

Supportive Services Only-Coordinated Entry Regional Grants

2018 Application

# Application Check List

Refer to [NCCEH’s Coordinated Entry Regional Grants Request for Proposals](http://www.ncceh.org/files/9154/) for more information about application requirements, grant requirements, and program design.

Project Description

[ ]  Complete written application (below)

[ ]  Detailed budget spreadsheet, available [here](http://www.ncceh.org/files/9155/)

[ ]  Match letters documenting 25% match to all requested funds

Coordinated Entry Documents

[ ]  Letter of support from the Regional Committee committing to elect the applicant agency as Coordinated Entry Lead if it is awarded SSO-CE funds

[ ]  Current Regional Committee CE prioritization wait list (with no identifying information)

[ ]  RRH and PSH programs only: Documentation showing that all new admissions in the first quarter of 2018 came directly from the CE prioritization wait list, such as HMIS screenshots or intake documents that correspond to the people on the wait list. If your program did not take new admissions in the first quarter of 2018, provide documentation for the most recent quarter in which new households were admitted. Please replace personally identifying information with HMIS IDs or other identifiers.

Agency Financial Documents

[ ]  Most recent agency audit

[ ]  If the applicant is a CoC grantee, an e-LOCCS screenshot for the most recently completed operating year for every CoC grant the agency receives, showing the funding that was spent in that operating year.

[ ]  If the applicant is an ESG grantee, the final requisition request for the 2017 operating year or the most recent requisition request if the agency was not a grantee in 2017.

Agency Grant Management Documents

[ ]  Copies of any monitoring findings and corrective action plans from any federal grants from the last three years

[ ]  HMIS 0640 HUD Data Quality Report (run the report for the whole agency for calendar year 2017)

Agency Board of Directors Roster

[ ]  Board of Directors member roster that includes name, organization, and contact information of each board member

### Submission Directions

Submit a complete application, with all the required documents to <https://bit.ly/2HCG69B> by May 23, 2018 at 6:00pm.

One agency may apply for funding in multiple Regional Committees. The applicant agency must submit one complete application and all required materials for each Regional Committee.

Applications missing any of the above materials, without answers to any of the written questions, below, or submitted after the deadline will not be accepted.

Any questions about this application or the SSO-CE program should be sent to bos@ncceh.org.

NCCEH SSO-CE Written Application

# Section 1. 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 |

## Certification

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

|  |  |
| --- | --- |
| Name of authorized official      | Title of authorized official      |
| Signature | Date      |

## Mission

1. Describe the applicant agency’s mission and the types of programs and services currently offered. Limit answers to 1,000 characters or less.

|  |
| --- |
|        |

1. Describe how coordinated entry supports the applicant agency’s mission. Limit answers to 1,000 characters or less.

|  |
| --- |
|        |

## Area Served

1. Which Regional Committee will you serve with this funding?

1. Please list all Regional Committees your organization serves.

|  |
| --- |
|       |

1. Location of main and satellite offices.

|  |
| --- |
|       |

## 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:       |

# Section 2. Organizational Capacity & Stability

## Financial Capacity

|  |
| --- |
| 1. Applicant agency’s fiscal year: mm/ dd/ yy to mm/dd/ yy
 |
| 1. Explain your agency’s financial control system and procedures. Include an explanation of how your agency will monitor its activities to ensure that SSO-CE funding is spent in a timely manner and how SSO-CE funding will be applied and tracked against specific eligible activities. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |
|  |

 |
| 1. Has your organization received any HUD findings, ESG monitoring findings, or other monitoring or compliance issues with other federal grants within the past 3 years?

3a. If yes, please **attach** descriptions of the findings and any approved corrective action plans. |
| 1. 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 |       |
|  |

## Past Awards

1. Please list all federal grants (including grants passed through state or local sources originating at the federal level) your agency currently receives and the percent of the grant that was spent in the last complete grant year. If your agency receives more federal grants than fit on the table below, please **attach** a document listing the additional grants and all the information from the table below.

If your agency does not currently receive any federal grants but has received federal funding in the last 2 years, please list the funding you have received in the last 2 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Program name | Funding source | Award Amount | Percent spent |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |
|       |       | $      |      % |

1. If your agency spent less than 90% of the funds in any grant, please provide an explanation.

|  |
| --- |
|        |

1. If your does not currently receive federal funding but has in the last 2 years, please explain why your agency no longer receives federal funds.

|  |
| --- |
|        |

# Section 3. Staff Capacity

## Staff Information

1. Enter the # of part-time staff:
2. Enter the # of full-time staff:
3. Please describe your plan to staff coordinated entry with this grant. Include how many staff will be involved and what activities each of them will cover. Please identify which staff member will be the Coordinated Entry Lead for the Regional Committee. Please also indicate if your agency plans to hire new staff to support coordinated entry, if your agency is awarded this grant. See the [SSO-CE RFP](http://www.ncceh.org/files/9154/) for more information about coordinated entry requirements. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

## HMIS

1. Who is the HMIS Agency Administrator for your agency?

|  |  |
| --- | --- |
| Name:       | Title:       |

1. Is the Agency Administrator a Full-time or Part-time staff person?
2. Is the Agency Administrator’s primary job responsibility HMIS?
3. How many licensed HMIS users does your agency have?
4. Please describe how your agency maintains high-quality data in HMIS. Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. Please **attach** a 0640 HUD Data Quality Report for calendar year 2017. Run the report for your full agency.

# Section 4. Coordinated Entry Knowledge and Experience

## Agency participation in coordinated entry

1. Please describe your agency’s experience with coordinated entry. Indicate any committees you have served on and how your agency participates in the coordinated entry process. Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. Is your agency currently the coordinated entry lead for the Regional Committee in which you are applying?
2. Is your agency currently the coordinated entry lead for a different Regional Committee?
3. If your agency is not currently a coordinated entry lead, has your agency been a coordinated assessment lead in the past?
4. Please indicate if your agency currently does the following:

[ ]  Acts as an access point for coordinated entry and conducts Prevention and Diversion Screens

[ ]  Conducts VI-SPDATs for clients enrolled in your program(s)

[ ]  Conducts VI-SPDATs for other agency’s clients, unsheltered clients, or others not enrolled in your program(s)

[ ]  Participates in community case conferencing meetings

1. For emergency shelters only: Do all people entering your shelter receive the Prevention and Diversion Screen before entering? If no, why not? Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. For applicant agencies that are other types of initial access points (like DSS, street outreach programs, etc): Does your agency conduct a Prevention and Diversion Screen on everyone who is seeking housing assistance? If you do not, please indicate what standards you use to determine whether to conduct a P&D screen. Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. For permanent housing programs, including RRH, PSH, or other affordable housing for people experiencing homelessness: Please describe the process you currently use to fill open slots in your program. Include how clients are selected and referred from the coordinated entry system. Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

8a. Do you fill all your open slots directly from the coordinated entry prioritization wait list?

8b. For RRH, PSH, programs and any other permanent housing programs that answered ‘Yes’ to 8a, please **attach** documentation showing that all new admissions in the first quarter of 2018 came directly from the coordinated entry prioritization wait list, such as HMIS screenshots or other intake documents that correspond to the people on the wait list. Please replace personally identifying information with HMIS IDs or other unique identifiers if possible. If your program did not take any new admissions in the first quarter of 2018, provide documentation for the most recent quarter in which new households were admitted.

8c. If your agency admits new clients that were not on the coordinated entry prioritization list, please explain why. Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. Please describe why your agency is the most appropriate agency in the Regional Committee to be the SSO-CE grantee and Coordinated Entry Lead. Include any specific expertise your agency brings or specific roles your agency fills in the coordinated entry process that makes your agency uniquely suited to receive this grant. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

## Coordinated Entry System Description

Please answer the following questions about your Regional Committee’s full coordinated entry system, not just your agency’s participation in it. Please answer just for the Regional Committee in which you are applying.

1. Please describe why coordinated entry is important in your Regional Committee and how it assists your Regional Committee’s efforts to end homelessness. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. What are some challenges your Regional Committee is facing in implementing coordinated entry? What steps have you taken to start solving those problems? What steps do you plan to take in the future? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Do all newly homeless persons receive a Prevention and Diversion Screen in your Regional Committee? If not please explain why. What steps has your Regional Committee taken to help fill these gaps? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Do all shelters conduct VI-SPDATs, including domestic violence shelters, in your Regional Committee? If not, how does your system try to do VI-SPDATs on all sheltered individuals and families? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How is your system conducting VI-SPDATs on people living in unsheltered situations? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How is your prioritization waiting list currently maintained? Who enters data onto the list? Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. What factors do you use to prioritize clients besides the VI-SPDAT score? Limit answers to 1,000 characters or less.

|  |
| --- |
|       |

1. Does the Regional Committee currently hold a case conferencing meeting? If so, how often does it meet? What is the agenda for the meeting? If not, why not, and what are you plans to put one in place? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How does the community currently ensure that all rapid rehousing, permanent supportive housing, and other participating permanent housing program openings are filled from the prioritization waiting list? How do permanent housing programs alert the coordinated assessment system of openings, and how is an appropriate person picked from the list and referred to the opening? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please **attach** a copy of your community’s prioritization waiting list, without any personally identifying information.
2. If your community does not have a prioritization waiting list currently, please describe a detailed plan to have one in place before July 1, 2018. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

# Section 5. SSO-CE Project

## SSO-CE Project Budget Request

Please **attach** the [detailed project budget request spreadsheet](http://www.ncceh.org/files/9155/). Grantees must spend their grants based strictly upon the funding requested in each category. Agencies will need to submit a budget amendment to NCCEH to change the amount to be spent per category.

Please **attach** letters documenting 25% match to all requested funds.

## SSO-CE Project Description

The following questions apply specifically to the SSO-CE funding for which you are applying.

1. Please describe the full scope of the project for which your agency will use the funding. Be sure to describe which gaps in your coordinated entry system you plan to fill using this funding, and how this funding will improve your coordinated entry system. Limit answers to 4,000 characters or less.

|  |
| --- |
|       |

1. Please describe the activities you plan to carry out using the requested funding for annual assessment of service needs. Be sure to justify the level of the request with the staff time needed to carry out each activity. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please describe the activities you plan to carry out using the requested funding for case management services. Be sure to justify the level of the request with the staff time needed to carry out each activity. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please describe the activities you plan to carry out using the requested funding for outreach services. Be sure to justify the level of the request with the staff time needed to carry out each activity. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. If you plan to carry out activities using matching funds that are eligible SSO-CE activities that do not fall under one of NCCEH’s SSO-CE budget categories (annual assessment of service needs, case management, or outreach), please describe those activities below. See [NCCEH’s SSO-CE RFP](http://www.ncceh.org/files/9154/) for more information about eligible uses of match. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please describe your plan to maintain an up-to-date and comprehensive by-name prioritization waiting list in HMIS. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please describe your plan to hold a regular case conferencing meeting, not less often than once every 2 weeks (unless a different schedule is approved in writing by NCCEH). Please include what you plan to accomplish at case conferencing meetings. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How do you plan to evaluate whether your Regional Committee’s coordinated entry system is working as intended? How would you approach making changes to improve your CE system? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How will you encourage agencies to participate in CE and track participation among CoC and ESG grantees? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. How will you train the community on the coordinated entry process? Limit answers to 2,000 characters or less.

|  |
| --- |
|       |

1. Please describe your plan to spend all SSO-CE funding within one year. Limit answers to 2,000 characters or less.

|  |
| --- |
|       |