North Carolina Emergency Solutions Grants Program

**FY17 Project Application**

Funding for the 2018 Program Year (January 1, 2018 – December 31, 2018)

For submission information, refer to the NC ESG Application Information Packet, Section IV: Application Submission Information.

# Organization Information

## Project Applicant Information

|  |  |
| --- | --- |
| Name of Organization: | |
| Street Address: | Mailing Address: |
| Telephone: | Website: |
| Federal Tax ID Number: | DUNS #: |
| Select organization type: | Date of Incorporation:  mm/dd/yyyy |

## Application Certification

**To the best of my knowledge and belief, all information in this application is true and correct.**

|  |  |
| --- | --- |
| Name of Applicant Organization | |
| Name of Authorized Official | |
| Title | Date |
| Signature | |

## Agency Mission

* 1. Describe in detail the applicant’s mission, types of program and services currently offered and how homeless programs fit within that mission.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Area Served

**4.1** What LPA are you in?

**4.2** What counties does your agency currently serve (include all, even if in a different LPA).

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| --- |
|  |

**4.3** What counties will you serve with this funding?

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**4.4** Location of main and satellite offices.

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## Organization’s Primary Contact

Please provide the following information for the person to whom all communication regarding this application should be directed.

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |

## Signatory Authority

Please enter the information for the person authorized to sign contracts for your organization.

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |
| Mailing Address: | |

# Organizational Capacity & Stability

## Financial Capacity

|  |
| --- |
| **7.1** Applicant Agency’s fiscal year: mm/ yy to mm/ yy |
| **7.2** Explain your agency’s financial control system and procedures. Include an explanation of how your agency will monitor its activities to ensure that ESG dollars are spent in a timely manner and how ESG monies will be applied and tracked against specific activities.   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |  | |
| **7.3** Has your organization received any HUD findings, resolved or unresolved, within the past 5 years?  **7.3.1** If yes, please **attach** the approved Corrective Action Plan **(Include under** **TAB I)** |
| **Attach** yourmost recent audit in Tab H. If the audit for your most recent closed fiscal year is not complete, attach year end Balance Sheet and Budget vs. Actual Statements. |
| **7.4** List the total actual operating income and expenses of your organization for the last three completed fiscal years as shown on IRS Form 990 (with year 1 being the most recent year). If the 990 is not yet available for the most recently completed fiscal year, list the un-audited final income and expenditures and indicate that numbers are un-audited. |

Year 1

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Income Amount |  |
| Were the amounts for year 1 audited? | Expenses Amount |  |
|  | Difference in Income and Expenses |  |

Year 2

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Income Amount |  |
| Were the amounts for year 1 audited? | Expenses Amount |  |
|  | Difference in Income and Expenses |  |

Year 3

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Income Amount |  |
| Were the amounts for year 1 audited? | Expenses Amount |  |
|  | Difference in Income and Expenses |  |

## Board Information

|  |
| --- |
| **8.1** Total number of current board members: |
|  |
| **8.2** Provide a brief explanation of how board members are selected.   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
| **8.3** What is the term length for board members in your bylaws?   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
| **Attach** the Board of Directors Member Roster in Tab G that includes:   * Name of each board member; * City and State of Residence of each board members; * Occupation of each board member; * Email address of each board member. |

## Past Awards

**9.1** Did the applicant agency receive NC ESG funding during the 2017 Program Year?

**9.1.1** If yes, fill out the chart below.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | 2017 Program Year Award | Total Incurred Costs (Spent) as of 9/30/17 | Total Amount Submitted for Reimbursement  as of 9/30/17 |
| Street Outreach |  |  |  |
| Emergency Shelter |  |  |  |
| Homelessness Prevention |  |  |  |
| Rapid Rehousing |  |  |  |
| HMIS |  |  |  |

**9.2** If at least 75% has not been spent, what prevented your timely expenditure of funds?

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**9.3** If you answered no because you did not receive NC ESG funding during the 2017 calendar year, has the applicant agency been a subrecipient in previous years?

**9.3.1** If you have previously been a subrecipient, what was the most recent year you were funded?

# Staff Capacity

## Staff Information

**10.1** Enter the # of PT staff:      

**10.2** Enter the # of FT staff:

**10.3** Describe any services being provided by volunteers.

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| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

**11.1** Explain below any experience your agency has in implementing the activities that you have proposed in this application. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

# Connection to Community

## CoC Participation

**12.1** Explain how your agency will coordinate homeless housing, essential services and homelessness prevention and rapid re-housing activities with other local nonprofit agencies and governmental service providers to ensure coordinatedcase management, non-duplication of services AND access to mainstream resources such as TANF, Food Stamps, Housing Assistance, etc.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**Attach** Certificate of Local Planning Area Participation and Coordination in Tab E

## Coordinated Entry

**13.1** ESG subrecipients are required to participate in the local coordinated assessment process as designed by your Continuum of Care and only take referrals from the coordinated assessment system. Do you affirm that your agency will fully participate in the coordinated entry process in your LPA and not take referrals from sources outside of the coordinated entry process as outlined by our LPA?

## Written Standards

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| --- |
| **14.1** ESG subrecipients are required to adhere to written standards of your LPA. Do you affirm that your agency will operate programs according to the LPA’s written standards and participate in any program oversight process that the LPA designs? |

## Feedback from Participants

**15.1** Describe how the applicant receives and responds to feedback from participants in the program (e.g. exit interviews, internal surveys, etc.).

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| --- |
| Enter Response Here-- Maximum 2000 characters |

**15.2** Describe your agency’s process for handling client grievances, appeals and complaints:

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| Enter Response Here-- Maximum 2000 characters |

# Data

## Data Collection

ESG-funded homeless providers are important participants in the successful implementation of an HMIS responsive to Congressional direction on improved data collection on homelessness. The HEARTH Act requires that ESG subrecipients participate in HMIS. ESG subrecipients must comply with HUD’s standards on participation, data collection, and reporting. Victim service providers are prohibited from utilizing HMIS, but must use a comparable database. The comparable database must produce unduplicated and aggregated reports, including the CAPER.

* 1. Please indicate which Universal Data Elements and ESG-specific data elements are collected by your agency and database. Use the first column to indicate that your agency asks clients for this information. Use the second column to indicate that your database allows you to enter the data element.

|  |  |  |
| --- | --- | --- |
| **Data Element** | **Agency collects  data element** | **Database collects  data element** |
| Name |  |  |
| Social Security Number |  |  |
| Date of Birth |  |  |
| Race |  |  |
| Ethnicity |  |  |
| Gender |  |  |
| Veteran Status |  |  |
| Disabling Condition |  |  |
| Living Situation - Part A |  |  |
| Living Situation - Part B |  |  |
| Project Entry Date |  |  |
| Project Exit Date |  |  |
| Destination |  |  |
| Personal ID |  |  |
| Household ID |  |  |
| Relationship to Head of Household |  |  |
| Client Location |  |  |
| Income and Sources |  |  |
| Non-Cash Benefits |  |  |
| Health Insurance |  |  |
| Physical Disability |  |  |
| Developmental Disability |  |  |
| Chronic Health Condition |  |  |
| HIV/AIDS |  |  |
| Mental Health Problem |  |  |
| Substance Abuse |  |  |
| Domestic Violence |  |  |
| Contact |  |  |
| Date of Engagement |  |  |
| Bed-Night Date |  |  |
| Residential Move-in Date |  |  |
| Housing Assessment at Exit |  |  |

**16.2** Does your agency deny services if clients refuse to provide any of these elements?

**16.2.1** If yes, which data elements?

|  |
| --- |
|  |

**16.3** How do you ensure that client files are kept confidential?

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| --- |
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**16.4** Please describe how your agency ensures compliance with HMIS requirements, including staffing, data entry, and data quality standards.

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|  |

## HMIS

*All agencies that are NOT Domestic Violence agencies should complete this section.*

**17.1** Has the agency selected an Agency Administrator to enter data, pull reports and attend User meetings?

**17.2** Is the Agency Administrator a Full-time or Part-time staff person?

**17.3** Is the Agency Administrator’s primary job responsibility HMIS?

17.4 How many licensed users does your agency have?

## Domestic Violence HMIS Comparable Database

*Domestic Violence agencies should complete this section.*

**18.1** What is the name of the software the agency uses to record data?

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| --- |
|  |

**18.2** Are you able to produce the CAPER directly from your database?

**18.2.1** If no or unsure, how are you going to comply with reporting requirements?

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| --- |
|  |

# Activities

Please complete the following sections for each of the activities for which you are requesting ESG funds. Answers should reflect your overall program design and operation, not just what ESG funding supports:

* Street Outreach
* Emergency Shelter
* Homelessness Prevention
* Rapid Rehousing
* HMIS

# Street Outreach

## SO Project Description

* 1. Population to be served:  single men  single women households with children   
       youth 18-24  unaccompanied youth 17 years old and under  DV only
  2. Please fill out the following chart.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outreach Activity** | **Provided with  ESG funds** | **Provided with  other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Engagement |  |  |  |  |
| Case management |  |  |  |  |
| Emergency health treatment |  |  |  |  |
| Mental health services |  |  |  |  |
| Transportation |  |  |  |  |
| Services for special populations |  |  |  |  |

**19.3** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**19.4** What are the hours of operation?

|  |
| --- |
|  |

## SO Program Design and Philosophy

* 1. Please describe how outreach is conducted, including how referrals are made for outreach, how participants are engaged, and how often outreach is done.

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| --- |
| Enter Response Here-- Maximum 2000 characters |

|  |
| --- |
|  |

**20.2** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**20.3** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**20.4** Please describe how your program is housing focused.

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**20.5** How does your program partner with shelters in your LPA to provide emergency services?

|  |
| --- |
|  |

**20.6** How does your program partner with Rapid Rehousing and Permanent Supportive Housing programs in your LPA to provide permanent housing?

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|  |

**20.7** How will your program increase exits to permanent housing?

|  |
| --- |
|  |

**20.8** How does your program participate with coordinated entry (check all that apply):

Assess households that you outreach

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Other:

## SO Project Performance (if applicant was an ESG FY 2016-17 grantee)

Applicants that were funded for Street Outreach in Program Year 2017 (Jan-Dec 2017), should report performance in the charts below. Refer to the ESG Application Information Packet, Appendix 7: ESG Application Data Sources for instructions on which reports should be used.

|  |  |
| --- | --- |
| **Project Outputs** |  |
| Total Number of Persons Served |  |
| Total Number of Adults without Children Served |  |
| Total Number of Adults with Children Served |  |
| Total Number of Children with adults Served |  |
| Total Number of Children with Only Children Served |  |
| Total Number of Households Served |  |
| Total Number of Households without Children Served |  |
| Total Number of Households with Children and Adults Served |  |
| Total Number of Households with Only Children Served |  |

|  |  |
| --- | --- |
| **Project Impact** | |
| Average Length of Stay in Project |  |
| Median Length of Stay in Project |  |
| Number of Exits to Permanent Housing Destinations |  |
| Number of Exits to Emergency Shelter |  |
| Number of Exits to Transitional Housing for Homeless Persons |  |
| Number of Exits to Don’t Know/Refused/Did Not Collect Destinations |  |
| Total Persons Contacted -1st contact at place not meant for human habitation |  |
| Rate of Engagement- 1st contact at place not meant for human habitation |  |

|  |  |
| --- | --- |
| **Data Quality** | |
| Personally Identifiable Information- Overall Score |  |
| Veteran Status |  |
| Relationship to Head of Household |  |
| Client Location |  |
| Disabling Condition |  |
| Destination |  |
| Chronic Homelessness- % of records unable to calculate |  |
| Timeliness- Time for record entry 11+ days- Entry Records |  |
| Timeliness- Time for record entry 11+ days- Exit Records |  |

# Emergency Shelter

## ES Project Description

* 1. Population to be served:  single men  single women households with children  youth 18-24 unaccompanied youth 17 years old and under  DV only

**22.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Shelter** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Case management |  |  |  |  |
| Child care |  |  |  |  |
| Education services |  |  |  |  |
| Employment assistance and job training |  |  |  |  |
| Outpatient health services |  |  |  |  |
| Legal services | Not Available |  |  |  |
| Life skills training | Not Available |  |  |  |
| Mental health services |  |  |  |  |
| Transportation |  |  |  |  |
| Emergency Shelter Bed |  |  |  |  |

**22.3** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**22.4** What are the hours of operation?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**22.5** If the shelter does not operate 24 hours a day for 7 days a week, please describe how households access emergency services while the shelter is closed:

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

## ES Program Design and Philosophy

**23.1** What are your eligibility requirements to access emergency shelter?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.2** What are the reasons that someone may be turned away or asked to leave your shelter?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.3** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**23.4** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

**23.5** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**23.5.1** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

**23.6** Is staff trained in landlord recruitment?

**23.6.1** If yes, please describe.

|  |
| --- |
|  |

**23.7** Does your program offer a standard, basic level of support to all landlords?

**23.7.1** If yes, please describe.

|  |
| --- |
|  |

**23.8** Describe how your program is housing focused:

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.9** How does the shelter utilize Rapid Rehousing programs?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.10** How does the shelter utilize Permanent Supportive Housing programs?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.11** How will you increase exits to permanent housing?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**23.12** How does your program participate in coordinated entry (choose all that apply):

Shelter serves as an access point for coordinated entry

Shelter staff completes assessments

Shelter accepts referrals from coordinated entry

Other:

## ES Project Performance

Applicants that were funded for Emergency Shelter in Program Year 2017 (Jan-Dec 2017), should report performance in the charts below. Refer to the ESG Application Information Packet, Appendix 7: ESG Application Data Sources for instructions on which reports should be used.

|  |  |
| --- | --- |
| **Project Outputs** |  |
| Total Number of Persons Served |  |
| Total Number of Adults without Children Served |  |
| Total Number of Adults with Children Served |  |
| Total Number of Children with adults Served |  |
| Total Number of Children with Only Children Served |  |
| Total Number of Households Served |  |
| Total Number of Households w/o Children Served |  |
| Total Number of Households with Children and Adults Served |  |
| Total Number of Households w/ Only Children Served |  |
| Utilization Rate-Households without Children as of the 2017 Point-in-Time Count |  |
| Utilization Rate-Households with Children and Adults as of the 2017 Point-in-Time Count |  |
| Utilization Rate- Households with Only Children as of the 2017 Point-in-Time Count |  |

|  |  |
| --- | --- |
| **Project Impact** | |
| Average Length of Stay in Project |  |
| Median Length of Stay in Project |  |
| Number of Exits to Permanent Housing Destinations |  |
| Number of Exits to Temporary Destinations |  |
| Number of Exits to Don’t Know/Refused/Did Not Collect Destinations |  |

|  |  |
| --- | --- |
| **Data Quality** | |
| Personally Identifiable Information- Overall Score |  |
| Veteran Status |  |
| Relationship to Head of Household |  |
| Client Location |  |
| Disabling Condition |  |
| Destination |  |
| Chronic Homelessness- % of records unable to calculate |  |
| Timeliness- Time for record entry 11+ days- Entry Records |  |
| Timeliness- Time for record entry 11+ days- Exit Records |  |

# Homelessness Prevention

## HP Project Description

**25.1** Population to be served:  single men  single women  households with children   
  youth 18-24  unaccompanied youth 17 years old and under  DV only

**25.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rapid Rehousing Activity** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees |  |  |  |  |
| Security Deposits |  |  |  |  |
| Last month’s rent |  |  |  |  |
| Utility deposits |  |  |  |  |
| Utility payments |  |  |  |  |
| Moving costs |  |  |  |  |
| Housing search and placement |  |  |  |  |
| Housing stability and case management |  |  |  |  |
| Mediation |  |  |  |  |
| Legal services |  |  |  |  |
| Credit repair |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Payment of arrears |  |  |  |  |

**25.3** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**25.4** What are the hours of operation?

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| --- |
|  |

**25.5** If participant and/or landlord have an issue outside of operating hours, how are these issues addressed:

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| --- |
| Enter Response Here-- Maximum 2000 characters |

## HP Program Design and Philosophy

**26.1** How are you targeting this assistance to those most likely to become homeless or return to homelessness?

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| --- |
|  |

**26.2** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**26.3** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**26.4** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**26.4.1** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

**26.5** Is staff trained in landlord recruitment?

**26.5.1** If yes, please describe.

|  |
| --- |
|  |

**26.6** Does your program offer a standard, basic level of support to all landlords?

**26.6.1** If yes, please describe.

|  |
| --- |
|  |

**26.7** Are program staff trained on regulatory requirements of all prevention funding streams and on the ethical use and application of a program’s financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums?

**26.7.1** If yes, please describe

|  |
| --- |
|  |

**26.8** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

**26.8.1** If yes, please describe

|  |
| --- |
|  |

**26.9** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager?

**26.10** Do meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible?

**26.11** Is participation in services voluntary?

**26.12** Do you have a relationship with employment and income programs to which to refer HP participants?

**26.12.1** If yes, please describe.

|  |
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|  |

**26.13** How does your program participate with coordinated entry (check all that apply):

Assess households

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Provide diversion services

Other:

## HP Project Performance

Applicants that were funded for Homelessness Prevention in Program Year 2017 (Jan-Dec 2017), should report performance in the charts below. Refer to the ESG Application Information Packet, Appendix 7: ESG Application Data Sources for instructions on which reports should be used.

|  |  |
| --- | --- |
| **Project Outputs** |  |
| Total Number of Persons Served |  |
| Total Number of Adults without Children Served |  |
| Total Number of Adults with Children Served |  |
| Total Number of Children with adults Served |  |
| Total Number of Children with Only Children Served |  |
| Total Number of Households Served |  |
| Total Number of Households w/o Children Served |  |
| Total Number of Households with Children and Adults Served |  |
| Total Number of Households w/ Only Children Served |  |

|  |  |
| --- | --- |
| **Project Impact** | |
| Average Length of Stay in Project |  |
| Median Length of Stay in Project |  |
| Length of Time between Project Entry and Move-in Date |  |
| Number of Exits to Permanent Housing Destinations |  |
| Number of Exits to Temporary Destinations |  |
| Number of Exits to DK/R/DNC Destinations |  |
| Client became homeless- moving to ES or streets |  |

|  |  |
| --- | --- |
| **Data Quality** | |
| Personally Identifiable Information- Overall Score |  |
| Veteran Status |  |
| Relationship to Head of Household |  |
| Client Location |  |
| Disabling Condition |  |
| Destination |  |
| Chronic Homelessness- % of records unable to calculate |  |
| Timeliness- Time for record entry 11+ days- Entry Records |  |
| Timeliness- Time for record entry 11+ days- Exit Records |  |

# Rapid Rehousing

## RRH Project Description

**28.1** Population to be served:  single men  single women households with children  youth 18-24  unaccompanied youth 17 years old and under 18  DV only

**28.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rapid Rehousing** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees |  |  |  |  |
| Security Deposits |  |  |  |  |
| Last month’s rent |  |  |  |  |
| Utility deposits |  |  |  |  |
| Utility payments |  |  |  |  |
| Moving costs |  |  |  |  |
| Housing search and placement |  |  |  |  |
| Housing stability and case management |  |  |  |  |
| Mediation |  |  |  |  |
| Legal services |  |  |  |  |
| Credit repair |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Payment of arrears |  |  |  |  |

**28.3** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**28.4** What are the hours of operation?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**28.5** If participant and/or landlord have an issue outside of operating hours, hoare these issues addressed:

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

## RRH Program Design and Philosophy

**29.1** How does the agency partner with emergency shelters?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**29.2** How does your agency ensure access to your program for people while unsheltered?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**29.3** What are your eligibility requirements to be accepted into the Rapid Rehousing project?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**29.4** What are the reasons that someone may be turned away or asked to leave your Rapid Rehousing project?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**29.5** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**29.6** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**29.7** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**29.8** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

Is staff trained in landlord recruitment?

**29.8.1** If yes, please describe

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| --- |
|  |

**29.9** Does your program offer a standard, basic level of support to all landlords?

**29.9.1** If yes, please describe

|  |
| --- |
|  |

**29.10** Are program staff trained on regulatory requirements of all prevention funding streams and on the ethical use and application of a program’s financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums?

**29.10.1** If yes, please describe

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| --- |
|  |

**29.11** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

**29.11.1** If yes, please describe

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| --- |
|  |

**29.12** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager?

**29.13** Do meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible?

Is participation in services voluntary?

**29.14** Do you have a relationship with employment and income programs to which to refer RRH participants?

**29.14.1** If yes, please describe

|  |
| --- |
|  |

**29.15** How does your program participate with coordinated entry (check all that apply):

Assess households

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Provide diversion services

Other:

## RRH Project Performance

Applicants that were funded for Rapid Rehousing in Program Year 2017 (Jan-Dec 2017), should report performance in the charts below. Refer to the ESG Application Information Packet, Appendix 7: ESG Application Data Sources for instructions on which reports should be used.

|  |  |
| --- | --- |
| **Project Outputs** |  |
| Total Number of Persons Served |  |
| Total Number of Adults without Children Served |  |
| Total Number of Adults with Children Served |  |
| Total Number of Children with adults Served |  |
| Total Number of Children with Only Children Served |  |
| Total Number of Households Served |  |
| Total Number of Households w/o Children Served |  |
| Total Number of Households with Children and Adults Served |  |
| Total Number of Households w/ Only Children Served |  |

|  |  |
| --- | --- |
| **Project Impact** | |
| Total Number of Clients Entering from Homeless Situations |  |
| Average Length of Stay in Project |  |
| Median Length of Stay in Project |  |
| Length of Time between Project Entry and Move-in Date |  |
| Number of Exits to Permanent Housing Destinations |  |
| Number of Exits to Temporary Destinations |  |
| Number of Exits to DK/R/DNC Destinations |  |

|  |  |
| --- | --- |
| **Data Quality** | |
| Personally Identifiable Information- Overall Score |  |
| Veteran Status |  |
| Relationship to Head of Household |  |
| Client Location |  |
| Disabling Condition |  |
| Destination |  |
| Chronic Homelessness- % of records unable to calculate |  |
| Timeliness- Time for record entry 11+ days- Entry Records |  |
| Timeliness- Time for record entry 11+ days- Exit Records |  |

# HMIS

While Domestic Violence agencies can not participate in HMIS, these agencies can apply for HMIS funds to be used on the costs associated with the required comparable database.

## HMIS Project Description

* 1. Please indicate which expenses will be covered with ESG funds.

|  |  |
| --- | --- |
| **Rapid Rehousing** | **Provided with ESG funds** |
| Equipment/Hardware and Software |  |
| Service Provider Agency Staff Costs |  |
| Continuum of Care Staff Costs |  |
| HMIS Lead Agency Costs |  |
| HMIS Local System Administrator Costs |  |

**31.2** Describe how these funds will contribute to your ability to collect, analyze, and report data.

|  |
| --- |
|  |