project for which they are applying.
  + - 1. **THIS PROJECT PROPOSES TO** (select one):

☐ Create additional RRH units

☐ Expand services for participants in an existing RRH project

1. **HOUSING TYPE (APPLICABLE TO PROJECTS PROPOSING TO CREATE ADDITIONAL UNITS ONLY)**

* Type – select all that apply:

☐ Scattered site/TBRA (Tenant-based Rental Assistance)

☐ Master leasing

* Total number of additional units proposed: \_\_\_\_\_\_
* Total number of additional beds proposed: \_\_\_\_\_\_\_\_\_

1. **NEW SERVICES (APPLICABLE ONLY TO PROJECTS PROPOSING TO CREATE NEW SERVICES FOR PARTICIPANTS IN ONE OR MORE EXISTING PROJECTS)**
2. Briefly describe the services proposed and why the additional services proposed through this application are essential to assist eligible participants in one or more existing project obtain and/or retain permanent housing.
3. **TARGET POPULATION**
4. **HOUSEHOLDS TO BE SERVED & UNITS TO BE PROVIDED IN THE PROJECT**

Only include households to be served/units that will be funded through the additional funds you are seeking in this application. Indicate # of HUD household types/units when project is operating at full capacity. Also indicate the # of households to be served over the course of a full year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLDS** | **HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD** | **ADULT HOUSEHOLDS WITHOUT CHILDREN** | **HOUSEHOLDS WITH ONLY CHILDREN** | **TOTAL** |
| **NUMBER OF HOUSEHOLDS**  **(Full Capacity)** |  |  |  |  |
| **NUMBER OF HOUSEHOLDS**  **(Annual)** |  |  |  |  |
| **NUMBER OF UNITS (Full Capacity )** |  |  |  |  |

1. Briefly describe how the applicant determined that there is an unmet need for RRH for the populations/subpopulations described in A & B above. Include any data used to make this determination.

**SERVING MOST VULNERABLE/HIGHEST BARRIER**

**Please describe below how the project serves homeless persons who are the most vulnerable/ facing most/highest barriers (i.e., length of time homeless, numerous disabilities, criminal backgrounds, etc.). Statistics are very helpful.**

**IS THIS AN EXPANSION PROJECT?** ☐ YES ☐ NO

Please note: Applications that will provide additional services to participants in one or more existing RRH project must be submitted as expansion projects, and those applicants must complete this section. Applications for expansion can be submitted regardless of whether or not the applicant has an existing CoC renewal project. Applicants may also apply to create new units using expansion funds. See Instructions section for more information about expansion funds.

**IF THIS IS AN EXPANSION PROJECT, PLEASE INDICATE:**

* + - * 1. Is this project seeking expansion funds to replace other State or local funding sources?

☐ YES ☐ NO (note: use of expansion funds to replace other State/local sources is not permitted)

* + - * 1. CoC grant # of the eligible renewal project that is requesting expansion (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. Non-CoC funding source of existing project (applicable only for projects applying to expand a non-CoC project): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        3. Complete the chart below. Project capacity (applicable to projects proposing to add units and/or increase the # of households served):

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***CAPACITY - EXISTING PROJECT*** | ***CAPACITY – NEW PROJECT*** | ***TOTAL CAPACITY – EXISTING PROJECT + NEW PROJECT*** |
| **NUMBER OF HOUSEHOLDS**  **(Full Capacity)** |  |  |  |
| **NUMBER OF HOUSEHOLDS**  **(Annual)** |  |  |  |
| **NUMBER OF UNITS (Full Capacity )** |  |  |  |
| **# OF PEOPLE SERVED**  **(Annual)** |  |  |  |

* + - * 1. Additional services to be provided (applicable to projects proposing to provide additional services to people in one or more existing projects; check all that apply):

☐ increase number of and/or expand variety of supportive services provided

☐ increase frequency and/or intensity of supportive services.

Briefly describe the different/additional services that will be provided:

**SECTION 4: (up to 25 points)**

1. **Performance Outcomes (up to 20 points)**

This section is related to Project Performance on locally set standards and HUD-required outcomes. Scoring will be based on a review of the last Annual Performance Report (APR), or equivalent report(s), for the one-year period ending September 30, 2022. **TH** = Applications coming from agencies that do not have experience with PSH or RRH, but do have history operating Transitional Housing

If you operate multiple projects, please report on the one that houses the most participants.

Name of project reported below:

|  |  |
| --- | --- |
| Outcome A – OBTAIN OR RETAIN PERMANENT HOUSING | |
| **PSH:** Retains and/or exits to other Permanent Housing | Count the total number of Stayers (persons remaining in the housing on the last day of the program year). In the HUD APR, this is Q5a line 8.  # of Stayers retaining housing (or total from comparable report) = \_\_\_\_\_\_\_\_\_  Count the total number of positive housing exits from the project (if using HUD APR, this is in table Q23c *Exit Destinations*, line called *Total persons exiting to positive housing destination)*.  Permanent Housing exits include permanent destinations such as: housing owned or rented by client (with or without subsidy); or staying/living with friends or family on as permanent basis.  Total exits to other Permanent Housing= \_\_\_\_\_\_\_\_\_  Add the 2 numbers above. These are the successes, and the numerator, which = \_\_\_\_\_\_\_\_.  Your denominator should be the eligible participants. In the HUD APR, this is Q7a, Number of Persons Served, first column in the line under *Total* called *For PSH and RRH – the total persons served who moved into housing*, MINUS any number in the line in Q23c called *Total persons whose destinations excluded them from the calculation* – this number should be small, and represents project participants who may have died or entered an institutional setting for a short stay. Enter total Persons served = \_\_\_\_\_\_ minus Excluded from calculation = \_\_\_\_\_\_\_\_ and that is the Eligible Participants, which = \_\_\_\_\_\_\_\_\_\_.  Divide the number of successes by the number of eligible participants = \_\_\_\_\_%. Then, score your project relative to the local benchmark in the 2023 New Project Benchmark Scoring Tool in the Addendum.  Provide score here: \_\_\_\_\_\_ |
| **RRH & TH**: Obtained/exited to Permanent Housing | Count the total number of positive housing exits from the project (if using HUD APR, this is in table Q23c, last line, “Percentage” of Total Persons Exiting to Positive Housing Destinations). These are the successes.  Provide % here:\_\_\_\_\_\_\_\_ Then, score your project relative to the local benchmark in the 2023 New Project Benchmark Scoring Tool.  Provide score here: \_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Outcome B – GAIN OR INCREASE INCOME | |
| **PSH & RRH & TH:** Adults who Gained or Increased Income | Calculate the percentage of adults who increased income from start to latest status, according to the formula below.  If using the HUD APR, see Table 19a1, *Client Cash Income Change – Income Source – By Start & Latest Status*. Line *Number of Adults with Any Income*, far-right column *Percent of Persons who Accomplished this Measure*  Provide % here:\_\_\_\_\_\_\_ Then, score your project relative to the local benchmark in the 2023 New Project Benchmark Scoring Tool.  Provide score here: \_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Outcome C – LENGTH OF TIME HOMELESS | |
| **RRH:** Length from program entry to housing | Calculate the length of stay in the project in days, including all participants, as reported in APR Q22c based on project move-in dates. Although the local benchmark asks for median, the APR gives *Average length of time to housing*, so please enter this number under *Total* here = \_\_\_\_\_\_\_\_\_\_\_.  Score your project relative to the local benchmark in the 2023 New Project Benchmark Scoring Tool.  Provide score here:\_\_\_\_\_\_\_\_\_ |
| **TH:** Length of stay in program | Calculate the median length of participation in the project in days, including all participants, as reported in APR Q22b = \_\_\_\_\_\_\_\_ days.  Score your project relative to the local benchmark in the 2023 New Project Benchmark Scoring Tool.  Provide score here:\_\_\_\_\_\_\_\_\_ |

**Outcomes- Achievement History**

**Please list at least 2, and no more than 5, relevant, quantified project outcomes from projects currently operated by your agency that are most similar to the project(s) you are proposing. Please show all outcomes as a rate, not an absolute number.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type and Name of Project** | **Project Target Population** | **Outcome Measure** | **Rate Achieved** | **Period during which outcome was achieved** |
| **EXAMPLE: PSH – Jane’s House** | **Chronically**  **Homeless Single Adults** | **% of project participants who increased earned income from project entry to exit/period end** | **35%** | **FY22** |
| **EXAMPLE:**  **PSH – Joes’ Place** | **Families with SMI** | **% of project participants who remained in PSH or exited to permanent housing** | **100%** | **FY22** |
| **EXAMPLE:**  **PSH – Riley House** | **Chronically**  **Homeless Single Adults** | **% of project participants who moved on to other stable permanent housing at exit** | **15%** | **FY22** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Describe best practices, training, or process developments that demonstrate how the project will meet or exceed local benchmarks for the project type. Please refer to the Benchmark Scoring Tool for CoC benchmarks for PSH & RRH. **(up to 5 points)**

**SECTION 5: BUDGET & COST EFFECTIVENESS (up to 4 points)**

1. **Budget**

Projects will be scored by how the proposed budget and justification demonstrate budgeted staff and expenses are adequate to support the proposed project and cost effective. Factors considered include staffing ratios, FMR or rent reasonableness, project type and population served, in addition to Cost per Outcome.

**INSTRUCTIONS**

* This section must be completed by all applicants.
* Agencies applying for multiple projects must complete this section separately for each proposed project.
* Only costs defined by HUD in the CoC program interim rule as eligible may be included in this application (see: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>).
* Applicants must compile all relevant sections into a single document and delete sections that are not applicable to the type of project for which they are applying.

**Rental Assistance/Leasing Budget**

Enter number of units by unit size; the applicable Fair Market Rent (FMR), multiply # of units by monthly FMR (loaded for Nashville below) by 12 months and enter totals.

Indicate the Type:

☐ Tenant Based (TBRA) ☐ Leasing Units ☐ Leasing Structure

PLEASE NOTE: TBRA IS REQUIRED FOR RRH. FOR GUIDANCE ON BUDGETING FOR RRH SEE ADDENDUM.

Complete table below for TBRA and/or Leased Units:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Size** | **No. of Units** | **Monthly FMR**  ***(Insert local FMR)*** | **Term**  **(12 months)** | **Total Costs ($)** |
| Efficiency |  | $ 1,218 | X 12 months |  |
| 1 Bedroom |  | $ 1,245 | X 12 months |  |
| 2 Bedroom |  | $ 1,406 | X 12 months |  |
| 3 Bedroom |  | $ 1,758 | X 12 months |  |
| 4 Bedroom |  | $ 2,173 | X 12 months |  |
| **Total** |  |  |  |  |

Complete information below for Leased Structures:

|  |  |
| --- | --- |
| **Unit Size** | **No. of Units** |
| Efficiency |  |
| 1 Bedroom |  |
| 2 Bedroom |  |
| 3 Bedroom |  |
| 4 Bedroom |  |
| **Total** |  |

**Total Annual Leasing Cost for Structure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operating Costs**

Enter the quantity and annual budget request for each operating cost. When including staff costs, please add a line to the chart below the related cost; include title, salary, FTE, and fringe. Please note that you ***may not apply*** for both rental assistance and operating costs.

|  |  |  |
| --- | --- | --- |
| **Operating Costs** | **Quantity Description**  **(max 400 characters)** | **Annual Budget Request** |
| Maintenance and repair |  |  |
| Electricity, Gas and Water |  |  |
| Property Tax and Insurance |  |  |
| Furniture |  |  |
| Replacement Reserve |  |  |
| Equipment |  |  |
| Building Security |  |  |
| **Total Operating Request** | |  |

**HMIS Costs**

All recipients of CoC funding are required to enter client-level data into the city’s HMIS (or, if exclusively serving victims of domestic violence, a comparable system). To fund the cost of this data entry, applicants are encouraged to include a line item that will help defray this cost.

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 HMIS Assistance Requested** |  |  |

**Supportive Services**

Enter the quantity and annual budget request for each supportive services cost. When including staff costs, please include title, salary, FTE and fringe.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**  **(max 400 characters)** | **Annual Budget Request** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing Search/Counseling |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs[[1]](#footnote-2) |  |  |
| **Total Annual Assistance Requested for Supportive Services** | |  |

**VAWA Costs**

On March 15, 2022, the President signed into law the Consolidated Appropriations Act of 2022, which included the Violence Against Women Act Reauthorization Act of 2022 (VAWA 2022), adding the following eligible Continuum of Care Program activity:

*Facilitating and coordinating activities to ensure compliance with the emergency transfer plan requirement in 34 U.S.C. 12491(e) and monitoring compliance with the related confidentiality protections.* *A full listing of examples of eligible costs can be found on pages 42-43 of the NOFO.*

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description**  **(max 400 characters)** | **Annual Budget Request** |
| Facilitating/coordinating activities |  |  |

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

Match is actual cash or in-kind resources contributed to the implementation of the project. It is the non-CoC share of costs that the applicant is required to contribute to accomplish the purposes of the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program. All CoC grant funds, excluding leasing, must be matched with an amount no less than 25% of the awarded grant amount (with cash and/or in-kind resources). Match resources may be from public or private resources. Because documentation requirements for in-kind match are significantly more onerous, MDHA strongly encourages use of cash match whenever feasible. For more information about matching requirements, see the Appendix.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of**  **Match Contribution:**  **Cash or In kind** | **Source of Contribution** |  | **Date of Written Commitment** | **Value of Written Commitment** |
| **(G) Government**  **or (P) Private** |
| ***Example:* Cash** | **TN DEPT OF HUMAN SERVICES- TANF** | **G** | **6/15/23** | **$10,000** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | **TOTAL:** | $ |

**Housing and Healthcare Leverage**

**NOTE: HUD is looking for NEW projects that utilize 25% housing subsidies/units NOT funded through CoC or ESG. Also, HUD has indicated that a separate notice for stability housing vouchers will soon be issued. MDHA will let you know if that happens, and if these can be tied to proposals for this NOFO funding.**

**HUD also wants commitments from health care organizations equaling 25% of funding being requested.**

**Can you assist in securing either housing or health care leverage for your new project? Please provide details.**

**Total Project Budget**

|  |  |
| --- | --- |
| **Activities** | **Total Annual Assistance Requested** |
| 1. Rental Assistance |  |
| 1. Leasing |  |
| 1. Supportive Services |  |
| 1. Operations |  |
| 1. HMIS |  |
| 1. VAWA |  |
| 1. Project Admin Costs (may request up to 7% of total amount in lines 1-5)\* |  |
| 1. Indirect\* |  |
| 1. **Sub-total CoC Request (Add lines 1-6)** |  |
|  | Total Amount Committed |
| 1. Cash Match |  |
| 1. In-kind Match |  |
| 1. Total Match (Add lines 9 & 10) – must equal at least 25% of line #8 minus line #2 |  |
|  | Total Annual Budget |
| 1. Total Project Budget (Add lines 9 & 12) |  |

**\*Although regulations allow up to 10% for administrative costs, preference is assigned by the PEC for applicants requesting 7% or less of administrative and indirect combined. See the appendix for more details on administrative and indirect costs.**

☐ **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. **Cost per Household Served/Outcome:**
2. Proposed number of persons who will obtain permanent housing via RRH during grant year

or

1. Proposed number of persons who will obtain or retain permanent housing during grant year in PSH

Total proposed project budget (HUD dollars + match) = $ / Total # from i. or ii. above

= cost per household

**SECTION 6: ORGANIZATIONAL CAPACITY & GRANT MANAGEMENT (up to 36 Points)**

1. **Fiscal Management – (up to 4 points)**

**Describe the basic organizational and management structure of the applicant. Include a description of how your agency coordinates with a range of external community partners and how relevant departments within your agency coordinate with one another. Also describe your agency’s structures for managing basic organizational operations, e.g., fiscal, compliance, quality improvement, staff supervision, program oversight, and Board oversight. Briefly describe the financial accounting system that will be used to administer the grant.**

**Describe experience of the applicant in effectively utilizing CoC funding. If your agency has not previously received a CoC award, state that and describe other relevant experience that demonstrates the applicant’s capacity to effectively use these funds in accordance with HUD and CoC requirements. All applicants must include a description of experience ensuring timely start up and full expenditure of new project funds (either CoC or other funds).**

1. **Grant Spending/ Timely Invoicing and Drawdowns – (up to 6 points):**

**Scoring for this section will be based on the Applicant’s ability to fully expend government grants. To earn maximum points, the expectation is that applicants demonstrate they have spent 95% or more of their CoC or comparable government grant in its grant term.**

* 1. **Complete the chart below using spending history of a comparable major grant to Applicant. CoC-funded applicants should use their largest CoC grant.**

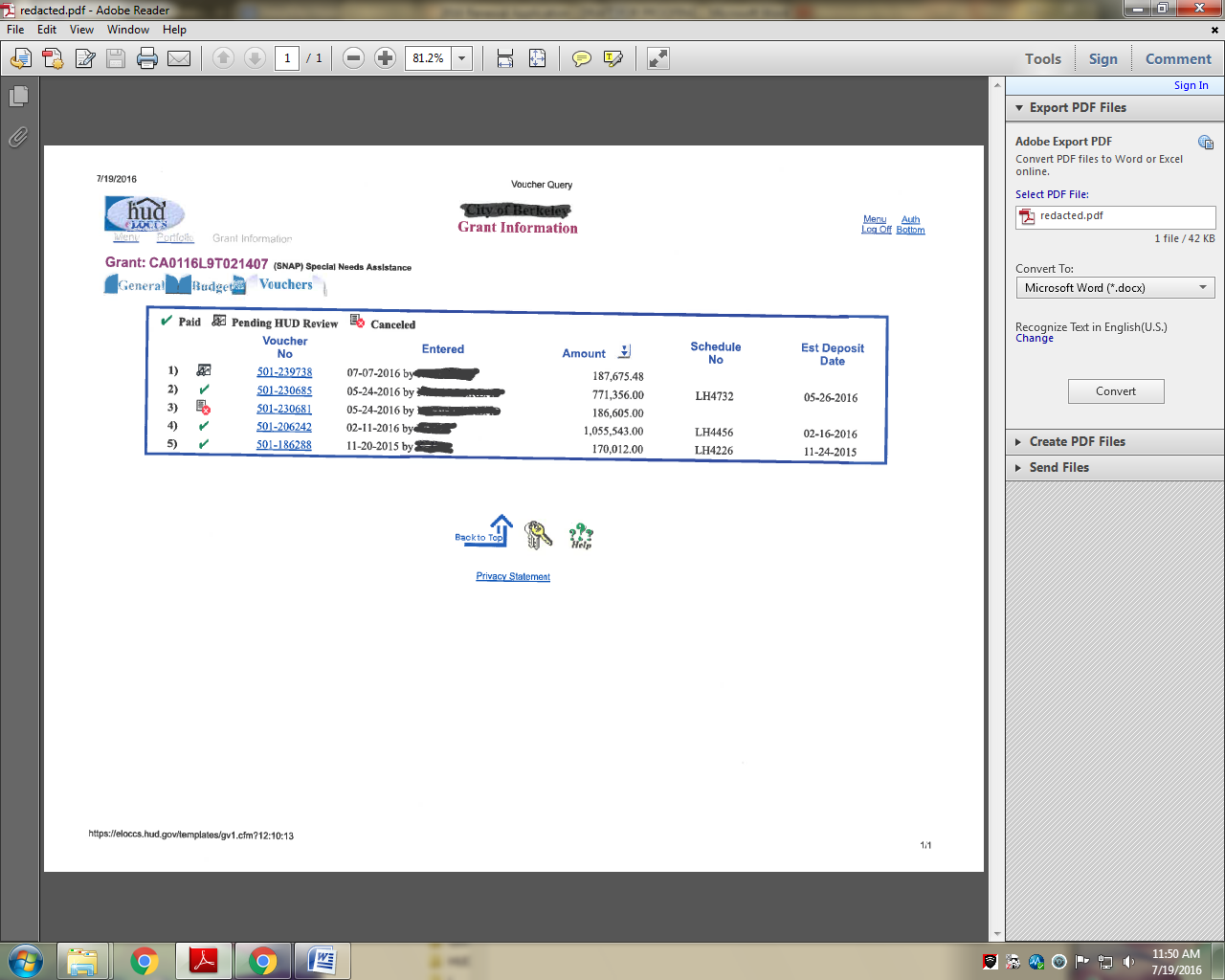
**Name of grant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Dates of grant year and source. CoC grantees must report on that source. Non-CoC grantees report on a comparable source.** | **Amount of Total Grant awarded** | **Amount unspent and returned** | **Percent (%) of grant award unspent (Amount unspent / Total Grant)** |
| **Most recently completed**  **grant year** |  |  |  |  |
| **Previous Year** |  |  |  |  |
| **2 years previous** |  |  |  |  |

**ii. Submit proof of timely drawdowns or invoicing for a comparable program or other federal grants and progress reports. Drawdowns can be demonstrated by current HUD grantees via e-LOCCS, with all columns displayed as in the screen shot below.**

**Grant year from to**

**Dates of draw requests from last two grant cycles, if not indicated via an e-LOCCS screenshot:**

****

**If funds have not been drawn down at least quarterly (HUD’s minimum for CoC funding), what is the reason?**

**If applicable, has the applicant returned any funds to HUD on any existing grants in the last two years?**

☐ **Yes** ☐ **No** ☐ **N/A**

**If yes, how much has been returned/deobligated (clarify which year)? $**

**What is the reason that the funds have been returned?**

**What actions are you taking to ensure timely draw down & full spending?**

1. **Reports and Invoicing – (up to 6 points)**

**i. Timely Submission of APRs/progress reports:**

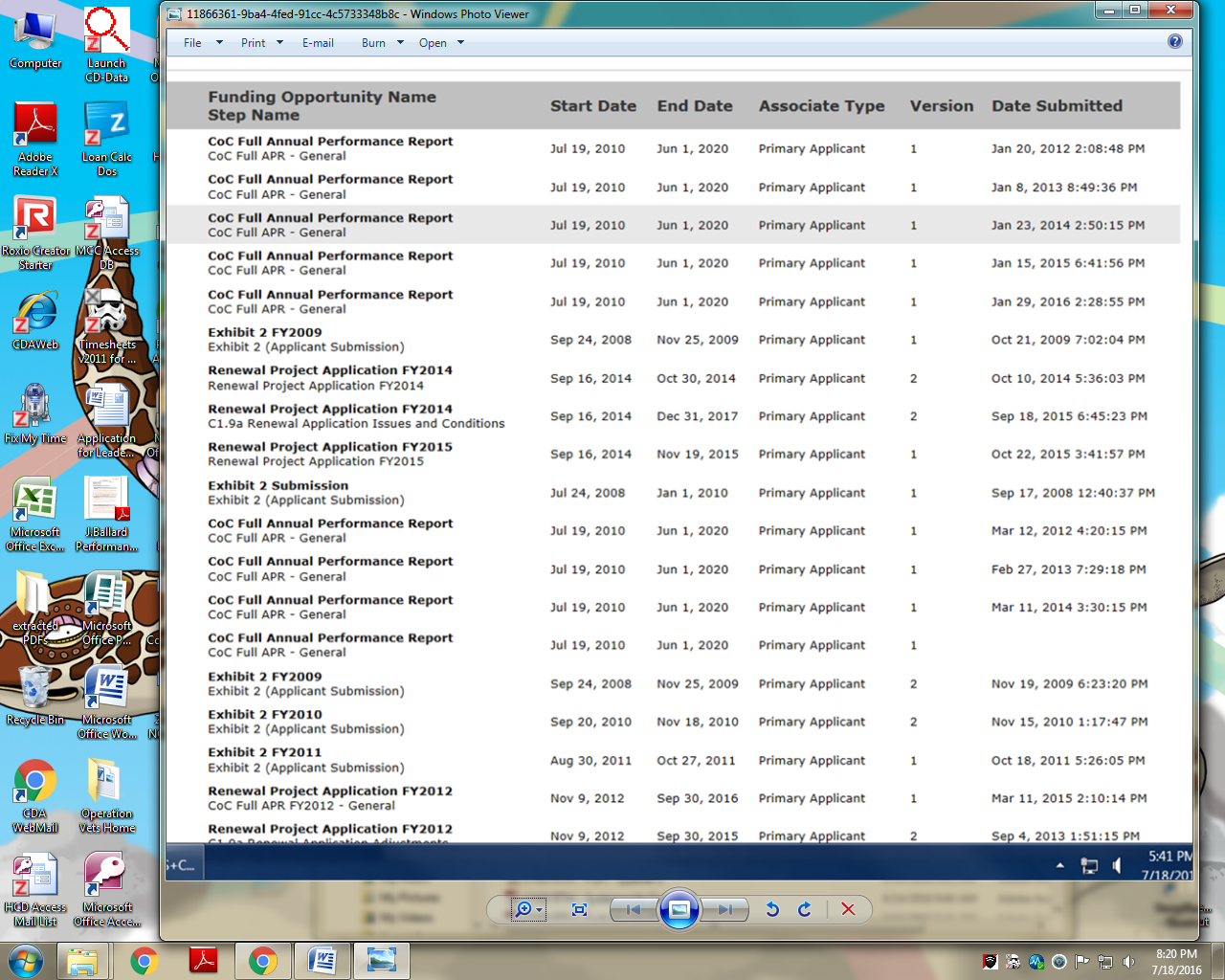
**Submit proof of timely submissions of APRs/progress reports for a comparable program and /or other government grants. Submissions can be demonstrated by current HUD grantees via *e-snaps* as indicated in the screen shot below- these submissions must include all columns presented below.**

**End date of Grant Source of Grant**

**Due date(s) of APR/progress report**

**Submission dates of APR/progress reports:**

**Most Recent Year Prior Year Two years Prior**

****

* **If APRs/reports were late, what is the reason?**
* **What actions are you taking to ensure timely submission?**

1. **Financial/Performance Issues (Minus max of 20 points)**
2. **Does this project or the applicant agency have any audit findings, or monitoring findings from any HUD source (including, but not limited to: ESG, HOPWA, HOME, CDBG; as well as CoC funding);**

**☐ No ☐ Yes**

1. **Has HUD instituted any sanctions on any project of your agency, including, but not limited to, suspending disbursements (e.g., freezing e-LOCCS), requiring repayment of grant funds, or de-obligating grant funds due to performance issues?**

**☐ No ☐ Yes**

**If yes to either of the above, please attach written communications from HUD concerning those matters, and explain status of issues below:**

**All applicants must include their Auditor Required Communications with Audit Committees letter from their most recent Annual Independent Audit (just the letter, not the entire audit) regardless of answers to any of the questions in this section.** If the audit is not for the most recently completed fiscal year, please explain why.

1. **Capacity to Serve Population Targeted by Project (up to 9 points)**

Please use the space provided to:

1. Describethe length of time agency/partners have served the project’s target population.
2. Describe the types of services and housing delivered to this population in existing project and/or comparable projects. Be sure to provide concrete examples that illustrate experience with activities similar to those proposed. Specifically, describe your experience with:

* assessing & addressing the proposed target population’s identified housing and service needs.
* the Housing First model
* delivering or securing Medicaid funded services for participants in the applicant’s programs
* linking participants to mainstream resources, benefits, health insurance, employment services,

and mainstream affordable housing

* SOAR, including # of applications submitted in past year and approval rate
* increasing participant income
* helping participants to stabilize in housing
* assessing stable participants’ interest in moving on to independent affordable housing that is not supported by CoC and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
* renting units and administering rental assistance (if applicable to the proposed projects)

**Capacity and Utilization (up to 6 Points):**

**This section measures the occupancy rate of a current CoC-funded or similar project by averaging occupancy at four specific points in time over a 12-month period. Projects should determine the utilization rate by using the formula information below, verifiable by current HUD grantees in their APR (item 8b in the APR, called *Point-in-Time Count of Households on the Last Wednesday-* this chart is copied below), or other reports, for a comparable project. Complete the chart below with numbers by HUD household type, as well as a total for each month.**

**Number of Units, Households or Contracted Subsidies funded by HUD/other source in project =**

**Average # of Households served - to find this value, add the four Point-in-Time (PIT) Count totals of households & divide by 4.**

**(Q 8.b from HUD APR) fields B+C+D+E/4 =**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Point-In-Time Count of Households on the Last Wednesday** | | | | | |
|  | **Total** | **Without Children** | **With Children and Adults** | **With Only Children** | **Unknown Household Type** |
| **January** | **B** |  |  |  |  |
| **April** | **C** |  |  |  |  |
| **July** | **D** |  |  |  |  |
| **October** | **E** |  |  |  |  |

**Utilization Rate: Average # of Households / Number of Units or Contracted Subsidies in Project (as a %)**

**If the utilization rate above is less than 85%, please provide specific reasons as to why, in the space below. (Up to 3 sentences)**

1. **Quality Assurance (Up to 5 points)**
2. Does the Project have an existing Consumer Satisfaction Survey? (**1 point**)

☐ Yes ☐ No

1. Does the Project annually review client feedback and use it to inform program planning, implementation, and management? (**2 points**)

☐ Yes ☐ No

1. Does the Project have a former or current program participant on Board of Directors or Advisory Board? (**1 point**)

☐ Yes ☐ No

1. Project staff annually attend or participate in trainings which are designed to ensure a high quality of care? (**1 point**)

☐ Yes ☐ No

**SECTION 7: EQUITY (up to 6 Points)**

This section will be reviewed and scored by members of the CoC Equity & Diversity Committee.

**Racial Equity/Disparities**

National data show vast racial disparities in who experiences homelessness and, in some instances, the outcomes within homelessness services systems.  Along with the CoC Equity & Diversity Committee and a group of stakeholders that participated for months in an 8-city Equity Demonstration initiative, Nashville providers are exploring local data that will inform approaches to decrease disparities- not just in race, but also family composition, gender & ethnicity. Please answer the questions below about activities within your agency.

**Racial Equity/Disparities (4 points)**

1. Has your agency assessed racial disparities in the provision or outcome of homeless assistance? What actions were taken over the past year to identify barriers that lead to racial disparities; what steps have you taken to eliminate barriers to improve racial equity; and have you implemented measures to evaluate the efficacy of the steps taken? [word limit 500]

2. What actions will you take in the year(s) ahead to ensure racial justice and equity are woven into your organization’s homeless services, staff and management? [word limit 300]

**LGBTQ+ (2 points)**

1. Addressing the needs of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) individuals

Please describe your agency’s anti-discrimination policies that ensure LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination, and indicate your willingness to participate in developing CoC-wide anti-discrimination policies based on stakeholder feedback and assisting other providers in developing their own agency anti-discrimination policies. [word limit 300]

**Commitment to Training**

The CoC Equity & Diversity Committee held a local training designed for “C-Suite” (CEO, COO, CFO) staff on December 9, 2022. Did they attend?

Yes  No

Did employees other than C-Suite staff attend instead?  Yes  No

The committee is planning a 1-day conference slated for September 15, with follow-up sessions for staff such as case managers and intake workers. Will you commit relevant staff to attend these?

Yes  No

**HEALTH & HOUSING PARTNERSHIPS (NOT SCORED)**

The following 2 questions will not be scored, **but your responses will assist in strengthening Nashville’s score on health and housing issues**. Please help the Nashville CoC by describing what is going on within your agency as well as elsewhere in the city.

**Prevent and respond to future infectious disease outbreaks**

Throughout the past two years, as CoCs responded to the challenges of COVID-19, partnerships were developed/strengthened between CoCs, homeless service providers, and state and local public health agencies. In the FY 2022 CoC Program Competition, HUD asked CoCs to demonstrate how these partnerships increased the safety of people experiencing homelessness from contracting COVID-19 and helped people increase vaccination rates amongst people experiencing homelessness. In the FY 2023 CoC Program Competition, HUD is asking CoCs to demonstrate how they will build on these partnerships to ensure they are prepared to prevent and respond to future infectious disease outbreaks amongst people experiencing homelessness.

**Increase affordable housing**

HUD awards points to CoCs that take steps to engage local leaders about increasing affordable housing supply. How has your agency been working on this issue, and what local efforts are you aware of that have promise?

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

**Congratulations! You are finished.**

**Email this application (see Instructions in Addendum), with any required attachments,**

**to** [**stolmie@nashville-mdha.org**](mailto:stolmie@nashville-mdha.org)

1. If the supportive services are provided in a facility not contained in a housing structure, the costs of day-to-day operation of the service facility are eligible on this line, including maintenance & repair, building security, furniture, utilities, equipment [↑](#footnote-ref-2)