**Springfield-Hampden County Continuum of Care**

**YHDP Coordinated Entry and Navigation Project Application**

**A.**     **Organization Information**

 1.  Organization Name:

 2.  Organization Type

Non-profit

State government

Local government

Housing authority

Other-must describe:

 3.  Employer or Tax Identification Number:

 4.  Organizational DUNS:

 5.  Physical Address:

 6.     Is the organization a faith-based organization?  YES/NO

 7.      Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?  YES/NO

 8.  Contact person’s name, email address and phone number:

**B.**      **Organization Experience**

1.  Describe the experience of the applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

2.  Describe the experience of the applicant in leveraging other Federal, State, local, and private sector funds.

3.  Describe the basic organization and management structure of the applicant. Include evidence of internal and external coordination and an adequate financial accounting system.

4.  Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant?  YES/NO If yes, please describe.

5.  Does the applicant and/or potential subrecipients (if any) have experience administering a CoC program?   YES/NO

6.  Does the applicant have experience serving YYA?   YES/NO If yes, please describe the experience and how long the applicant has been serving YYA.

7. Does the applicant have experience serving people experiencing homelessness? YES/NO If yes, please describe the experience and how long the applicant has been serving this population.

8. Does the applicant have experience providing outreach, assessment and/or housing navigation?  YES/NO If yes, please describe the experience and how long the applicant has been providing these services.

9. Does the applicant have experience with Housing First or harm reduction program models?  YES/NO Please describe.

**C.**      **Project Information**

1.  Project Name:

2.  Project Narrative - Provide a description that addresses the entire scope of the proposed project. The narrative should include a project summary and also should also address each of the following:

a. Youth collaboration and voice in ongoing project management and evaluation

b. Principles of Positive Youth Development

c. Support for the four key YHDP outcomes:

* Housing
* Health & Well-Being
* Education and Employment
* Permanent Connections

3.  Describe how you involved YYA in the process of designing the program.

4. Describe how the program will incorporate trauma-informed care and client choice.

5.  Identify the program plan to meet the transportation needs of participants.

6. Describe how your agency and this program are accessible and welcoming to the following populations:

* YYA with disabilities
* LGBTQ YYA
* Minors
* YYAs transitioning from state systems of care
* Survivors of domestic violence and human trafficking
* Pregnant and parenting YYA

7. What steps will your program take to address issues of racial equity?

8. Please describe your detailed plan for rapid program start-up.

**D.**       **Waivers**

1. If you have identified the need to request waivers of existing HUD program rules in order to better serve the participants of your program, please note any waivers identified and the reason the waiver would enable you to provide a better program. If your project is selected, you will be able to continue to identify any need for waivers after selection.

**E.**       **Attachments**

Please submit the following with your application:

1. Budget (using budget worksheet provided) and separate budget narrative
2. Documentation of Required Match
3. Supporting Materials

A single set of the following materials are required for each agency submitting one or more project applications. If an organization is submitting multiple applications, Please include one set of these documents with one of the project applications:

* Agency Articles of Incorporation
* Documentation of 501(c)(3) status, if applicable
* Current List of Board of Directors with identification of officers and terms
* Certified Organization Audit/Financial Statements of most recent two years:
  + - Copy of Single Audit (Required by 2 CFR 200 Subpart F if $750,000 or more in aggregate Federal funds expended); or
    - Financial statements audited by a CPA (if not bound by the requirements of 2 CFR 200 Subpart F)
* Agency Financial Management Policies and Procedures