# Part II. Program Description, Organizational Capacity & Project Design

* 1. **Program Description**

Provide one to two paragraphs describing the proposed ESG activities by completing the following tables. While this question will not be scored, it will provide the Homeless Coalition insight into the overall program design. This question will not be scored, but will provide context needed for the Application reviewers.

For *Collaborative Applicants*, include the names of the Collaborative Applicants that are providing the program activities.

2.1 – Table 1 Street Outreach

| **Overview of Street outreach** | **Description** |
| --- | --- |
| Services to provided for Street Outreach |       |
| Populations to be served by Street Outreach |       |

2.1 Table 2 Emergency Shelters

| **Overview of Emergency Shelter** | **Description** |
| --- | --- |
| Services to provided for Emergency Shelter |       |
| Populations to be served by Emergency Shelter |       |

2.1 Table 3 Homelessness Prevention

| **Overview of Homelessness prevention** | **Description** |
| --- | --- |
| Services to provided for Homelessness Prevention  |       |
| Does your organization plan to offer legal services for this activity? (Yes/No) |       |
| Population to be served by Homelessness Prevention |       |

2.1 Table 4 Rapid Re-housing

| **Overview of Rapid Re-housing** | **Description** |
| --- | --- |
| Population to be served by Rapid Re-housing |       |
| Services to provided for Rapid Re-Housing |       |

2.1 Table 4 HMIS and Administration

| **Overview of HMIS and Administration** | **Description** |
| --- | --- |
| Activities for HMIS |       |
| Activities for Administration |       |

**Organizational Capacity**

* 1. **Experience Administering Homelessness Programs**

List all grants previously administered and all programs where the Applicant has served persons experiencing homelessness, including ESG or Homelessness Prevention and Rapid Re-Housing. Briefly describe the nature of homeless services addressed by the program. List the number of years of experience the Applicant has administered each program. (Do not use acronyms). For a Collaborative Application, include information on programs for the lead agency and the partner agencies. When indicating the years of experience for each program, provide the years in whole numbers (round to the next whole year if greater than or equal to 6 months).

| **#** | **Name of Homeless Program/Grant** | **Brief Homeless Program Description** | **Years of Experience** |
| --- | --- | --- | --- |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8 |       |       |       |
| 9 |       |       |       |
| 10 |       |       |       |
|  |  | **TOTAL NUMBER OF YEARS** |       |

For Collaborative Applications, what is the average of all partners’ values
(Total number of years/Total number of partners):

* 1. **Experience Administering Federal/State Programs**

List grants previously administered and programs from federal or state sources. If more than 10 programs/grants, only provide the 10 with the most years experience. Briefly describe the nature of services addressed by the program. List the number of years of experience your agency has administered each program. (Do not use acronyms). For a Collaborative Application, include information on programs for the lead agency and the partner agencies. When indicating the years of experience for each program, provide the years in whole numbers (round to the next whole year if greater than or equal to 6 months).

| **#** | **Name of Federal/State Program/Grant** | **Brief Federal or State Program Description** | **Years of Experience** |
| --- | --- | --- | --- |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| 7 |       |       |       |
| 8 |       |       |       |
| 9 |       |       |       |
| 10 |       |       |       |
|  |  | **TOTAL NUMBER OF YEARS** |       |

For Collaborative Applications, what is the average of all partners’ values
(Total number of years/Total number of partners):

* 1. **Management Experience for Key Staff**

Indicate the years of management experience possessed by the organization’s chief executive officer (CEO), the years of fund accounting experience for the chief financial officer (CFO), and years of program management experience for the homeless program director. If your agency does not have any one of these positions, write N/A. Cities and Counties should write the years of experiences for the corresponding positions for the department that will administer the ESG grant.

Single Applicants must complete the following table:

| **Year(s) of managementexperience for the CEO:** | **Year(s) of fund accounting experience for the CFO:** | **Year(s) of program management experience for the homeless program director:** |
| --- | --- | --- |
|       |       |       |
|       |       |       |

Write the average management experience: {total number of years} / {3 positions}:

Collaborative Applications must complete the following for the lead agency and each partner:

| **Agency Name** | **Year(s) of management experience for the CEO** | **Year(s) of fund accounting experience for the CFO:** | **Year(s) of program management experience for the homeless program director:** |
| --- | --- | --- | --- |
| **Lead:** |       |       |       |
| **Partner 1:**       |       |       |       |
| **Partner 2:**       |       |       |       |
| **Partner 3:**       |       |       |       |
| **Partner 4:**       |       |       |       |
| **Partner 5:**       |       |       |       |
| **TOTAL NUMBER OF YEARS** |       |       |       |

Write the average of all partners’ management experience: {total number of years} / {3 positions} / {total number of agencies}:

* 1. **Implementation of Evidenced-Based Practices**

Ongoing program evaluation utilizing client data and evidence-based practices is important for understanding the effectiveness of a program in helping clients achieve the desired program outcomes. Evidence-based practices refer to programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results. Agencies should analyze their client outcome data, evaluate their program design, be aware of the current research, and make adjustments to improve the program design and outcomes on a systematic and regular basis.

Provide five examples where your agency has implemented an evidenced-based practice and improvements to program delivery for the period October 1, 2011 through September 30, 2015 (4-year period). Complete each of the specified columns in the table and use the example as a model. For Collaborative Applicants, include examples from the lead and partner agencies. If the applicant includes more than 5 examples, only the first five examples will be considered.

**Evidence-Based Practice Implementation
during 10/01/11 – 09/30/2015 (4 years)**

| **#** | **Implementation Date or Planned Implementation**  | **Overview of evidence-based practices implemented or to be implemented** | Implementation or Planned Implementation |
| --- | --- | --- | --- |
| 1 |  |       |       |
| 2 |  |       |       |
| 3 |  |       |       |
| 4 |  |       |       |
| 5 |  |       |       |

* 1. **Involvement of Clients**

The involvement of clients in processes such as program design, service delivery and program evaluation is an important part of creating successful and effective programs. Clients can provide useful, relevant information, recommendations and services which can lead to positive program changes and outcomes.

* List the name or client ID of persons who were agency clients during the period of October 1, 2014 through September 30, 2015 and who were involved in one or more of the following areas for the period. Victims Services or Legal Service Providers should not list the name of their clients, but instead should use a client ID number.
* Indicate the specific timeframe each person was involved in the process(es) mentioned.
For example: from 12/01/14 – 03/01/15.
* For collaborative Applicants, include information for clients served by either the lead agency or partner agencies.
* Note that describing a client as a member of the Board of Directors is not sufficient. Specific activities performed by the client in each of the areas must be described.

Describe in detail the involvement of a client in each one of these processes:

1. Program design: involvement in any process used to develop components of a program. The involvement could include participation in planning sessions where the structure, goal, resources or partnerships of a program were defined.
2. Service delivery: involvement in the actual delivery of any of the services offered, including maintaining or operating facilities, and or providing direct services to other clients.
3. Program Evaluation: involvement in the design or administration of surveys or other tools used to measure the effectiveness and efficiency of the program in achieving participant’s outcomes. Note: completing a survey does not count as being part of program evaluation as defined in this question, the client must have been involved in the actual design or administration process.

| **#** | **Name or Client ID**  | **Specific Involvement of client in Program Design** | **Dates of Involvement** |
| --- | --- | --- | --- |
| 1 |       |       |       |

| **#** | **Name or Client ID**  | **Specific Involvement of client in Service Delivery** | **Dates of Involvement** |
| --- | --- | --- | --- |
| 1 |       |       |       |

| **#** | **Name or Client ID**  | **Specific Involvement of client in Program Evaluation** | **Dates of Involvement** |
| --- | --- | --- | --- |
| 1 |       |       |       |

* 1. **Serving unaccompanied youth**

Does the Applicant or Collaborative Partners serve unaccompanied youth? Answer yes or no below. Unaccompanied youth are not in the physical custody of a parent or guardian and are considered unaccompanied homeless youth under the McKinney-Vento Act. This question will not be scored, but will provide context needed for the Application reviewers.

Serve Unaccompanied Youth? Yes/No:

* 1. **Fair Market Rent Waivers**

This question is applicable only if your organization is conducting Homelessness Prevention or Rapid Re-housing activities. Has a public housing authority (PHA) in your area adopted a payment standard for greater than the 2016 Fair Market Rent?  Answer yes or no below. This question will not be scored, but will provide context needed for the Application reviewers.

 Yes/No:

If yes, list which PHA, which zip code(s), and which bedroom sizes below.  Applicants in areas where the Housing Authority is using Small Area Fair Market Rents *(i.e*. the City of Laredo and certain zip codes in the Dallas-Fort Worth area) do not need to answer this question.

|  |  |  |
| --- | --- | --- |
| PHA Name | Zip codes | Bedroom sizes |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |