Winston-Salem/Forsyth County Continuum of Care
2018 Continuum of Care Renewal and Expansion Project
Application Form

Instructions: This application is to be completed for all renewal and/or expansion proposals.

In the table below, indicate the project for which you are requesting renewal and/or expansion funding. **Eligible renewal grants are listed in Exhibit 2 to the renewal application form.**

Project Sponsor/Agency (column A in Exhibit 2)	
Project Name (column B, Exhibit 2)	
HUD Grant Number (column C, Exhibit 2)	
Total to Agency (column H, Exhibit 2)	

Agencies may submit expansion funding requests under renewal grants for which they currently receive funds, as well as under renewal grants in which they participate (or request to participate) as a partner, through a Memorandum of Understanding, but do not receive funding.

Application Process:

1. Obtain from the City a copy of the last federal grant application submitted to HUD, review it and notify the City of any issues or concerns by the RFP deadline. Copies of the last application are available from Jackie Hundt, 336-408-5071, ghundt@triad.rr.com or Tim West, 336-734-1305, timw@cityofws.org. The application submitted to HUD may cover multiple agencies. However, please review all sections.

2. Prior to the application deadline, review the Annual Performance Report (APR) for your project for the year ending **May 31, 2018**. After reviewing the APR, notify the City about any concerns or performance issues. If your project is part of a collaborative project with multiple agencies, review an APR for the whole project and also an APR for your agency's part of the project. You or your agency's HMIS Agency Administrator can run the APR from HMIS. Assistance is available from Laura Lama, 336-734-1440, laural@cityofws.org or Tim West, 336-734-1305, timw@cityofws.org. Note that data for other time periods may be used by the City in developing performance scores for ranking of projects.

3. Complete this application and submit it by the deadline, along with any required attachments.

THANK YOU.

2018 Continuum of Care Homeless Assistance Grants
RENEWAL OR EXPANSION APPLICATION

Section 1: Basics

A. Have you completed the annual update to your organization's registration with the federal government at **www.sam.gov** ? ☐ **Yes** ☐ **No**

B. Does your organization owe money to the IRS or to anyone else? ☐ **Yes** ☐ **No** If so, tell the amount owed and describe arrangements and the timeline to pay it back.

C. Have all due IRS 990 filings been submitted to the IRS? ☐ **Yes** ☐ **No**

D. Is the applicant organization registered with the N.C. Secretary of State to conduct business in the State of North Carolina as of the date of the application? ☐ **Yes** ☐ **No**

E. Did an agency representative attend the CoC grant application workshop sponsored by the City of Winston-Salem during the CoC RFP period? ☐ **Yes** ☐ **No**

F. Have you reviewed a copy of the last HUD project application? ☐**Yes** ☐**No**

G. Have you reviewed a copy of the last HUD Annual Performance Report (APR)? ☐**Yes** ☐**No**
If your project is part of a collaborative project, review an APR for the whole project and also an APR for your agency's part of the project. Contact Laura Lama with questions.

Section 2: Project Summary

A. This application is for (select one):

☐ Renewal Only

☐ Renewal of Existing Activities and Expansion of Activities

B. In five sentences or less, describe how the project works, including collaborations.

C. In five sentences or less, describe any changes that have occurred in the project in the current year, if any.

D. If this application requests expansion funding, please briefly describe the purpose of the expansion and describe how the expansion will increase the number of units or beds provided or the number of persons or households served, or will increase the services provided to program participants.

E. Please briefly describe any other issues, concerns or contextual factors related to the project.

Section 3: Organizational Capacity

> In ten sentences or less, tell how your organization has the capacity and resources to continue and/or expand the project. Note deficiencies, if any, and describe any needs or plans related to the project's capacity to successfully meet local needs.

Section 4: Performance

> Review the performance results from the Annual Performance Report (APR). In five sentences or less, describe how your agency may contribute to improved performance in the next grant year.

Section 5: Financial Information

A. Renewal and Expansion—All renewal and/or expansion projects are to complete this table. Provide a description and amount for each existing cost item and each cost item requested to be added to the project budget as an expansion. The description, quantity and amount are to be indicated, for example "1.0 FTE case management position @ $40,000/year" or "Rental assistance for 12 households per year @ $600/month or $86,400/year"

Existing	Added	Description and Quantity	Cost
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		
☐	☐		

B. **Budget--**Attach or insert the current year budget for the program, agency program area, or collaborative initiative. For example, if the program is part of your agency's housing division, submit the budget for the housing division.

C. **Matching Funds--**Please complete these tables to show proposed matching funds. CoC projects must have match in an amount equal to at least 25% of the amount of HUD funds requested. Match must be an activity that would be eligible to be funded under the CoC Program. More information on matching requirements may be found below.

Description of Cash or In-Kind Matching Activity for Clients in this Project	Source of Matching Funds	Amount of Matching Funds
TOTALS		

Match Requirements

Prior to submission to HUD, you will be asked to provide letters to the City documenting match. Please do not submit them until requested, as HUD will have strict date ranges for the dates on the letters, which we will not know until the NOFA is published. Note:

- 25% match (25% of HUD funds requested) is required for all project budget components
- Match can be cash or in-kind
- Match must be spent on program activities that would be eligible for CoC grant funding (e.g., supportive services, rental assistance, operating costs, HMIS costs, and administrative costs).

Sources of Match

A. **Cash**: any funds that come from private or public resources (as long as they are not statutorily prohibited from being used as match.
B. **In-kind**: services (counseling, legal advocacy, etc.), physical goods/equipment (food, furniture, clothing, etc.), and real property (donated land or buildings).

   To be counted as match, the funds, goods, or services need to come directly from the contributing source to the organization. Items provided directly to and for individuals/program participants are not eligible as match. Please note:

- Mainstream benefits provided directly to program participants (e.g., food stamps, SSI/SSDI disability benefits) cannot be used as match.
- Funds from mainstream resources provided directly to an organization for use in a CoC project can be used as match (food from a food pantry; budgeting classes provided from one agency to clients of another agency through an MOU)
- Commitments of land, buildings, and equipment may be used as match **one time only** and cannot be claimed in more than one CoC competition. For example, donated land claimed in the 2017 CoC competition cannot be claimed as match by that project or any other project in subsequent competitions.

Additional Requirements:

A. Complete and submit the survey found in Exhibit 1.

B. ***Agencies requesting renewal and/or expansion funding must submit any updates to the following items that have not already been submitted to the City:*** copies of the agency's latest 990, as submitted to the IRS; Audit Report, By-Laws, Articles of Incorporation, IRS 501(c)3 designation letter, current Board roster, copies of budgets (last year, current year and next year - if available), Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures, as applicable.

C. The City reserves the right to request additional information on any grant application and/or work with the applicant to modify the project proposal to meet HUD CoC guidelines and requirements.

Exhibit 1: Continuum of Care: Project Practices, Standards, and Key Elements Survey

The information collected on this form is one set of factors that will be used to evaluate and rank projects requesting Continuum of Care funding. All projects are to complete the Housing First survey questions. Then, complete the corresponding program-type specific survey (i.e., PSH, RRH, or SSO/CIC), as applicable to your proposed project. Indicate whether each statement is true, false, or not applicable for your program. If it is not applicable, provide an explanation.

Agency Name:	
Project/Grant Name:	
Contact Name/Phone/Email:	

Program Type (check one):

☐ Permanent Supportive Housing (PSH)
☐ Rapid Re-Housing (RRH)
☐ Supportive Services (SSO)--including Coordinated Intake and Assessment

Housing First Survey *(To be completed by ALL projects.)*

Statement *All ten statements below must be true for project to be Housing First.*	**True**	**False**
1. Project quickly moves participants into PH.	☐	☐
2. Project ensures participants are not screened out for having too little or no income.	☐	☐
3. Project ensures participants are not screened out for active or history of substance abuse.	☐	☐
4. Project ensures participants are not screened out for having a criminal record with exceptions for state-mandated restrictions.	☐	☐
5. Project ensures participants are not screened out for history of domestic violence.	☐	☐
6. Project does not terminate participants for failure to participate in supportive services.	☐	☐
7. Project does not terminate participants for failure to make progress on a service plan.	☐	☐
8. Project does not terminate participants for loss of income or failure to improve income.	☐	☐
9. Project does not terminate participants for being a victim of domestic violence.	☐	☐
10. Project does not terminate participants for any other activity not covered in a lease agreement typically found in the project's geographic area.	☐	☐

Permanent Supportive Housing (PSH) Projects *(To be completed only by PSH projects.)*

Statement	True	False	Not Applicable
1. Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	☐	☐	☐
2. Participation in services is voluntary and tenants cannot be evicted for rejecting services.	☐	☐	☐
3. "House rules" about the program, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	☐	☐	☐
4. Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	☐	☐	☐
5. Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	☐	☐	☐

Please provide an explanation for any items that are marked above as not applicable.

Rapid Re-Housing (RRH) Projects *(To be completed only by RRH projects.)*

Statement	True	False	Not Applicable
1. Program has staff who identify and recruit landlords to rent to homeless households. The program explains to participants the basic landlord-tenant rights and responsibilities and the requirements of the lease.	☐	☐	☐
2. Program staff are trained on requirements of rapid re-housing funding including eligibility criteria, HUD and local program requirements, and assistance maximums.	☐	☐	☐
3. Program has clearly defined policies and procedures for determining the amount and duration of financial assistance provided to a participant.	☐	☐	☐
4. Program has clear policy and procedures for when case management and financial assistance will continue or end, but has flexibility to meet participant needs, including those with zero income.	☐	☐	☐
5. Policies and procedures describe when, how and for whom rapid re-housing assistance is used as a bridge to a more permanent subsidy.	☐	☐	☐

	True	False	Not Applicable
6. Program participants participate in determining the time, place and frequency of meetings with the case manager.	☐	☐	☐
7. Except for required case management, services offered by the program have voluntary participation.	☐	☐	☐
8. The program has connections to employment opportunities and connects participants to them.	☐	☐	☐
9. Program has written processes that do not screen applicants out for income or lack thereof.	☐	☐	☐
10. Eligibility for the program does not include requirements for sobriety or treatment. Leases are legally binding, written leases. Leases with additional requirements, such as drug testing, sobriety or program participation, are not allowed by the program.	☐	☐	☐

Please provide an explanation for any items that are marked above as not applicable.

Coordinated Intake and Assessment Projects *(To be completed only by CIC projects.)*

Statement	True	False	Not Applicable
1. CIC ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC.	☐	☐	☐
2. CIC does not screen people out because of perceived barriers to housing or services, and local programs lower their barriers because of partnership with CIC. CIC is Housing First oriented, and people are referred for housing quickly without preconditions or service participation requirements.	☐	☐	☐
3. The coordinated entry process covers the CoC's entire geographic area. All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present. The coordinated entry process includes all subpopulations, including the chronically homeless. The process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.	☐	☐	☐
4. The coordinated entry process does not delay access to emergency services such as shelter.	☐	☐	☐

5. The coordinated entry process makes referrals to all projects receiving ESG and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Programs that participate in the CoC's coordinated entry process accept all eligible referrals.	☐	☐	☐
6. The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.	☐	☐	☐
7. Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.	☐	☐	☐
8. The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.	☐	☐	☐
9. The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance.	☐	☐	☐
10. The CIC uses HMIS to collect and manage data associated with assessments and referrals and/or uses other existing systems into which the coordinated entry process can be easily incorporated.	☐	☐	☐

Please provide an explanation for any items that are marked above as not applicable.

Exhibit 2: HUD CoC Subrecipient Grants Eligible for Renewal in 2018

A	B	C	D	E	F	G	H	I	J
Project Sponsor	Project Name	HUD Grant No. to be Renewed*	Start	Rent or Leasing	Services	Agency Admin	Total to Agency	City Admin	Total Grant
Bethesda Center-split	CPHS SPC (SPC5)	NC0005L4F001710	7/1/2018	$0	$38,183	$1,337	$39,520	$1,336	$40,856
Bethesda Center-split	BC-PSH-BC	NC0351L4F001701	9/1/2018	$0	$24,872	$871	$25,743	$870	$26,613
Bethesda Center-split	PH Case Mgt (FRRC)-BC	NC0274L4F001705	12/1/2018	$0	$56,075	$1,963	$58,038	$1,962	$60,000
ESR	5th Street II (2009)	NC0144L4F001704	10/1/2018	$18,144	$0	$577	$18,721	$576	$19,297
ESR	5th Street II (2010)	NC0191L4F001703	10/1/2018	$18,144	$0	$572	$18,716	$572	$19,288
ESR	5th Street II (2011)	NC0229L4F001702	7/1/2018	$12,096	$0	$387	$12,483	$386	$12,869
ESR	Fifth Street Apartments	NC0313L4F001704	3/1/2018	$66,528	$0	$2,116	$68,644	$2,115	$70,759
ESR-split	PH Case Mgt (FRRC)-ESR	NC0274L4F001705	12/1/2018	$0	$95,881	$3,356	$99,237	$3,356	$102,593
ESR-split	PH Case Mgt (FRRC)-SAM	NC0274L4F001705	12/1/2018	$0	$37,383	$1,309	$38,692	$1,308	$40,000
Family Services-split	PH Case Mgt (FRRC)-FSI	NC0274L4F001705	12/1/2018	$0	$43,925	$1,538	$45,463	$1,537	$47,000
HAWS	PSH1	NC0017L4F001710	6/1/2018	$369,876	$0	$10,904	$380,780	$10,904	$391,684
HAWS	PSH2	NC0218L4F001708	7/1/2018	$58,656	$0	$1,620	$60,276	$1,620	$61,896
HAWS-split	CPHS SPC (SPC5)	NC0005L4F001710	7/1/2018	$90,072	$0	$2,919	$92,991	$2,918	$95,909
HAWS-split	BC-PSH-HAWS	NC0351L4F001701	9/1/2018	$65,988	$0	$2,151	$68,139	$2,151	$70,290
Salvation Army-split	PH Case Mgt (FRRC)-SAWS	NC0274L4F001705	12/1/2018	$0	$93,540	$3,274	$96,814	$3,274	$100,088
Salvation Army-split	FAST-SAWS	NC0352L4F001701	8/1/2018	$0	$48,775	$1,707	$50,482	$1,707	$52,189
United Way	CIC2	NC0350L4F001701	9/1/2018	$0	$46,729	$1,636	$48,365	$1,635	$50,000
United Way	CIC	NC0271L4F001705	12/1/2018	$0	$44,967	$1,574	$46,541	$1,574	$48,115
United Way	ROOF	NC0314L4F001703	1/1/2018	$24,912	$0	$803	$25,715	$802	$26,517
United Way -split	FRRC-UW	NC0274L4F001705	12/1/2018	$322,452	$45,831	$12,112	$380,395	$12,112	$392,507
United Way-split	FAST-UW	NC0352L4F001701	8/1/2018	$36,144	$8,376	$1,466	$45,986	$1,465	$47,451
United Way	Rapid Response Housing**	pending	pending	$71,808	$1,814	$2,453	$76,075	$2,453	$78,528

*Colors in column C indicate combined HUD grants, which are split among agencies.

** Rapid Response includes $20,484 Leasing & $51,324 Rental Assistance