



FY2017 Continuum of Care Program Application for New Projects:
Joint Transitional Housing – Rapid Re-Housing, Permanent Supportive Housing, DedicatedPLUS

FY2017 Continuum of Care Program Application for New Projects

Application deadline is 5:00 pm, Friday, August 25th, 2017. Applications must be received by the County prior to close of the business day. Postmarked dated mail received after the deadline WILL NOT be accepted.

Question 1: Type

Type of Application: Joint Transitional/Rapid Re-Housing

Permanent Supportive Housing DedicatedPLUS

(please note that all PSH projects must be scattered site apartments if utilizing leasing funds)

Project Name: _____

Estimated Operating Year Start and End Dates: ___/___/2018 - ___/___/____ (projects must be operating by no later than September 30, 2018 or 6 months after the award letter).

Proposed grant term: 1 year 2 years 3 years

Question 2: Subrecipient Organization

2A. Organization and/or Applicant Name: _____

2B. Organizational DUNS: _____

2C. Physical Address: _____

2D. Contact Person/Title, Phone Number and Email: _____

2E. Describe the experience of your agency in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. (Limit 500 words)

2F. Describe your agency's basic organization and management structure (if any). Include evidence of internal and external coordination and an adequate financial accounting system. (Limit 500 words)



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Question 3: Project Detail/Description

3A. Project Description that addresses the entire scope of the project. Describe a) target population(s) to be served, b) the plan for addressing the identified needs/issues of the CoC target population(s), c) projected outcome(s), d) coordination with other source(s)/partner(s), and e) maximum length of assistance. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. (Limit 700 words)

3A.1. How will your organization engage homeless who routinely sleep on the streets or other places for not meant human habitation (i.e. attending a monthly committee with partner agencies to plan outreach and discuss clients, and/or partnering with the police or a soup kitchen to identify homeless)?(Limit 200 words)



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3A.2. Please identify ways that your agency is identifying alternative sources for supportive services. (Limit 200 words)

3B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. (Applicant may attach a schedule, as needed)

3C. Will your project have a specific population focus? If yes, please select all that apply.

Select 'Yes,' to indicate that your project will have special capacity in its facilities, program designs, tools, outreach or methodologies for the chronically homeless and any other specific subpopulation(s). This does not mean that your project will exclusively serve the other subpopulation(s), but rather that your project will be uniquely equipped to serve them. In the project description above (#1), the project applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter.

Please select from below if your project has a specific population focus.

Chronic Homeless Youth (under 25) Domestic Violence



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Veterans Families with Children Substance Abuse
Mental Illness HIV/AIDS Not Applicable

3D. Please identify a) ways that your agency is identifying alternative sources for supportive services, b) the specific activities that are in place to identify and enroll all Medi-Cal eligible program participants, and c) that the project includes Medi-Cal financed services including case management, tenancy supports, behavioral health services, or other services important to supportive housing stability. (Limit 300 words)

3E. Describe how participants will be assisted to obtain and remain in permanent housing. (Limit 300 words)

3F. Describe specifically how participants will be assisted to increase their employment and/or income and to maximize their ability to live independently. (Limit 300 words)

3G. Does your project follow a Housing First Model? Please describe. As a reminder, a centralized or coordinated assessment (a CoC Program compliance requirement) is a process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is



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easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process. (Limit 200 words)

3H. How does your agency affirmatively further fair housing as detailed in 24 CFR 578.93(c)?

24 CFR 578.93(c) states that 1) agencies must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities, 2) where your agency encounters a condition or action that impedes fair housing choice for current or prospective program participants, information is provided to the jurisdiction that provided the certificate of the consistency with the Consolidated Plan (in SLO County, these are referred to California Rural Legal Assistance), and 3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws. (Limit 200 words)

3I. Is Energy Star used at one or more of the proposed properties?

Question 4: Supportive Services for Participants

4A. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes No Not Applicable



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4B. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes No

If 'No', describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed into housing.

4C. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Supportive Services	Provider (Subrecipient, Partner, or Non-Partner)	Frequency (Daily, Weekly, Bi-Weekly, Bi-Monthly, Monthly, Quarterly, Semi-Annually, Annually)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling		



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Supportive Services	Provider (Subrecipient, Partner, or Non-Partner)	Frequency (Daily, Weekly, Bi-Weekly, Bi-Monthly, Monthly, Quarterly, Semi-Annually, Annually)
Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

4D. Please identify whether the project includes the following activities.

4D.1. *Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?* Yes No

4D.2. *Use of a single application form for four or more mainstream programs?* Yes No

4D.3. *At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?* Yes No

4E. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency? Yes No



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If yes, has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes No

4F. Housing Type and Location.

Total Units:	
Total Beds:	
Total Youth Beds:	

Housing Type (select one):

Barracks Dormitory Shared Housing SRO
Clustered Apartment Scattered Site Apartment

***If applicable, please include a list of unit addresses and the number of bedrooms in each unit on an attached sheet.**



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Question 5: Project Participants

5A. List the number of households or persons served at maximum program capacity. The numbers are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year/grant term.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

All Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total



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Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under 18				
Accompanied Non-disabled Children under 18				
Unaccompanied Disabled Children under 18				
Unaccompanied Non-disabled Children under 18				
Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under age 18				
Total Persons				



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5b. Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										



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Non-disabled Children under age 18										
Total Persons										

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages										



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18-24										
Total Persons										

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										



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Unaccompanied Non-disabled Children under age 18										
Total Persons										



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Question 6: Performance Measures

6A. Persons remaining in permanent housing at the end of operating year, or exiting to permanent housing destinations during the operating year.

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.1. Adults who increased their total income (from all sources) as of the end of the operating year or project exit

Target Number	Total Anticipated Population of Persons Served (Universe)

6B.2. Adults who increased their earned income as of the end of the operating year or project year

Target Number of Persons Served	Total Anticipated Population of Persons Served (Universe)

6C. Optional – Additional Performance Measures as implemented by the applicant.

Proposed Measure	Data Source (i.e. HMIS) and method of data collection used to measure results	Rationale for why the proposed measure is an appropriate indicator of performance for this program	Target Number	Total Anticipated Population of Persons Served (Universe)
1.				



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2.				
3.				

Question 7: Funding

Subrecipients may use funds from any source, including any other federal sources, as well as state, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The subrecipient must ensure that any funds used to satisfy the cash match requirements are not prohibited from being used as a match under the laws governing those funds. In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the subrecipient for the activities funded through the project. Instead, benefits are provided to the program participant and are based on program participant eligibility for that program.

7A. Will it be feasible for the project to be under grant agreement by September 30, 2018?

7B. Is this project proposing to use fund reallocated from the CoCs annual renewal demand or is the project applying for funding through the permanent housing bonus?

Reallocation Permanent Housing Bonus

7C. Does this project propose to allocate funds according to an indirect cost rate?
Yes No



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7C.1. If yes, please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base

7C.2. Has this rate been approved by your cognizant agency? Yes No

7C.3. Does the applicant plan to use the 10% de minimis rate? Yes No

7D. What is the project's grant term? _____

7E. Select the costs for which funding is being requested:

Leased Units Leased Structures Rental Assistance
 Supportive Services Operations HMIS

7F. Leased Units

Total Annual Assistance Requested	\$
Grant Term	1 year
Total Request for Grant Term	\$
Total Units	



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7F.2. Leased Units Budget

Size of Units	# of Units	Total Request
SRO		
1 bedroom		
2 bedroom		
3 bedroom		
4 bedroom		
5 bedroom		
6 bedroom		
Total Units and Annual Assistance Requested		

Total Annual Leasing Assistance Requested	
Total # of Units	

7G. Leased Structures Budget

Total Annual Assistance Requested	\$
Grant Term	1 year
Total Request for Grant Term	\$
Total Structures	



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Structure Name	Address of Structure	HUD Paid Rent		12 Months	Total Request
			X		
			X		
			X		
			X		
Total Units and Annual Assistance Requested					

7H. Rental Assistance Budget Detail

Size of Units (# bedrooms)	S R O	0	1	2	3	4	5	6	7	8	9
# of Units											



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7I. Supportive Services Budget

Eligible Costs	Quantity Description	Annual Assistance Request
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 Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (Complete 7F)		
Total Annual Assistance Requested		



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7J. Operating Budget

Eligible Costs	Quantity Description	Annual 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		

7K. HMIS Budget

Eligible Costs	Quantity Description	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space and Operations		
Total Annual Assistance Requested		



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7L. Sources of Match/Leverage

7L.1. Summary for Match. Match is: the required amount of cash or in-kind contributions that must be provided based on every budget line item, with the exception of leasing. Applicant may add additional tables as necessary to complete proposed sources of match.

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Match Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

Match Detail:	
a. Type of Commitment:	
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e. Value of Written Commitment:	



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Match Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

7L.2. Summary for Leverage. Leverage is: any amount of cash or in-kind contribution that exceeds the required match.

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	



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Leverage Detail:	
a. Type of Commitment:	
b. Name the Source of the Commitment:	
c. Type of Source:	
d. Date of Written Commitment:	
e. Value of Written Commitment:	

7M. Summary Budget

Eligible Costs	Assistance Requested
1a. Leased Units	\$
1b. Leased Structures	\$
2. Rental Assistance	\$
2. 3. Supportive Services	\$
4. Operating	\$
5. HMIS	\$
6. <i>Subtotal</i>	\$
7. Admin (up to 10% of <i>Subtotal</i>)	\$
8. <i>Total Assistance plus Admin Requested</i>	\$
9. Cash Match	\$
10. In-Kind Match	\$
11. Total Match	\$
11. Total Budget	\$



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Question 8: Proof of Non-profit status. If the applicant organization is a nonprofit, then proof of nonprofit status is required. Please attach *proof of organization's nonprofit status* to the back of the application.

Signature by authorized official:

I have read the Notice of Funding Availability (NOFA) for the FY2017 Continuum of Care Program Competition and the Continuum of Care Interim Regulations.

Name (printed)

Signature

Date

Submit the application by the **deadline** to Ivana Yeung, Planner III through any of the following delivery methods:

Mail: Ivana Yeung, Planner II Department of Planning and Building 976 Osos Street, Room 300 San Luis Obispo, CA 93408	Hand Deliver: Ivana Yeung Department of Planning and Building Annex 1035 Palm Street, Room 370 San Luis Obispo, CA 93408
Fax: (805) 781-5624	Email: iyeung@co.slo.ca.us