

**Winston-Salem/Forsyth County Continuum of Care  
2018 Continuum of Care New Project Application**

Agency Name: \_\_\_\_\_ (“Agency”)

Subject to the terms and provisions of the 2018 Request for Proposals (RFP) for Continuum of Care (CoC) Homeless Assistance issued by the City of Winston-Salem (“City”), the Agency named above requests funding for the project described in this application.

The Agency acknowledges that:

1. The Agency has reviewed the Request for Proposals and the CoC regulations that are referenced in the Request for Proposals.
2. Funding is subject to the terms of the Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program to be published by HUD.
3. Additional information may be required by HUD or the City.
4. This signed form and any required accompanying materials must be submitted to the City by the deadline specified in the Request for Proposals.

**Agency Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Continuum of Care Homeless Assistance Grant Application  
Application for New Project Funding**

**Section 1: Organizational Identification and Contact Information (0 points)**

A.	Organization Name:	
B.	Agency Mailing Address:	
C.	Project Location:*	
D.	Contact Name:	
E.	Contact Phone Number:	
F.	Contact Email:	
G.	Federal Tax ID Number:	
H.	Federal DUNS Number:	

*\*The project location need not be provided if it is a confidential location, such as a facility for victims of domestic violence.*

- A. Have you completed the annual update to your organization’s registration with the federal government at [www.sam.gov](http://www.sam.gov) ?  Yes  No
- B. Does your organization owe money to the IRS or to anyone else?  Yes  No  
If so, describe the situation.
- C. Have all due IRS 990 filings been submitted to the IRS?  Yes  No
- D. Is the applicant organization registered with the N.C. Secretary of State to conduct business in the State of North Carolina as of the date of the application?  Yes  No
- E. Did an agency representative attend the grant application workshop sponsored by the City of Winston-Salem?  Yes  No

**Section 2: Project Summary (4 points)**

- A. In no more than five sentences, list the project name and describe activities to be undertaken, amount of funding requested, population(s) and number of participants to be served, as well as the period covered and projected outcomes of your project.

**Section 3: Organizational Capacity (27 points)**

- A. Mission (3 points)--In five sentences or less, how will the project help your organization to pursue and achieve its mission?
- B. Experience (6 points)--In five sentences or less, how will the experience of your organization contribute to project success? Describe specific, relevant experience by type and length of time.
- C. Organizational Structure (6 points)--In five sentences or less, describe how organizational

structure and staff are appropriate to undertake and complete the project. If specific staff positions are to be funded by the requested funds, list the titles and full-time equivalency percentages and attach or insert job descriptions. Attach or insert an organizational chart that includes any CoC-funded positions.

D. Capacity and Timing (6 points)--

1. In five sentences or less, describe how the organization has (or will get) the overall capacity to complete the project in a timely manner.
2. Fill in the chart below to indicate project timing. Omit inapplicable items.

Activity	Days from Execution of Agreement with City
Organizational structure in place and/or Memoranda of Understanding with Cooperating Organizations	
Site control (have ownership or lease space for proposed activity)	
Personnel in place to conduct activities	
All funding committed and available	
Services begin	
Facility or service at or near full capacity	
Requested Funding Fully Spent	
Other key benchmark activities: (list)	

- E. Collaboration (6 points)--In up to five sentences, describe how collaboration with partner agencies will contribute to success. If part of a specific initiative, name it and describe the roles fulfilled through your proposed project. Also, please describe any participation in the Continuum of Care and the number of meetings (including subcommittee meetings) attended in the last twelve months by your agency’s staff.

**Section 4: Strategic Priority (29 points)**

- A. Need (5 points)--In no more than five sentences, describe the population(s) to be served, including their characteristics, where they come from, and their major needs.
- B. Strategies (5 points) In no more than one-half page total, describe how the project is consistent with the strategic elements described in Exhibit 1, which is attached to this application form.
  - I. WSFC Consolidated Housing and Community Development Plan
  - II. HEARTH Act CoC Performance Measures
- C. Performance Measures (5 points)--List at least one major performance measure for the project, including the numerical and percentage targets. At least one measure must address permanent housing placement and retention. (Coordinated entry projects will have alternative measures.)

D. Performance Results (5 points)--Please indicate below performance on other past activities completed by your organization in other similar projects.

<i>Program &amp; Year</i>	<i>Objective</i>	<i>Actual Achievement</i>

E. HMIS Data (4 points)

1. Does your agency participate in the Homeless Management Information System (HMIS)?

Yes  No

As applicable, please check one box:

Agency/program serves exclusively domestic violence victims and is not allowed to participate in HMIS.

Agency/program does not participate in HMIS. Indicate reason: \_\_\_\_\_

F. Supplemental Questionnaire (5 points)--Please complete the Supplemental Questionnaire in Exhibit 2 of this application. The information is needed for the HUD application.

**Section 5: Project Approach and Design (21 points)**

A. Participation in Coordinated Intake and Assessment (6 points)--How does your project participate in the CoC's coordinated entry system, including activities organized through the Community Intake Center (CIC)? (check all that apply)

- Agency's staff provide referrals to CIC
- Staff are trained on how to complete the VI- SPDAT
- Agency is handling referrals from coordinated intake for rapid rehousing, permanent supportive housing, or other programs
- Agency representatives participate in the Assessment Team
- Other (describe): \_\_\_\_\_

B. Services (6 points)—

1. In no more than one half-page, describe the type, frequency and duration of supportive services that will be provided to clients in the proposed project and how it meets their needs. Indicate how follow up will help to ensure client success. Discuss how services are structured to meet performance measures, such as helping clients to obtain and



<i>Description of Cash or In-Kind Matching Activity</i>	<i>Source of Matching Funds</i>	<i>Amount of Matching Funds</i>
<b>TOTALS</b>		

Prior to submission to HUD, you will be asked to provide letters or a Memorandum of Understanding to the City documenting match.

C. Average Cost (4 Points)--Use the table below to show the average cost of the service per beneficiary to be served during the year.

CoC funds requested:	
Number proposed to be served for the year:	
Average CoC cost per case:	

D. Sustainability (3 points)--Describe in no more than five sentences how the project will be sustained if and when the CoC funding ends.

**Additional Requirements:**

- A. Again, Section 4, F requires that applicants complete the Supplementary Questionnaire attached as Exhibit 2.
- B. Agencies applying for the first time must submit copies of their agency’s latest 990, as submitted to the IRS, Audit Report and auditor’s management letter and copies of their By-Laws, Articles of Incorporation, IRS 501(c)3 designation letter, a current Board roster, copies of budgets (last year, current year and next year - if available), as well as copies of Code of Conduct, Personnel Policies, Procurement Policies, and Accounting Procedures, as applicable. *Agencies requesting renewal funding must submit any updates to these items that have not already been submitted to the City.*
- C. The City reserves the right to request additional information on any Grant Application and/or work with the applicant to modify the project proposal to meet HUD CoC guidelines and requirements.

**Exhibit 1**  
**Summary of Strategic Priority Factors**  
**For Rating ESG and Continuum of Care Projects**

*The information provided in Exhibit 1 relates to Section 4, question B of the funding application.*

**I. WSFC Consolidated Housing and Community Development Plan**

The 2019-2023 Consolidated Plan includes strategies and programs to meet the housing and service needs of homeless persons. Programs include rental assistance, supportive services, coordinated intake, emergency and transitional shelter, homeless management information systems, and permanent supportive housing.

The 2019-2023 Five-Year Consolidated Plan may be found at the link below. Goals and strategies begin on page 51. Goals and strategies specific to homelessness begin on page 59.

<http://www.cityofws.org/Departments/Community-Development/Planning/Reports>

**II. HEARTH Act CoC Performance Measures**

The HEARTH Act is a 2009 amendment to the 1987 McKinney-Vento Act, which is a federal law that provides funding for programs to address homelessness. The HEARTH Act performance measures are:

- A. Reduce average length of time persons are homeless
- B. Reduce returns to homelessness
- C. Improve outreach to ensure engagement with homeless persons
- D. Reduce number of families and individuals who are homeless
- E. Improve employment rate and income of homeless families and individuals
- F. Reduce number of families and individuals who become homeless (first time homeless)
- G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

The HEARTH Act is found at [this link](#) (section 427 has the performance measures):

## Exhibit 2: Supplementary Questionnaire

Agency Name:	
Project Name/Description:	

1. Does your project serve homeless families with children or unaccompanied youth under age 18?

- Yes  
 No

2. If you answered yes to serving families with children or unaccompanied youth under age 18, does your project have policies and procedures that are consistent with and do not restrict, the exercise of rights provided by subtitle B of title VII of the HEARTH Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

- Yes  
 No  
 N/A

3. If you answered yes to serving families with children or unaccompanied youth under age 18, then as required for the Continuum of Care grant, please indicate the name and title of the staff person in your organization who is designated to ensure that children of homeless program participants are enrolled in school and connected to early childhood programs and other appropriate services.

Staff Name:	
Staff Title:	

4. How accessible are most community amenities to your CoC project participants? Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. Choose one answer.

- Very accessible: no transportation barriers, easily within reach of all participants  
 Somewhat accessible: minor transportation barriers, requires effort for participants  
 Not accessible: significant transportation barriers, participants unable to reach amenities without significant external assistance

5. Do project participants receive assistance with SSI/SSDI?  Yes  No

If so is it provided by your agency or another agency?  Our agency  Another agency  
(specify agency: \_\_\_\_\_)

Has the staff person who is providing the technical assistance completed SOAR\* training in the past 24 months?  Yes  No

\*SOAR is SSI/SSDI Outreach, Access, and Recovery Technical Assistance, a federal program under which trained staff can help homeless persons apply for SSI and SSDI.



6. For the services list below, please fill out each cell of the table. Codes are listed below the table.

Column 1: Services	Column 2: Provider of the service	Column 3: Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

**Choose the number of the appropriate answer and place it in the appropriate cell above:**

Column 2: Provider of the service

1. My agency
2. A partner agency with which my agency has a formal contract or MOU
3. Some other agency with which we have no formal contract or MOU

Column 3: Frequency:

- |                              |                                 |
|------------------------------|---------------------------------|
| 1. Daily                     | 6. Semi-Annually (twice a year) |
| 2. Weekly                    | 7. Annually                     |
| 3. Bi-Weekly (every 2 weeks) | 8. As Needed                    |
| 4. Monthly                   |                                 |
| 5. Quarterly                 |                                 |

7. Will the project provide transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  Yes  No
8. Will the project use of a single application form for four or more mainstream programs provided by other agencies?  Yes  No
9. Will the project provide regular follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes  No

If so, how many times, and how frequently will the follow-up be provided? \_\_\_\_\_

### Exhibit 3: Information on Match Requirements

This information will help you to answer the questions on match. Prior to submission to HUD, you will be asked to provide a Memorandum of Understanding or letter to the City documenting match. Please do not submit them until requested, as HUD will have strict date ranges for the dates on the letters, which we will not know until the HUD grant notice is published.

#### Match:

- 25% match is required for all project budget components
- Match can be cash or in-kind
- Match must be spent on program activities that would be eligible for CoC grant funding. Basically, that's supportive services, rental assistance, operating costs, HMIS costs and administrative costs.

#### Sources of Match

- Cash:** any funds that come from private or public resources (as long as they are not statutorily prohibited from being used as match).
- In-kind:** services (counseling, legal advocacy, etc.), physical goods/equipment (food, furniture, clothing, etc.), and real property (donated land or buildings).
- To be counted as match, the funds, goods, or services need to come directly from the contributing source to the organization. Items provided directly to and for individuals/program participants are not eligible as match. For example:
  - Mainstream benefits provided directly to program participants (e.g., food stamps, SSI/SSDI disability benefits) cannot be used as match.
  - Funds from mainstream resources provided directly to an organization for use in a CoC project can be used as match (food from a food pantry; budgeting classes provided from one agency to clients of another agency through an MOU)
- Commitments of land, buildings, and equipment are **one-time only** and cannot be claimed in more than one CoC competition. For example, donated land claimed in the 2017 CoC competition cannot be claimed as match by that project or any other project in subsequent competitions.

**Exhibit 4: Continuum of Care: Project Practices, Standards, and Key Elements Survey**

The information collected on this form is one set of factors that will be used to evaluate and rank projects requesting Continuum of Care funding. All projects are to complete the Housing First survey questions. Then, complete the corresponding program-type specific survey (i.e., PSH, RRH, or SSO/CIC), as applicable to your proposed project. Indicate whether each statement is true, false, or not applicable for your program. If it is not applicable, provide an explanation.

<b>Agency Name:</b>	
<b>Project/Grant Name:</b>	
<b>Contact Name/Phone/Email:</b>	

**Program Type (check one):**

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)--including transitional/RRH combined projects
- Supportive Services (SSO)--including Coordinated Intake and Assessment

**Housing First Survey (To be completed by ALL projects.)**

<b>Statement</b>	<b>True</b>	<b>False</b>
<i>All ten statements below must be true for project to be Housing First.</i>		
1. Project quickly moves participants into PH.	<input type="checkbox"/>	<input type="checkbox"/>
2. Project ensures participants are not screened out for having too little or no income.	<input type="checkbox"/>	<input type="checkbox"/>
3. Project ensures participants are not screened out for active or history of substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>
4. Project ensures participants are not screened out for having a criminal record with exceptions for state-mandated restrictions.	<input type="checkbox"/>	<input type="checkbox"/>
5. Project ensures participants are not screened out for history of domestic violence.	<input type="checkbox"/>	<input type="checkbox"/>
6. Project does not terminate participants for failure to participate in supportive services.	<input type="checkbox"/>	<input type="checkbox"/>
7. Project does not terminate participants for failure to make progress on a service plan.	<input type="checkbox"/>	<input type="checkbox"/>
8. Project does not terminate participants for loss of income or failure to improve income.	<input type="checkbox"/>	<input type="checkbox"/>
9. Project does not terminate participants for being a victim of domestic violence.	<input type="checkbox"/>	<input type="checkbox"/>
10. Project does not terminate participants for any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

**Permanent Supportive Housing (PSH) Projects (To be completed only by PSH projects.)**

<b>Statement</b>	<b>True</b>	<b>False</b>	<b>Not Applicable</b>
1. Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Participation in services is voluntary and tenants cannot be evicted for rejecting services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "House rules" about the program, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an explanation for any items that are marked above as not applicable.

**Rapid Re-Housing (RRH) Projects (To be completed only by RRH projects.)**

<b>Statement</b>	<b>True</b>	<b>False</b>	<b>Not Applicable</b>
1. Program has staff who identify and recruit landlords to rent to homeless households. The program explains to participants the basic landlord-tenant rights and responsibilities and the requirements of the lease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Program staff are trained on requirements of rapid re-housing funding including eligibility criteria, HUD and local program requirements, and assistance maximums.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Program has clearly defined policies and procedures for determining the amount and duration of financial assistance provided to a participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Program has clear policy and procedures for when case management and financial assistance will continue or end, but has flexibility to meet participant needs, including those with zero income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Policies and procedures describe when, how and for whom rapid re-housing assistance is used as a bridge to a more permanent subsidy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Program participants participate in determining the time, place and frequency of meetings with the case manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Except for required case management, services offered by the program have voluntary participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The program has connections to employment opportunities and connects participants to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Program has written processes that do not screen applicants out for income or lack thereof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Eligibility for the program does not include requirements for sobriety or treatment. Leases are legally binding, written leases. Leases with additional requirements, such as drug testing, sobriety or program participation, are not allowed by the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an explanation for any items that are marked above as not applicable.

**Coordinated Intake and Assessment Projects (To be completed only by CIC projects.)**

Statement	True	False	Not Applicable
1. CIC ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CIC does not screen people out because of perceived barriers to housing or services, and local programs lower their barriers because of partnership with CIC. CIC is Housing First oriented, and people are referred for housing quickly without preconditions or service participation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The coordinated entry process covers the CoC's entire geographic area. All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present. The coordinated entry process includes all subpopulations, including the chronically homeless. The process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The coordinated entry process does not delay access to emergency services such as shelter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The coordinated entry process makes referrals to all projects receiving ESG and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Programs that participate in the CoC's coordinated entry process accept all eligible referrals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The CIC uses HMIS to collect and manage data associated with assessments and referrals and/or uses other existing systems into which the coordinated entry process can be easily incorporated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an explanation for any items that are marked above as not applicable.