**New Project Application (Re-Allocation, DV Bonus and Bonus/New)**

**FY2019 – HUD CoC Program Competition**

**Issued July 16, 2019**

**INTRODUCTION**

The Butte Countywide Homeless Continuum of Care is accepting proposals for *NEW, RE-ALLOCATION or DV BONUS* projects for the Continuum of Care Homeless Assistance funding from the U.S. Department of Housing and Urban Development (HUD). Butte Countywide Homeless Continuum of Care is soliciting proposals that address housing and service priorities established through the Butte Countywide Homeless Continuum of Care local priorities, alongside the HUD FY2019 Policy Priorities.

The projects being solicited should be innovative and highly effective and increase housing resources for vulnerable populations or build capacity within the local coordinated entry system. Competitive projects will create additional housing inventory for this population through tenant based or project based rental assistance or leasing. Projects are encouraged to show collaboration among providers and leverage mainstream resources to support highly vulnerable chronically homeless individuals. Priority will be for projects that have a plan for securing dedicated housing units for the project.

Funding will come from the U.S. Department of Housing and Urban Development’s (HUD) 2019 McKinney-Vento Continuum of Care (CoC) for the Homeless Program, as amended under the HEARTH Act and the CoC Program Interim Rule. The availability and priorities for any funding for new projects is articulated in HUD’s CoC Notice of Funding Available (NOFA).

More information on this program, the HEARTH Act, the Interim Rule and the NOFA is available on HUD’s website: <https://www.hudexchange.info/coc>

**EVALUATION and PROJECT SELECTION PROCESS**

The CoC Review and Ranking Evaluation committee will review submissions and make final determinations. Committee members will be unbiased and cannot have a personal or financial interest in final recommendations. The BCoC Ranking and Selection Policy and scoring tool is posted at the Butte CoC website.

The successful project(s) will be recommended for selection based on the following criteria:

1. Meets minimum requirements of HUD
2. Experience and Capacity of the Applicant
3. Project/Program Features
4. Vulnerabilities of target population
5. Past or current system performance and plans to achieve satisfactory performance
6. Applicant Readiness to Submit Full Application
7. Butte Countywide Homeless Continuum of Care Local Priorities

Proposals will be reviewed in reference to organizational capacity, project approach and design and cost effectiveness.

**Submission Deadline and Format**

Applications are due no later than 4:30 PM on August 28, 2019.

A Complete Application Will Have:

1 - one hardcopy with original signature

2 - one USB flash drive with the same hardcopy documents

You Complete Application s will have:

All Questions and Information Requested starting on page 3 answered

**Immediately after the close of the deadline, all proposals will be opened and documented as to Agency, Funding Activity, and Amount. This information will then be posted on the BCHCoC Website.**

Proposals may be mailed, shipped or hand delivered to:

Butte Countywide Homeless Continuum of Care (BCHCoC)

2039 Forest Ave Chico, CA 95973

Applicant is responsible to ensure delivery by 4:30 pm. Postmarks and late proposals will not be accepted.

1. Proposals must be received by the date and time recited above. Modifications or corrections received after the deadline specified will not be considered, except if such modifications or corrections were at the BCHCoC request.

2. **Only Proposals submitted in the format described within will be considered. Proposals must be submitted in standard 8-1/2" x 11" page format, typed in no less than 10-point typeface, with .75” margins and pages numbered consecutively.**

**ADDITIONAL INFORMATION**

The regulations for the Continuum of Care program may be found at: <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>

All parties intending to apply for funding are strongly encouraged to review the program regulations, including those organizations that are currently or were previously funded. Proposals which do not conform to the regulations will not be considered for funding. Please contact CoC Coordinator at

(530) 717-2138 or COC@butte-housing.com with questions about HUD programs.

**AWARD OF FUNDS**

The project(s) selected by the Continuum of Care Council will be notified on September 12, 2019. Please be aware that applications need to be finalized in eSNAPS and submitted to the CoC Collaborative Applicant by September 19, 2019. If the funding is awarded by HUD, grant funds are estimated to be made available by HUD by **the first half of calendar year 2020**. The timing of awards and grant-making by HUD is outside of the control of the Butte Countywide Homeless Continuum of Care. Therefore, agencies seeking and receiving new funding must be aware of all operating year start and end dates and must make arrangements to cover any period of which a HUD funding award is pending, delayed, or not awarded.

**The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities as listed in the FY2019 HUD NOFA.**

1. **Project Applicant Information:**
	1. Name of Organization:
	2. Local Address: \_\_\_\_\_\_
	3. Organization Type

[ ]  Units of Local Government [ ]  Non-profit 501(c)(3)

[ ]  State Government [ ]  Other: Describe

* 1. EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Sub-Recipient Organization:** [ ]  Yes (attach MOU) [ ]  No
2. **Contact person for this application (the provider may list more than one contact person):**
	1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Project Name:**
4. **Project Location:**
5. Requested Grant Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Type of Project:** [ ]  RRH [ ]  PSH [ ]  SSO-CE [ ] Joint TH and RRH
7. **Type of Application (you may check more than one):**
	1. [ ]  Reallocation [ ]  Bonus [ ]  DV Bonus
8. **Housing Type**
	1. Type: [ ]  Single Site [ ] Scatter Site
	2. Total Number of Units:
	3. Total Number of Beds:
9. **A. Population to be Served in the Project – Anticipated**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households**  | **HH’s with At Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| **Total Number of Households** |  |  |  |  |

**Targeted Subpopulations – Check All That Apply**

[ ] Veterans [ ] TAY Population [ ] Chronic Homeless [ ]  Domestic Violence

**Experience of Applicant/Sponsor**

1. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.

Click here to enter text.

Be sure to provide concrete examples that illustrate:

1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications

Click here to enter text.

2) working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with:

* the Housing First model
* securing income/SSI/SDI/GA etc. for participants
* linking participants to mainstream resources, including benefits, health insurance, employments services, and mainstream affordable housing
* assessing stable participants’ interest in moving on to independent affordable housing and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities

Click here to enter text.

1. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.

Click here to enter text.

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Click here to enter text.

1. Describe the experience of the applicant and potential subrecipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient have no experience, indicate “No experience leveraging other Federal, State, local or private sector funds.”

Click here to enter text.

1. Have you returned any funds to HUD or HCD on any existing grants in the last two years?

 Yes No

* If yes, how much has been returned? Click here to enter text.
* What is the reason that the funds have been returned? Click here to enter text.
* What actions are you taking to ensure full spending?Click here to enter text.
1. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?

 Yes No

* If yes, how much is owed? Click here to enter text.
* What is the reason for the obligation to HUD?Click here to enter text.
* What is preventing establishing a payment schedule? Click here to enter text.
1. **Project Description**
2. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

Include:

* + Jurisdiction of the units
	+ Type and number of units – scatter site or single site, single or multi-family homes,
	+ Projected outcomes
	+ Coordination with partners
	+ Project timeline – when units will be developed or leased-up
	+ HMIS implementation – If already, please state

Click here to enter text.

**12. Supportive Services for Participants**

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

[ ] Yes [ ] No

B. For projects serving **families with dependent children and single adults 24 years old or younger,** does the applicant/sponsor have staff responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

[ ] Yes [ ] No

1. **Supportive Services Type and Frequency:**

|  |
| --- |
| A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**. *For Provider, indicate: “Applicant” if the applicant will provide the service directly; “Subrecipient” if a subrecipient will provide the service directly; “Partner” if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, “Non-Partner” to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.*  |
| **Supportive Services** | **Provider** | **Frequency – select one per service type** |
| **Daily** | **Weekly** | **Bi-monthly** | **Monthly** | **N/A** |
| Assessment of Service Needs |  |  |  |  |  |  |
| Assistance with Moving Costs |  |  |  |  |  |  |
| Case Management |  |  |  |  |  |  |
| Child Care |  |  |  |  |  |  |
| Education Services |  |  |  |  |  |  |
| Employment Assistance/Job Training |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |
| Housing Search/ Counseling Services |  |  |  |  |  |  |
| Legal Services |  |  |  |  |  |  |
| Life Skills |  |  |  |  |  |  |
| Mental Health Services |  |  |  |  |  |  |
| Outpatient Health Services |  |  |  |  |  |  |
| Outreach Services |  |  |  |  |  |  |
| Substance Abuse Treatment Services |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Utility Deposits |  |  |  |  |  |  |

1. **Outreach for Participants**

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

\_\_\_ Persons who came from the street or other locations not meant for human habitation

\_\_\_ Persons who came from Emergency Shelters

\_\_\_ Persons eligible under category 4 – e.g., fleeing DV, stalking , violence

B. Describe the outreach plan to bring eligible homeless participants into the project.

 Click here to enter text.

1. **Budget and Match Requirements**
2. Attach a line item budget to your application which fully itemizes all anticipated costs for your project.
3. Describe other anticipated funding sources for this project, if any, including source, dollar amount and timeframe for award and expenditure.
4. Match: Match must equal 25 percent of the total grant request including Admin costs but excluding leasing costs (i.e., any funds identified for Leased Units and Leased Structures). Match must be met on an annual basis. HUD requires match letters to be submitted with the e-snaps application. Match contributions can be cash, in-kind, or a combination of the two; and, match must be used for an eligible cost as set forth in Subpart D of CoC Program interim rule. For an in-kind match, the recipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the recipient or sub recipient had to pay for such items with grant funds, the costs would have been eligible. If third party services are to be used as match, the third party service provider that will deliver the services must enter into a memorandum of understanding (MOU) before the grant is executed documenting that the third part will provide such services and value towards the project.

• Will your agency be able to provide the match requirement for your renewal project (including a commitment letter or MOU)?

 [ ] YES

 [ ] NO

##

End of New Project Application