



# EL PASO COALITION FOR THE HOMELESS CONTINUUM OF CARE GRANT COMPETITION

July 19, 2019

## Description

The Continuum of Care (CoC) Program ((24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

## Requirements

Eligible project applicants for the CoC Program Competition are found at 24 CFR 578.15: include nonprofit organizations, states, local governments, and instrumentalities of state and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

As required in the Code of Federal Regulations (CFR) at 2 CFR 25.200 and 24 CFR Part 5 Subpart K, all applicants for financial assistance must have an active unique entity identifier (currently a DUNS number), and have an active registration in the System for Award Management (SAM) before submitting an application. Getting a DUNS number and completing SAM registration can take up to four weeks; therefore, applicants should start this process or check their status early. The population to be served must meet program eligibility requirements as described in 24CFR part 578, and the project application must establish eligibility of project applicants.

## Application Summary

Project Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Organization Information

Organization Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Federal Tax ID (EIN) \_\_\_\_\_

DUNS Number \_\_\_\_\_

(N)Cage Code \_\_\_\_\_

## CEO/Executive Director

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**Project Information**

1. Recipient & Subrecipient(s) (if applicable ) \_\_\_\_\_

2. Renewal Project Grant Number (if applicable) \_\_\_\_\_

3. Project Type

Renewal Permanent Supportive Housing

Renewal Rapid Rehousing

Renewal Joint TH-RRH

NEW Permanent Supportive Housing

NEW Rapid Rehousing

NEW Joint TH-RRH

DV Bonus Project

**Intent to Apply**

4. Choose ONE of the following options

We intend to renew our grant as confirmed in the most recent Grant Inventory Worksheet (GIW).

We intend to renew our grant but choose to voluntarily reallocate (give money back) some of the funds.

We intend not to renew our grant BUT we intend to apply for a new grant to be considered as a voluntary reallocation for the same grant amount.

We intend not to renew our grant and ALL of the funds will be available for reallocation to new project applications as evaluated in the local competition process.

We intent to apply for a NEW grant.

**Contact Information**

5. Additional Contact(s) Name and Email

\_\_\_\_\_  
**Authorized Signature**

6. Authorized Signature and Title

The signature will reflect the Agency's intent. It is not binding, but will offer further planning information for the local competition and it is understood that the HUD's application NOFA may determine an agency's actual application decisions.

**Project Application Narrative Questions – Please answer or address the following**

1. Are you applying for a NEW or RENEWAL project?

New Project

Renewal Project

2. **General Description:** Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please address: Target Population, type & number of units, specific services to be provided, project outcomes, coordination with partners, and how project meets community need, overall experience with CoC Funding.

3. How will you ensure employees attend HMIS Annual Refresher Training? How will your project maintain timely data entry and excellent data quality? For Victim Service Providers, how will you ensure timely and accurate data quality using a comparable database?

4. Coordinated Entry Participation

5. Low Barrier/Housing First

6. HUD increasingly relies on data-driven performance to evaluate success. CoCs submit system performance measures each year to demonstrate community wide performance. Describe project strategies to contribute to the CoCs success for the following:

- a. Ensure program participants are successfully exiting to and maintaining permanent housing
- b. Ensure program participants do not return to homelessness
- c. Ensure jobs and income growth for homeless persons in CoC Program funded projects

7. New Project Type

Permanent Supportive Housing

Rapid Rehousing

Joint TH-PH/RRH

DV Bonus Rapid Rehousing

DV Bonus Joint TH-PH/RRH

8. How does your agency systematically provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

9. How will your program work with mainstream employment organizations to help individuals and families increase their cash income?

10. Indicate, for each type of healthcare option listed below, whether your program: 1) Assists persons experiencing homelessness with enrolling in health insurance, 2) Assists persons experiencing homelessness with utilizing health insurance

Public Health Care Benefits – Assist with Enrolling

Public Health Care Benefits – Assist with Utilizing

Private Insurance: Assist with Enrolling

Private Insurance: Assist with Utilizing

Non-Profit, i.e. Project Vida, Centro San Vicente: Assist with Enrolling

Non-Profit, i.e. Project Vida, Centro San Vicente: Assist with Utilizing

Other: Assist with Enrolling

Other: Assist with Utilizing

11. Indicate the policies and procedures that have been adopted by your agency to inform individuals and families who become homeless of their eligibility for education services, or explain how your agency plans to develop & implement such a policy.

12. In September 2018, the CoC Board adopted an Emergency Transfer Plan. If you do not currently have a plan, please describe how you will develop & implement a plan.

13. As HUD continues to emphasize Non-Discrimination & Fair Housing Policy, describe how your agency is implementing and in the process of developing in your agency.

14. Joint TH-RRH ONLY: Please define the specific subpopulation this project is proposing to serve and provide justification that this type of project is necessary for the CoC.
  
  
  
  
  
  
  
  
  
  
15. DV BONUS ONLY: Please define the specific subpopulation this project is proposing to serve and provide justification that this type of project is necessary for the CoC.
  
  
  
  
  
  
  
  
  
  
16. DV BONUS ONLY: Describe the method, including any tools used, to ensure ongoing and improved safety for enrolled clients in your program.
  
  
  
  
  
  
  
  
  
  
17. DV BONUS ONLY: How many DV survivors are being served by the CoC and describe the need for housing or services for this population in the CoC. Cite data source and collection methods used for calculation.
  
  
  
  
  
  
  
  
  
  
18. DV BONUS ONLY: Describe the unmet need for housing and services for DV survivors

19. DV BONUS ONLY: Quantify the unmet need for housing and services for DV survivors
  
20. DV BONUS ONLY: Describe the data source used to quantify the unmet need for housing and services for DV survivors
  
  
  
  
  
  
  
21. DV BONUS ONLY: Describe how the DV Bonus project being applied for will address the unmet needs of domestic violence survivors.
  
  
  
  
  
  
  
  
  
  
  
22. DV BONUS ONLY: Address the capacity to implement a DV Bonus project by describing the rate of housing, rate of placement, improvements in safety and methods to address multiple barriers faced by DV Survivors
  
  
  
  
  
  
  
  
  
  
  
23. Total funds requested
  
  
  
  
  
  
  
  
  
  
  
24. Who can we contact with questions about this application? Please include name, email and phone number
  
  
  
  
  
  
  
  
  
  
  
25. Who is your agency authorized eSNAPS user (user who submits CoC Project Application in eSNAPS). Please include name, email and phone number

**Summary Budget**

<b>Item Description</b>	<b>Total Assistance Requested for Grant Term</b>
Leased Units	_____
Leased Structures	_____
Rental Assistance	_____
Supportive Services	_____
Operating	_____
HMIS	_____
SubTotal Costs Requested	_____
Admin (Up to 7%)	_____
Match	_____
Total Budget	_____

## Required Documents

1. Policies & Procedures that guide existing CoC Funded Program
2. Emergency Transfer Plan for existing CoC Funding Program
3. Most recent audit and any management letters for all applicants