# El Paso Continuum of Care 2021 Application – New Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **12:00 PM on Tuesday, October 5, 2021**. Email address is [ccastillo.epch@elp.twcbc.com](mailto:ccastillo.epch@elp.twcbc.com)

# General 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

Proposal Request Total Project Budget Total Agency Budget

Project Type

Permanent Supportive Housing  Rapid Re-Housing  Joint TH-RRH  Coordinated entry/access

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 Description 150 words max - Provide a brief overview of the program describing the population to be served, the number of households to be served, the services to be provided, and the proposed outcomes.**

**Project Description (Total 180 Points)**

**Provide a detailed description of the project scope, to include the following: *(30 Points – up to an additional 10 points will be awarded to projects that serve CH exclusively)***

* **Target population including the number of households/clients served**
* **Plan to identify housing and/or supportive services**
* **Anticipated project outcomes**
* **Coordination with other organizations**
* **How CoC funding will be used**

**Describe your Agency’s vision for implementing a Housing First model or experience in utilizing a Housing First approach. Describe how you will lower barriers to entry and during program enrollment. How will your project quickly move participants into permanent housing? *(25 Points)***

**Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population). If applying for domestic violence bonus funding, please include a description of your agency’s experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and your ability to house survivors and meet safety outcomes. *(20 Points)***

**Creating opportunities for lived experience, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with lived experience in organizational and program planning, policy and decision making for this project.  *(20 Points)***

**Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to participants in a cost-effective way. Discuss why the service delivery model you describe will help individuals/families maintain or regain housing stability. *(10 Points)***

**Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible. Include how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. *(10 Points)***

**For all the supportive services available to program participants, indicate who will provide them and how often they will be provided? *(10 Points)***

|  |  |  |
| --- | --- | --- |
| **Eligible Supportive Services** | **Provided (applicant, formal partner, informal partner)** | **Frequency (daily, weekly, bi-weekly, monthly, semi-annually, annually, as needed)** |
| **Assessment of service needs** |  |  |
| **Assistance with moving costs** |  |  |
| **Case Management** |  |  |
| **Childcare** |  |  |
| **Education Services** |  |  |
| **Employment Assistance** |  |  |
| **Food** |  |  |
| **Housing/Counseling Services** |  |  |
| **Legal Services** |  |  |
| **Life Skills** |  |  |
| **Mental Health Services** |  |  |
| **Outpatient Health Services** |  |  |
| **Outreach Services** |  |  |
| **Substance Use Treatment Services** |  |  |
| **Transportation** |  |  |
| **Utility Deposits** |  |  |

**Identify whether your project will include the following: *(10 Points)***

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs

Annual follow-ups with program participants to ensure mainstream benefits are received and renewed

Access to SSI/SSDI technical assistance provided by this project or a partner agency staff person providing technical assistance completed SOAR training in the past 24 months

Staff person providing technical assistance completed SOAR training in the past 24 months

Yes  No  N/A

**Describe how you will work with landlords and community stakeholders to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history and/or a criminal background. Describe how you will engage clients in decision-making around their housing preferences. *(15 Points)***

**RAPID RE-HOUSING & JOINT COMPONENT (TH-RRH) PROJECTS ONLY**

**Describe how you will determine rental assistance amounts, duration, and manage rent redetermination for clients enrolled in the project. What tools or objective assessments will you use in the determination process? *(10 Points)***

**SUPPORTIVE SERVICES ONLY – COORDINATED ENTRY PROJECTS ONLY**

**Describe how the coordinated entry process will be marketed and easily accessible by program participants seeking assistance. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing housing assistance. *(15 Points)***

**Organizational Capacity (No more than 1 page) (50 Points)**

**Describe the organization’s mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of the following: *(15 Points)***

* **Agency’s experience and capacity to develop and implement the project.**
* **Examples that illustrate experience identifying housing and supportive services for the target population**

**Describe the organization’s operations to include leadership and management. Include the following: *(10 Points)***

* **Ability to supervise the project and staff**
* **Examples of ensuring program effectiveness and fidelity to funding agreements**

**Describe your organization’s commitment to racial equity. Include the following: *(15 Points)***

* **Racial and ethnic makeup of your organization’s leadership staff and board, including statistics.**
* **Detail the initiatives and efforts your organization has implemented to increase the representation of people of color in leadership positions**
* **Describe efforts to increase cultural and racial competency among your staff/volunteers/program participants**
* **How does your organization analyze data and information about race and ethnicity?**
* **Examples of how your organization addresses racial inequities for participants in your programs.**

**Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. *(10 Points)***

* **Describe your fiscal control and accounting procedures and if your organization accounts for federal funds in accordance with the requirements of 2 CFR part 200.**
* **Describe any auditing findings or concerns during the last 36 months as well as the resolution of each.**

**First Operating Year Project Work Plan (10 Points)**

**Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project’s work plan and goals at 60 days, 120 days, and 180 days after the grant start date.**

**Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank.**

**Note:** Project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

|  |  |
| --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** |
| New Project staff hired, or other expenses begin |  |
| Participant enrollment in project begins |  |
| Participant begin to occupy leased units or structure? |  |
| Supportive Services near 100% of capacity? |  |
| Supportive Services at 100% capacity? |  |
|  |  |

**Project Staffing Plan (10 Points)**

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate the percentage of their time dedicated to this project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

**Community Partnerships and Leveraging (30 Points)**

Leveraging is a means to measure established relationships and the extent to which community resources are pooled to provide more effective and efficient services to clients across the Continuum. New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations.

**Please describe your agency’s commitment to and participation in the El Paso Coalition for the Homeless, including current level of participation in committees and initiatives. *(15 Points)***

**Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in our community in your service plan? *(10 Points)***

**Describe your organization’s experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-kind donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience. *(5 Points)***

**HMIS (20 Points)**

Please explain the following about your organization HMIS participation:

* + If you are a homeless service provider, please explain the agency’s level of HMIS participation for any/all homeless programs/services. *(5 Points)*
  + Does your agency adhere to the revised local HMIS Policy and Procedures? *(5 Points)*
  + Describe your agency wide compliance with HMIS. *(5 Points)*
  + Has your agency staff participated regularly in the HMIS Steering Committee meetings? *(5 Points)*
  + If ‘no,’ please explain why. *(-10 Points)*

**Funding Request (20 Points)**

Are you proposing to include indirect costs in your budget?  Yes  No

If Yes, please select which type of rate you are using:  10% de minimis rate  Other

(NOTE: If you select other, please submit a copy of the approved indirect cost rate with this application as supporting documentation).

|  |  |  |
| --- | --- | --- |
| **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 |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Assistance Budget** (Leasing and Rental Assistance Programs) (if none, leave blank) | | | | | | | | |
| **Component Types (Check only one box)**    **TRA SRA PRA LEASING SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)**  **MEDIUM-TERM RENTAL ASSISTANCE (4 – 24 MONTHS)** | | | | | | | | |
| Size of Units |  |  | Number of Units | Monthly Rent |  |  | Number of Months | **TOTAL** |
| 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 |

|  |  |  |
| --- | --- | --- |
| **Operating Costs Budget** (cannot include if requesting rental assistance for same structure) | | |
| 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 Budget** | | |
| Eligible Costs | Quantity & Description | Annual HUD Assistance Requested |
| 1. Staff for HMIS |  |  |
| 2. Equipment (lease, buy) |  |  |
| 3. Hosting fees - $800 annually |  |  |
| 4. Licensing fees - $50/user/month |  |  |
| Total Annual Assistance Requested |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Summary** | | | | |
| **Proposed Activities** | **a. HUD Request** | **b. Match Commitment** | **c. Project Leveraging** | **d. Total Project Budget (a+b+c)** |
| **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 10% of line 9) \*** |  |  |  |  |
| **11. Total Budget**  **(Total Lines 9 + 10)** | **$** | **$** | **$** | **$** |

*\* Note that 3% will be remitted to El Paso Coalition for the Homeless to subsidize operations and administrative costs*

**Match**

List all sources of matching funds for this project below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

Note: Matching funds must equal a minimum of 25% of the total request for federal funds, i.e. A $100,000 project requires a minimum of $25,000 in matching funds.

|  |  |
| --- | --- |
| **Type of Commitment (Cash or In-Kind)** |  |
| **Type of Source (Private, Government)** |  |
| **Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)** |  |
| **Date of Written Commitment** |  |
| **Value of Written Commitment** |  |

|  |  |
| --- | --- |
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|  |  |
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|  |  |
| --- | --- |
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