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**Funding Applicant Threshold Form**

## Instructions:

Complete the following form for the YHDP Application process and return, with the following to the Three County CoC for a complete application (please note that the CoC may request additional documentation relevant to answers within this application):

1. A fully answered and completed Project Funding Application
2. A copy of applicant’s two most recent annual audited financial statements, see section E. for further information.
3. A Match letter on agency ***letterhead*** and signed by an ***authorized signer,*** see section E. for further information.

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| Agency Name: Program Name (If applicable): |
| **Primary Contact Information for Agency Component** |
| Primary Agency Contact Name: | Title: |
| Email Address: | Phone: |
| **AGENCY INFORMATION** |
| 1. What is your total FY2019 agency budget? | $ . |
| 2. What percentage of your overall budget is Federal Funding? |  % |
| **HUD THRESHOLD** |

### MA 507 CoC YHDP RFP Threshold Form 1.

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| 1. Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity or have an avenue for homeless or formerly homeless to provide feedback to the board? |  Yes - Board Yes - Other No |
| *1a. If “yes, other,” please describe the entity, its nature, and how the person participates:**1a. If “no” explain how you plan to engage in this expectation?* |  |
| 2. Does the agency have an unqualified, independent financial audit completed within 6 months of the end of the fiscal year? |  Yes No |
| 3. Does your agency have a SAM.gov registration? Please list it. |  Yes No |
| 4. Does your agency have an active DUNS number? Please list it. |  Yes No |
| 5. Does the agency have any delinquent federal debt? Please explain. |  Yes No |
| 6. Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable accommodations for clients with linguistic and/or cultural challenges? (I.e. ramps, Spanish language forms, etc.) Please explain. Yes No |

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| 7. Does the agency provide due process to clients who are asked to leave any program? |  Yes No |
| 8. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended |  Yes No |
| 9. Does your agency have any unresolved Fair Housing or Civil Rights matters? If yes, explain. |  Yes No |
| 10. Has your agency updated its Code of Conduct so that it is compliant with **2 CFR Part 200** and submitted to HUD |  Yes No |
| 11. Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? |  Yes No |
| 12. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code? |  Yes No |
| 13. Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015- 0104; Docket Name: FR–5863–P–01 |  Yes No |
| **14.** Does your agency have any other non-HUD funded homeless projects? |  Yes No N/A |
| 4a. If yes, is the data from the non-CoC funded homeless projects entered into HMIS? |  Yes No N/A |
| 5. Coordinated EntryIf applicable, does your agency currently prioritize participants through the Coordinated Entry Process? |  Yes No N/A |

***Additional Questions For Current or Previous CoC or other Federally or State funded Projects*** *(the following questions will not be included in the decision regarding meeting Threshold requirements, but may be followed up on with interest for further documentation, if your agency is chosen by the project selection team):*

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| A. Have you returned any funds to HUD (or other federal government agency) or the state on any existing grants in the last two years? yes noIf yes, how much has been returned?What is the reason that the funds have been returned? What actions are you taking to ensure full spending? |
| B. Do you have any outstanding obligation to HUD, other federal or state agencies that is in arrears or for which a payment schedule has not been agreed upon? yes noIf yes, how much is owed?What is the reason for the obligation to HUD?What is preventing establishing a payment schedule? |
| C. (If applicable) Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? yes no***If no***, What is the reason that the funds have not been drawn down? What actions are you taking to ensure timely draw down? |
| D. (If applicable) Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? yes no***If no,*** What is the reason that APRs were late?What actions are you taking to ensure timely submission? |

E. Attachments:

\*Submit 1 copy of the applicant’s two most recent annual financial statements prepared by an Independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). Each copy shall include all applicable financial statements, auditor's reports, management letters, and corresponding reissued components.

\*Submit a match letter with the following: Amount of cash or inkind to be provided to the recipient for the project and the source; specific date the cash will be made available; The actual grant and fiscal year to which the cash match will be contributed; Time period during which funding will be available; and Allowable activities to be funded by the cash match.

Please note: In general, program participant mainstream benefits are not considered match in the CoC Program because the benefits are not committed to the recipient/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.

## After reading the following link, are there any additional disclosures your agency should provide in response?

**Please include those in the space below**. <https://www.hud.gov/sites/dfiles/SPM/documents/ELIG-REQS-GRANTS-2018v2.pdf>

Signature of Agency Representative Date

Three County Continuum of Care Youth Homelessness Demonstration

**Project Funding Application**

**Instructions:**

Complete the following form for the YHDP RFP process.

* **The Continuum of Care reserves the right not to review late or incomplete applications or those in which applicants don’t meet threshold eligibility requirements. All fully complete applications which are eligible will be forwarded to the Project Selection team for review.**
* **Applications are due by 5pm on Thursday, April 2, 2020 and should be emailed to Keleigh Pereira, Three County Continuum of Care Program Director at** **kpereira@communityaction.us**
* **Please email questions regarding the RFP and application to Keleigh Pereira:** **kpereira@communityaction.us**
* **Please save your document with the following naming convention:**

**<Agency name –Program name- YHDP>. Example: ABC Services-Home to Stay-YHDP.doc**

* **This is a demonstration program – projects are encouraged to be innovative.**
* **Applicants should carefully read the RFP requirements, the YHDP NOFA, and review the scoring sheet before drafting answers to ensure they are compliant and highlighting key areas.**
1. **Project Applicant Information:**
	1. Name of Organization:
	2. Organization Type

 Units of Local Government  Non-profit 501(c)(3) □ PHA

  State Government  Other: Describe

* 1. DUNS Number:
1. **Sub-Recipient Organization(s) (fill out separately for each if applicable):**
	1. Name of Organization:
	2. Organization Type

 Units of Local Government  Non-profit 501(c)(3) □ PHA

 State Government  Other: Describe

* 1. DUNS Number:
1. **Contact person for this application:**
	1. Name: Title:
	2. Phone:
	3. Email:

**Section 1: Project Type**

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| Which Project Type are you applying for? **Funding: $60,000 - Supportive Services Only/Coordinated Entry: Oversight of the youth housing Coordinated Entry Process** **Funding: $200,000 – Rapid Rehousing/Supportive Services: Housing Navigators for Youth & Short Term Housing Funds** **Funding: $60,000 – Supportive Services Only: Expansion of Services** **Funding: $340,000 – Transitional Housing/Rapid Rehousing Joint Component** **Funding: $265,000 – Rapid Rehousing for Young Families and Individuals** |

**Section 2. Experience of Applicant**

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| A. Describe the experience of the project applicant, sub-recipients (if applicable) in performing activities similar to the activities that such organization is proposing to perform in response to this RFP. Describe ability to manage public (city, state, and/or federal) grants/contracts. Summarize ability to lead a collaborative project and coordinate and monitor multiple parties’ performance of services. |
| B. (1) Does the applicant and/or potential sub-recipients (if any) have experience administering a CoC program? yes noIf yes, please explain:1. Does the applicant and/or potential sub-recipients (if any) have experience serving youth or homeless youth (<25) yes no

If yes, please explain:1. Does the Applicant and/or potential sub-recipients (if any) have experience coordinating a collaborative project? yes no

Name the project and briefly describe. |
| C. Does the applicant and/or potential sub-recipients (if any) currently participate in HMIS? yes noIf no: please describe data collection practices. |
| D. Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used toadminister the grant (including capacity to properly isolate and track YHDP-related income and |

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| expenditures ensuring a thorough record of expenditures can be provided for purposes of an audit, as well as the separation of duties/functions, and tracking staff time). |
| E. Have any of your agency’s HUD funded programs received a HUD (or other federal government agency) and/or state audit in the last 12 months? yes noIf yes, were there any findings from the audit? yes noIf there were finding, please describe the findings and your agency’s corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted. |
| F. Are there any unresolved monitoring or audit findings for any federal and/or state grants operated by the applicant or potential sub-recipients (if any)? yes noIf Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve. |

**Section 3: Project Narrative**

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| A. Please describe your project in this section. Below are items we would like to be addressed in this narrative.*Please refer to the RFP and/or Coordinated Community Plan for detailed information about each category.* |
| **Youth voice and collaboration:**Do you have a person with lived experience on your board or equivalent governance body or are you able to provide this opportunity?yes no Comment:Please outline how youth voices will be included in program development, monitoring, assessment, andpractice and policy development? |
| **Serving Eligible Populations** *(Please circle or bold which of these categories you plan to serve – see RFP for full description.)*1. Category 1
2. Category 2
3. Category 3 - N/A
4. Category 4

Do you have strategies to reach and/or serve one or more subpopulation(s)? |
| **YHDP goals and core principles***: (please describe how the project will incorporate the following)* |

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| **Housing First, Low/No Barrier**: Housing & services are offered without pre-conditions or background checks; programs work to screen-in rather than screen out; eligibility documentation protocols are streamlined**Youth-Driven Services**: Service plans are governed by youth with no imposed goals; youth have choice of interventions and may refuse opportunities with no consequence**Racial Equity**: Strategies are employed to ensure one’s race is not a determining factor in their permanent housing outcomes**Positive Youth Development**: The system gives young people opportunities to develop skills that have real-world application; youth are looked at as resources and partners in service environments**Stable Housing**: Youth have access to safe and stable housing opportunities**Trauma Informed Care**: a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma experienced by youth**Permanent Connections**: Youth have ongoing attachment to families, schools, communities, and other positive social networks of their choice**Social/Emotional Well-being**: Development of key competencies, attitudes, and behaviors that help youth succeed in work, relationships, and community**Education & Employment**: High performance in/completion of educational and employment opportunities of choice |
| **Share any plan you have to address the Needs of Special Populations you plan to support:** *(For example: GLBTQ, youth of color, pregnant and parenting, youth with disabilities, immigrant youth, etc.)* |
| Will you be able to meet all project requirements addressed in the RFP? YES / NOIf No, please address which ones in the narrative why, and how you plan to implement these project requirements quickly. |
| Exceptions you may want to apply for \*Exceptions may not be implemented on day one of the grant\*Please describe (if applicable) how you will implement project change if and when exceptions are approved after the project has started. |
| Staffing –Please describe how you will be staffing this project? Will new staff be hired? Incorporatingcurrent staffing structure? |

**Section 4: Project Scope and Implementation**

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| A. Describe the geographic location and coverage of this project. |
| B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of work (quick inspections and payment processing). Thisshould include a plan for **rapid implementation** of the program (within 3 months). Provide a summary |

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| of relevant contracts and agreements (e.g., with local providers, housing quality inspectors, otherpartner organizations) needed for the achievement of project operation. |
| C. Include some detail about how you will address the project’s stated outcomes and the need forcontinuous quality improvement?=. |

**Section 5: Budget**

HUD requires a ***minimum*** services match of at least 25% of CoC grant total from non-CoC sources. A Match letter must be on agency ***letterhead*** and signed by an ***authorized signer (see the threshold form for more detail)***.

1. Proposed Total Project Budget

### Applicants should strive to keep the Grant Administrative costs and Program Administrator costs (including any indirect costs) under 10% of the budget.

1. If providing leveraged resources and match is part of the budget, describe below.

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| **Budget Activities** | **Eligible Costs/Quantity Description** Detail expenses, including but not limited to staff salaries and fringe.Staffing should match with the staffing described in program description. | **Annual Request** | **Match** |
| **Leasing Dollars or Rental Assistance** (in the description, please include cost perunit/bed and number) |  |  |  |
| **Other RRH/PSH subsidies** (e.g. utility deposits, moving costs,relocation assistance) |  |  |  |
| **Supportive Services** (This may be staffing &/ or services forparticipants) |  |  |  |
| **HMIS** (costs for data collectionand systems funding) |  |  |  |
| **Operating Costs** |  |  |  |
| **Grant Administrative Costs***(must remain below 10% of the total costs)* |  |  |  |
| **Total Estimated Budget** |  |  |  |

**Funding line item eligible expenses examples (this is not the full detail from the interim rule or an exhaustive list of eligible expenses):**

**Leasing**. Under this interim rule, grant funds may be used to pay the costs of leasing a structure or structures, or portions of structures, to provide housing or supportive services. The interim rule further clarifies that leasing means that the lease is between the recipient of funds and the landlord.

**Rental assistance**. Under this interim rule, rental assistance is an eligible cost for permanent and transitional housing, and this rule clarifies that the rental assistance may be short-term, up to 3 months of rent; medium-term, for 3 to 24 months of rent; and long-term, for longer than 24 months of rent. This section provides that rental assistance may include tenant- based, project-based, or sponsor-based rental assistance. This section also provides that project-based rental assistance may include rental assistance to preserve existing permanent supportive housing for homeless individuals and families.

**Supportive services**. Grant funds may be used to pay eligible costs of supportive services for the special needs of program participants. All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) (HIV/AIDS); and victims of domestic violence, dating violence, sexual assault, or stalking. Any cost that is not described as an eligible cost under this interim rule is not an eligible cost of providing supportive services. Eligible costs consist of assistance with moving costs, case management, child care, education services, employment assistance and job training, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation, and utility deposits. The definition of ―supportive services in section 401(27) of the McKinney-Vento 31Act includes the provision of mental health services, trauma counseling, and victim services. HUD has determined that victim services are eligible as supportive services, and are included as eligible program costs in this interim rule. Providers are allowed to provide services specifically to victims of domestic violence, dating violence, sexual assault, and stalking. The eligible costs for providing victim services are listed as eligible costs in the supportive services funding category. Rather than create a new eligible line item in the project budget, HUD has determined that these costs can be included in the funding categories already established.

**HMIS**. (i)Purchasing or leasing computer hardware; (ii)Purchasing software or software licenses;(iii)Purchasing or leasing equipment, including telephones, fax machines, and furniture;(iv)Obtaining technical support;(v)Leasing office space;(vi)Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute data to the HMIS;(vii)Paying salaries for operating HMIS, including:87(A)Completing data entry; (B)Monitoring and reviewing data quality; (C)Completing data analysis; (D)Reporting to the HMIS Lead; (E)Training staff on using the HMIS;and (F)Implementing and complying with HMIS requirements;(viii)Paying costs of staff to travel to and attend HUD- sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act; (ix)Paying staff travel costs to conduct intake; and (x)Paying participation fees charged by the HMIS Lead, as authorized by HUD, if the recipient or sub-recipient is not the HMIS Lead.

**Operating Costs**. Grant funds may be used to pay the costs of the day-to-day operation of transitional and permanent housing in a single structure or individual housing units. Eligible costs. (1)The maintenance and repair of housing; (2)Property taxes and insurance;(3)Scheduled payments to a reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost); (4)Building security for a structure where more than 50 percent of the units or area is paid for with grant funds; (5)Electricity, gas, and water;(6)Furniture; and (7)Equipment. (c) Ineligible costs. **Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the operating costs of emergency shelter-and supportive service-only facilities. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.**

As outlined in 24 CFR 578.59, Grant Administrative Costs Include:

1. General management, oversight, and coordination. Costs of overall program management, coordination, monitoring, and evaluation. These costs include, but are not limited to, necessary expenditures for the following:
	1. Salaries, wages, and related costs of the recipient‘s staff, the staff of sub-recipients, or other staff engaged in program administration. In charging costs to this category, the recipient may include the entire salary, wages, and related costs allocable to the program of each person whose primary responsibilities with regard to the program involve program administration assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any program administration assignments. The recipient may use only one of these methods for each fiscal year grant. *Program administration assignments include the following:*
2. Preparing program budgets and schedules, and amendments to those budgets and schedules;
3. Developing systems for assuring compliance with program requirements;
4. Developing agreements with sub-recipients and contractors to carry out program activities; (D)Monitoring program activities for progress and compliance with program requirements;
5. Preparing reports and other documents directly related to the program for submission to HUD;
6. Coordinating the resolution of audit and monitoring findings; (G)Evaluating program results against stated objectives; and

(H)Managing or supervising persons whose primary responsibilities with regard to the program include such assignments as those described in paragraph (a)(1)(i)(A) through (G) of this section.

* 1. Travel costs incurred for monitoring of sub-recipients;
	2. Administrative services performed under third-party contracts or agreements, including general legal services, accounting services, and audit services; and
	3. Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space.
1. Training on Continuum of Care requirements. Costs of providing training on Continuum of Care requirements and attending HUD-sponsored Continuum of Care trainings.
2. Environmental review. Costs of carrying out the environmental review responsibilities under § 578.31.