# El Paso Continuum of Care 2022 Application – Renewal Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **3:00 PM on August 19, 2021.** Email address is [ccastillo.epch@elp.twcbc.com](mailto:ccastillo.epch@elp.twcbc.com)

# Agency & Project Information

Agency/Organization Name Employer Identification Number (EIN) DUNS Number

Address Zip

Phone Fax Web-site

Executive Director Name Phone Email

**Contact Informatio**n

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

**Primary Contact**

Name Title Phone Email

**Secondary Contact**

Name Title Phone Email

**Proposal Information**

Project Name Site Address

Project Type

Permanent Supportive Housing  Rapid Re-Housing  Joint TH-RRH

Project

Single Site  Scattered Site

Total Number of Units: # Total Number of Beds: #

Total Number of Households Served: # Total Number of People: #

Target Population (Select all that apply)

People experiencing chronic homelessness  Seniors  Veterans  Families with children

Youth (18-24)  Persons living with disabilities  Persons living with mental illness

Persons living with substance use disorder  Fleeing domestic violence

Persons living with HIV/AIDS

N/A – Project serves all subpopulations

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Information**

# Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Persons may be denied admission to project due to:** | **Always** | **Sometimes** | **Never** |
| Having too little or no income |  |  |  |
| Active use or history of substance abuse |  |  |  |
| Having a criminal record |  |  |  |
| History of domestic violence |  |  |  |
| Sexual Orientation, gender identity, marital status |  |  |  |
|  |  |  |  |
| **Persons may be terminated from project due to:** |  |  |  |
| Failure to make progress on a service plan or participate in services |  |  |  |
| Loss of income or failure to improve income |  |  |  |
| Being a victim of domestic violence |  |  |  |
| Substance use |  |  |  |
| Any other activity not covered in a standard lease agreement |  |  |  |

Please describe in no more than one paragraph: The services that will be made available to program participants:

* + The frequency of services provided
  + Where the services are provided
  + How you will track and report on service delivery
  + How services will assist clients to achieve housing stability

In the last operating year, did your project meet the community performance standards? If not, please explain why not, and explain the measures your project is taking to meet the prescribed goals shown in Appendix B.

# FOR PERMANENT SUPPORTIVE HOUSING PROJECTS:

* + How long has it taken from the time of referral/intake to lease-up each participant? If 3+ months, what steps will be taken to improve?
  + Upon receipt of referral, what assistance does the project provide to help clients attain housing?
  + If your program denied more than 25% of CE Referrals, please explain why?

# FOR RAPID RE-HOUSING PROJECTS:

* + How long has it taken from the time of referral/intake to lease-up of each participant? If 2+ months, what steps will be taken to improve?
  + Upon receipt of referral, what assistance does the project provide to help clients attain housing?
  + If your program denied more than 25% of CE Referrals, please explain why?

# Community Planning and Collaboration (within the last 12 months)

Describe 1 to 2 examples of how your agency has collaborated with other community partners to provide services to the clients in your program.

# Project Budget

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Contribution (Match or Leverage) | Source of  Contribution | Identify Source as: In-kind\* or Cash | Date of Written  Commitment\* | Value of Written  Commitment |
| ***Example:* Match** | **CDBG** | **C** | **4/20/20** | **$10,000** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | **TOTAL:** | $ |
| ***IMPORTANT NOTES:***   * ATTACH **all** letters of commitment for funds identified above. Commitment letters must agree with the information submitted above. * There is a 25% match requirement based on the total HUD request minus any Leasing funds. The 25% match may be fulfilled in any of the above line items and does not have to correspond to the specific category in which HUD funds are requested. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Summary | | | | |
| Proposed Activities | HUD Request | Match Commitment | Project Leveraging | Total Project Budget (a+b+c) |
| 1. Acquisition |  |  |  |  |
| 2. Rehabilitation |  |  |  |  |
| 3. New Construction |  |  |  |  |
| 4. Leasing  From Housing Assistance Budget Chart |  |  |  |  |
| 5. Rental Assistance  From Housing Assistance Budget Chart |  |  |  |  |
| 6. Supportive Services  From Supportive Services Budget Chart |  |  |  |  |
| 7. Operating Costs  From Operating Costs Budget Chart |  |  |  |  |
| 8. HMIS |  |  |  |  |
| 9. Subtotal  (lines 1 through 8) |  |  |  |  |
| 10. Administrative Costs (Up to 7% of line 9) |  |  |  |  |
| 11. Total Budget (Total lines 9 + 10) | $ | $ | $ | $ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Assistance Budget** (Leasing and Rental Assistance Programs) (if none, leave blank) | | | | | | | | |
| **Component Types (Check only one box)**  SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)  **TRA SRA PRA LEASING**  MEDIUM-TERM RENTAL ASSISTANCE (4-24 MONTHS) | | | | | | | | |
| Size of Units |  | NN | Number of Units | Monthly Rent |  |  | Number of Months | **TOTAL** |
| SRO |  |  | x | $ x |  |  | 12= | $ |
| 0 Bedroom |  |  | x | $ x |  |  | 12= | $ |
| 1 Bedroom |  |  | x | $ x |  |  | 12= | $ |
| 2 Bedrooms |  |  | x | $ x |  |  | 12= | $ |
| 3 Bedrooms |  |  | x | $ x |  |  | 12= | $ |
| 4 Bedrooms |  |  | x | $ x |  |  | 12= | $ |
| 5 Bedrooms |  |  | x | $ x |  |  | 12= | $ |
| 6 Bedrooms |  |  | x | $ x |  |  | 12= | $ |
| Other: |  |  | x | $ x |  |  | 12= | $ |
| Totals: |  |  |  |  |  |  |  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| $558 | $701 | $840 | $1,174 | $1,438 |

|  |  |  |
| --- | --- | --- |
| **Supportive Services Budget** (if none, leave blank) | | |
| Eligible Costs | Quantity & Description | Annual HUD 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 |  |  |
| 15. Transportation |  |  |
| 16. Utility Deposits |  |  |
| 17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants) |  |  |
| Total Annual Assistance Requested |  |  |

|  |  |  |
| --- | --- | --- |
| **Operating Costs Budget** (if none, leave blank) | | |
| Eligible Costs | Quantity & Description | Annual HUD Assistance Requested |
| 1. Maintenance/Repair |  |  |
| 2. Property Taxes and Insurance |  |  |
| 3. Replacement Reserve |  |  |
| 4. Building Security |  |  |
| 5. Electricity, Gas, and Water |  |  |
| 6. Furniture |  |  |
| 7. Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |

# HMIS

Data review reports will be provided by Leslie Canada, Programs Analyst. All data reports were generated from HMIS.

1. APR for your project for the date range
   1. The review will look at the items relating to Performance Indicators and utilization rates
2. Existing reports being reviewed for this process are
   1. Quarter 3 – April, May, June - 2021
   2. Quarter 4 – July, August, September - 2021
   3. Quarter 1 – October, November, December - 2021
   4. Quarter 2 – January, February, March - 2022

\*If you’d like to have a copy of the reports, please contact Leslie Canada at [lcanada.epch@elp.twcbc.com](mailto:lcanada.epch@elp.twcbc.com).

Please explain the following about your staff’s HMIS participation:

* + Has your agency staff missed any HMIS Steering Committee Meetings?
  + If ‘yes,’ please explain why.

# Drawdown Documentation

1. Printout or screen shot of all voucher payment requests from eLOCCS for:
   * Last month of operating year that has already ended (should be a year of vouchers)
   * Current operating year
2. Printout or screen shot of corresponding vouchers identified under item #1 – Screen shots provide the details of each of your line items.
3. Most recent grant close-out agreement from the HUD Ft. Worth field office (April 2020 to March 2021)

Fill out the following table based on the amount of funding provided by HUD through the eLOCCS system for the last two completed operating years, FY 2017 and FY 2018:

|  |  |  |  |
| --- | --- | --- | --- |
| Operating Year: | Amount funded by HUD for year | Total amount drawn down from HUD through eLOCCS for the year | Date of Annual Performance Report Submission |
|  |  |  |  |
|  |  |  |  |

# Describe the reason for any funding not drawn down throughout the operating years presented above.

# Administrative Capacity

# Describe any reasons for late submittals of your Annual Performance Report (APR – more than 90 days after your operating year).

Please describe the agency’s financial capacity to operate the project for the proposed grant term. Please address:

* + HUD audit/monitoring results (if monitored in 2018 or 2020 provide copy of HUD findings letter and describe how findings were addressed)
  + Any improvement or loss of agency capacity since last application

HUD Findings (if applicable) - Copy of letter from the HUD Ft. Worth field office for any audit/monitoring results from 2017 to 2020.

# Additional Questions

**Racial Equity**

1. What efforts is your agency doing to racial inequities. If not, what are the agency’s future plans to work towards an equitable system?

# COVID

1. How has the COVID pandemic affected your project? What changes has your agency implemented as a result of COVID:
   1. Housing
   2. Transportation
   3. Outreach
   4. Staffing
   5. Supportive Services
   6. Linkages/Referrals

# Appendix A - Definition:

* TRA – Tenant Based Rental Assistance – lease is in tenant’s name
* SRA – Sponsor Based Rental Assistance – lease is in agency’s name or in tenant’s name if used in property owned by the sponsor agency
* PRA – Project Based Rental Assistance – voucher tied to specific unit and lease is in tenant’s name
* Short Term Rental Assistance – For Rapid Re-Housing Project only - rental assistance provided to participants for up to 3 months
* Medium Term Rental Assistance – For Rapid Re-Housing Projects only – rental assistance provided to participants for 4 – 24 months

# Appendix B:

* + **PSH projects**
    - 85% of participants stably housed for 12+ months
    - less than 2% of those exiting to permanent housing return to homelessness
    - 10% increase in earned income
    - 50% increase in other income
    - 60% increase total income
    - 95% occupancy rate during evaluating year
    - 98% of data is entered for entry and exit within a 4-day window
    - 100% length of time from start date to move-in date 30 days or less
    - Less than 5% of Universal Data Elements are missing
    - Program Uses funds for eligible population – Homeless & Disabled by HUD Definition
  + **RRH projects**
    - 85% of participants stably housed for 6+ months
    - less than 2% of those exiting to permanent housing return to homelessness
    - 30% increase in earned income
    - 30% increase in other income
    - 60% increase total income
    - 95% occupancy rate during evaluating year
    - 98% of data is entered for entry and exit within a 5-day window
    - Less than 5% of Universal Data Elements are missing
    - 100% length of time from start date to move-in date 30 days or less
    - Program Uses funds for eligible population – Homeless & Disabled by HUD Definition
* **Transitional Housing**
  + 85% of participants whose length of stay does not exceed 180 days
  + 85% of participants will exit into permanent housing
  + 60% will increase earned income
  + 25% will increase other income
  + 85% will increase total income
  + 90% Occupancy rate during evaluating year
  + Less than 5% of Universal Data Elements are missing
  + Program Uses funds for eligible population – Homeless & Disabled by HUD Definition