**Springfield-Hampden County Continuum of Care**

**YHDP Housing 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 housing?  YES/NO If yes, please describe the experience and how long the applicant has been providing housing.

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

**C.**      **Project Information**

1.  Project Name:

2.  Project Type:

[ ]  Rapid Rehousing(RRH)

[ ]  Transitional Housing-Rapid Rehousing (TH-RRH)

[ ]  Permanent Supportive Housing (PSH)

3.  Project Narrative - Provide a description that addresses the entire scope of the proposed project. The narrative should include a project summary and 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

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

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

6. Does your project have a specific population focus? If yes, please indicate which population(s):

[ ]  LGBTQ

[ ]  Pregnant/parenting

[ ]  Youth exiting state systems of care (DCF, DYS)

[ ]  Youth with mental illness

[ ]  Other (please state other population):

 7.  Describe the supportive services that will be available to participants.

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

 9. 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

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

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

**D.**     **Housing**

1.  Housing Type

[ ]  Shared housing

[ ]  SROs

[ ]  Clustered apartments

[ ]  Scattered site apartments

[ ]  Other--describe:

2.  Maximum number of units and maximum number of beds

3.  Where will the housing units be located? Indicate the town(s) and, if known, the address. Do not enter street addresses for scattered site or rapid rehousing units.

4. Please describe how the program will operate as a Housing First program.

5. Please describe how the program will work with the Coordinated Entry project.

**E.**      **Participants**

1.  Complete the following chart indicating the number of households and persons to be served:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Parenting YAs** - Households with at Least One Adult and One Child  | **YA Households****without Children** | **Households with Only Minors** (including parenting minors) | **Total** |
| Total Number of Households |   |   |   |   |
| Household members |  |  |  |  |
| Persons Aged 18-24 |   |   |   |   |
| Minors Under 18 |   |   |   |   |
| Total Persons |   |   |   |   |

 2.  Complete the following chart to indicate the expected characteristics of the population to be served, at a single point in time:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Persons** | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Develop-mental Disability | Persons not included in listed populations |
| Persons in Households with at Least One Adult and One Child (Parenting YAs) |
| Persons aged 18-24 |   |   |   |   |   |   |   |
| Minors Under 18 |   |   |   |   |   |   |   |
| Persons in Adult Households without Children (YAs) |
| Persons aged 18-24 |   |   |   |   |   |   |   |
| Households with Only Children (Minors, including parenting minors) |
| Minors Under 18 |   |   |   |   |   |   |   |

**F.   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.

**G. 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