**Alaska Balance of State (AK-501)**

**FY2019 HUD Continuum of Care Program**

**New/Expansion Project Application**

On July 3, 2019 HUD released the Notice of Funding Availability (NOFA) for the Continuum of Care Program. The NOFA, forms and documents, and other supporting resources such as webinars and broadcast links are found on the HUD Exchange ([www.hudexchange.info](http://www.hudexchange.info)) site and the CoC page for the Alaska Coalition on Housing and Homelessness. ([www.alaskahousing-homeless.org](http://www.alaskahousing-homeless.org))

In 2015, the Alaska Coalition on Housing and Homelessness put together policies for the AK-501 CoC competition that will be used as a guide. These policies can be found on the CoC page. ([www.alaskahousing-homeless.org](http://www.alaskahousing-homeless.org))

If you are thinking of participating in the AK-501 Balance of State competition, potential applicants are encouraged to utilize these resources.

**Eligible Applicants:** Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local government, and public housing agencies, as such term is defined in 24 CFR 5.1000.

**Additional HUD requirements:** HUD will deny applications in which there are:

* Outstanding obligations to HUD that are in arrears or for which a payment schedule has not been agreed upon;
* Audit finding(s) for which a response is overdue or unsatisfactory;
* History of inadequate financial management accounting practices;
* Evidence of untimely expenditures on prior award;
* History of other major capacity issues that have significantly affected the operation of the project and its performance; or
* History of serving ineligible program participants or expending funds on ineligible costs.

### Funding

The CoC NOFA contains language for three different funding opportunities for applicants:

1. **Renewal Awards**: Current grantees are eligible for renewal funding in different categories Tier 1 (94% of Annual Renewal Demand) and Tier 2 (6% of Annual Renewal Demand);
2. **Re-allocation Funds**: If current grantees request less funding new projects can be created with these funds in the following categories; 1) new permanent supportive housing (PSH) for chronically homeless individuals and families, 2) rapid re-housing (RRH)projects for homeless individuals and families coming directly from the streets or emergency shelters, 3) new supportive services only projects for centralized or coordinated assessment, and 4) new dedicated Homeless Management Information System projects.
	* Reallocation funds may be available for this funding cycle.
3. **CoC Bonus Projects**: New projects may be created through the CoC bonus by developing new housing projects dedicated to serving 100% chronically homeless families and individuals or rapid re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelter.
4. **Domestic Violence (DV) Bonus Projects**: Congress appropriated $50 million for new “rapid re-housing projects and supportive service projects providing coordinated entry, and for eligible activities that the Secretary determines are critical in order to assist survivors of domestic violence, dating violence, and stalking.”

**Alaska Balance of State (AK-501) – Funding Available**

|  |  |
| --- | --- |
| Tier 1 Amount (94% of Annual Renewal Demand) | $749,696 |
| Tier 2 Amount (6% of Annual Renewal Demand) | $40,340 |
| **Max Renewal/Reallocation Funds Available for 2019** | **$790,036** |
|  |  |
|  Bonus Projects | $39,617 |
| DV Bonus | $79,234 |
| Planning Funds | $23,770 |
| **Total Eligible CoC Application Request** | **$932,657** |

**Deadline**

The New/Expansion Program Application and Leveraging Chart are due via email to Brian Wilson, Coalition Executive Director, at director@alaskahousing-homeless.org by **August 23, 2019 at 3:00 p.m.** ***No late submissions will be accepted.***

* **Reminder:** If an agency is applying for more than one project, each project requires a Program Application and Leveraging Chart.

All completed applications must be sent as a Word or PDF document with a leveraging chart in Excel. Questions should be directed to Brian Wilson.

**Ranking**

Project scoring and ranking will incorporate HUD’s priorities as outlined in the CoC NOFA, federal priorities outlined in *Home, Together*, and state priorities outlined in *Alaska’s Plan to End Long Term Homelessness*. A copy of the ranking committee’s scoring tool can be found on the AKCH2 FY19 CoC competition website.

* All agencies interested in renewing or applying for new CoC funding must complete a program application and leverage chart.
* If a new PSH or RRH project is being proposed through reallocation of existing funds, it will be ranked based on HUD priorities.
* The HMIS grant will be placed in Tier 1.

Projects will be ranked in HUD priority order by project type (e.g. PH, TH, SSO, etc.) applying the methodology described above. Any remaining projects not fitting in the amount allocated for Tier 1 are placed in Tier 2.

**Notification of Ranking**

Each applicant will be notified by September 3, 2019 of the final ranking.

**Solo Applicants**

Project applicants that believe they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and were rejected or reallocated by the CoC may appeal the rejection directly to HUD by submitting a Solo Applicant project application in e-snaps prior to the application deadline of September 30, 2019 by 8:00 PM Eastern time. Any project applicant that intends to submit as a Solo Applicant must adhere to the Solo Applicant submission information outlined in Section X.C of the HUD CoC NOFA to be considered.

**New/Expansion Project Application Instructions:**

Please include:

1. Cover sheet with signature. Electronic signatures are acceptable.
2. Project Application
3. Leveraging Chart (Excel Spreadsheet)

**For questions on the application, please email Brian Wilson at** **director@alaskahousing-homeless.org****.**

**Definitions for the Continuum of Care Program**

The Continuum of Care (CoC) Program is designed to promote community wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

**Chronically Homeless (from 24 CFR 578.3)**

An individual who:

* Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
* Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least **12 months** [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] **as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;**
* An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
* A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless

**Coordinated Entry:** Please reference AKCH2’s Coordinated Entry page:

<https://www.alaskahousing-homeless.org/coordinated-entry/>

**Emergency Shelter:** Any facility whose primary purpose is to provide temporary shelter for the homeless for a period of 90 days or less.

**Rapid Re-Housing**: Rapid re-housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

**Transitional Housing:** Transitional housing (TH) programs typically provide interim housing for up to 24 months in order to support a person's successful move to permanent housing.

**Joint Transitional Housing and Permanent Housing- Rapid Re-Housing Component Project (TH & PH-RRH)** The Joint TH and PH-RRH component project includes two existing program components–transitional housing and permanent housing-rapid rehousing–in a single project to serve individuals and families experiencing homelessness.

**Permanent Supportive Housing:** Permanent housing (PH) is community-based housing without a designated length of stay in which formerly homeless individuals and families live independently.

**Housing First:** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Transitional housing and supportive service only projects can be considered to be using a Housing First model for the purposes of this NOFA if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require any preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold).

To determine if your program follows Housing First principles, please read the [US Interagency Council on Homelessness Housing First Checklist.](https://www.usich.gov/solutions/housing/housing-first)

**Alaska Homeless Management Information System** (AKHMIS): Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. [The Institute for Community Alliances](https://www.icalliances.org/alaska/) is the HMIS system administrator for the Balance of State CoC.

**For additional definitions and concepts, reference 24 CFR 578.3**

**FY2019 HUD Continuum of Care Program**

**New/Expansion Project Application Cover Sheet**

**Organization Information**

|  |  |
| --- | --- |
| Organization Name: |  |

|  |  |
| --- | --- |
| Organization Mailing Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: |  |  State: |  |  Zip Code:  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| DUNS Number:  |  |  Tax ID Number:  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Position/Title: |  |
| Contact Phone: |  | Contact Email: |  |

|  |  |
| --- | --- |
| **Name of Person with Signature Authority:**  |  |

|  |  |
| --- | --- |
| Position/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |   | Email: |  |

|  |  |
| --- | --- |
| **Name of AKHMIS Contact:**   |   |

|  |  |
| --- | --- |
| Position/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |   | Email: |  |

|  |  |
| --- | --- |
| **Name of E-SNAPS Contact**:  |   |

|  |  |
| --- | --- |
| Position/Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |   | Email: |  |

**Application Details**

|  |  |
| --- | --- |
| Project Name: |   |

|  |  |
| --- | --- |
| Geographic Area(s)/City(s) to be Served: |   |

|  |  |
| --- | --- |
| HUD CoC Funding Amount Requested: |  |

**CoC Program Component:**

|  |  |
| --- | --- |
|  |  Permanent Supportive Housing |
|  |  Rapid Re-Housing |
|  |  Homeless Management Information System (HMIS) |
|  |  Transitional Housing  |
|  |  Joint Transtitonal Housing - Permanent Housing Rapid Re-Housing  |
|  |  Supported Services Only - Coordinated Entry |

**Target Population**

Select each of the homeless populations to be served through CoC funding:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Unaccompanied Youth (under 18) |  |  Prisoner Re-Entry |
|  |  Transitional Age Youth (18-24) |  |  Families |
|  |  Veterans  |  |  Single Adults Only (age 18+) |
|  |  Chronically Homeless |  |  Victims of Domestic Violence |

**Type of Housing and Services That Utilize CoC Funds***:*

|  |  |
| --- | --- |
|  |  Permanent Housing  |

|  |  |
| --- | --- |
|  |  Permanent Supportive Housing |
|  |  Rapid Rehousing |

|  |  |
| --- | --- |
|  |  Homeless Management Information System (HMIS) |
|  |  Transitional Housing |
|  |  Transitional Housing – Rapid Re-Housing Model |
|  |  Supported Services Only – Coordinated Entry |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Can the agency provide a clean, independent financial audit completed within 6 months of the end of its most recently completed fiscal year and provide a current IRS Form 990?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

 |
| 1. Between July 1, 2016 and June 30, 2018 has the project received any correspondence from HUD regarding concerns about timely (quarterly) drawdowns?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

 |

**Applicant Statement:** *To the best of my knowledge and belief, all of the information contained in this application and attachments is true and correct, and the activities in this proposal have been duly authorized by the governing body of the applicant. I understand the Continuum of Care Committee may verify the accuracy of the details within this application which may affect project ranking.*

|  |  |
| --- | --- |
| Typed Name of Authorized Representative: |   |

|  |  |
| --- | --- |
| Title of Authorized Representative: |   |

|  |  |
| --- | --- |
| Signature of Authorized Representative: |   |

|  |  |
| --- | --- |
| Date Signed: |   |

**Section One: Project Narrative**

**Narrative (Two-Page Limit)**

Briefly explain your CoC funded program. Please include how CoC funds are utilized for the targeted population. If your program has multiple target populations and funding sources, please explain how CoC funds are used.

**Section Two: System Performance Measures (SPM)**

A critical aspect of the [McKinney-Vento Homeless Assistance Act](https://www.hudexchange.info/resource/1715/mckinney-vento-homeless-assistance-act-amended-by-hearth-act-of-2009/), as amended, is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To learn more about Alaska’s System Performance Measures, visit our data dashboards:

* + <https://www.icalliances.org/alaska-dashboard>
	+ <https://www.icalliances.org/system-performance-dash>

These system performance measures include:

**Measure #1:** Length of Time Persons Remain Homeless

**Measure #2:** The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

**Measure #3:** Number of Homeless Persons

**Measure #4:** Employment and Income growth for Homeless Persons in CoC Program-funded Projects

**Measure #5:** Number of Persons who Become Homeless for the First Time

**Measure#6:** Homeless Prevention and Housing Placement of Persons

**Measure #7:** Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

The CoC will be using HUD’s Program Project Rating and Ranking tool to calculate and score SPMs for renewal applications. The ranking tool can be found on the CoC’s website.

SPM Narrative Question:

1. This year, there is a strong emphasis on employment strategies. This is a newer policy emphasis for HUD, and it focuses on establishing connections to help households increase income so that they can afford stable housing. Explain how your program is working to increase income and gain employment for the clients it serves.

**Section Three: Coordinated Entry Participation**

Indicate your level of Coordinated Entry participation by checking all boxes that apply. Include additional details in the narrative box below. Points will be awarded to programs that currently accept CES referrals off a community prioritization list.

|  |  |
| --- | --- |
|  |  Use common assessment tool during assessment |
|  |  Case conferencing |
|  |  Follow prioritization guidelines |
|  |  Have designated hours to administer telephonic assessments |
|  |  Make referrals to the coordinated entry process |
|  |  Receive referrals from the coordinated entry process |
|  |  Operate as access point for coordinated entry process |
|  |  Include outreach component |

1. Describe your organization’s involvement with local/statewide Coordinated Entry Planning.
2. Describe your agency’s involvement in each of the Coordinated Entry Components listed above (e.g. Data Sharing, Common Assessment Tool, etc).
3. Where in the process is your community in creating local Coordinated Entry System protocols? Has the CoC Board approved your community’s protocols?

**Section Four: Matching Funds and Expenditures**

1. Local matching funds are integral to program sustainability. Please explain the applicant’s project leverage compared to the HUD request. Include the total amount leveraged.

**Section Five: Housing First Fidelity and Low Barrier Implementation**

In recent years, the HUD CoC program has incentivized permanent supportive housing, rapid re-housing, and an overall Housing First, low barrier approach for local CoC’s. Please answer the following questions related to the utilization of the Housing First approach.

**Narrative**

1. Please explain how your CoC-funded program provides permanent supportive housing or rapid re-housing opportunities in your community:
	1. Does your project prioritize the chronically homeless in existing units that are not dedicated to serving the chronically homeless in the CoC, and that are made available through turnover?
	2. Does your CoC funded project use Housing First Principles, including with participants that are:
		1. Allowed to enter the program without income?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

* + 1. Allowed to enter the program even if they aren’t “clean or sober” or “treatment compliant”?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

* + 1. Allowed to enter the program even if they have criminal justice system involvement?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

* + 1. Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

**Section Six: Application Completeness**

CoC Application scorers will judge the completeness of the application. (2 points if no errors.)

**New Project – Additional Questions**

1. **How many units do you propose operating?**

|  |  |  |
| --- | --- | --- |
|  | Number of Units | Funding Source(s) |
| Leased with CoC Funds (partially or in full) |   |  |
| Additional Units (include owned units here) |  |  |
| Total Number of Units |  |  |

Review committee may ask applicant for lease or ownership documentation of identified units.

1. **Filling the Gap in Services:**
	1. Are there any other permanent supportive housing providers in your area?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

* 1. If so, do they serve anyone other than chronically homeless clients?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No  |

(*if yes, please explain)*

* 1. Over all, how many beds do they have available? \_\_\_\_\_\_\_
	2. If you currently receive HUD funding, what are the most recent utilization rates for those programs?
		1. January rate:
		2. April rate:
		3. July rate:
		4. October rate:
	3. If there are other similar programs in your area (particularly if they are not full), please explain why you believe there is still a local need for more of this type of resource in your community.
1. **Selecting Eligible Clients**: All new permanent housing or rapid re-housing projects are required to ensure that 100% of the persons served have come from the street, place not meant for human habitation, or emergency shelter/motel voucher program.
	1. Explain how you intend to fulfill this requirement. If your agency has not worked with chronically homeless individuals, describe how you are preparing to target this population.
2. **What types of supportive services do you propose offering to your clients?**
	1. Where will they be offered?
	2. How will the type, scale and location of the supportive services best meet the needs of your proposed clients?
	3. Does your organization have an MOA with another agency in your community to provide supportive services for your clients?
3. **What is your plan for ensuring that clients are connected to mainstream benefits and employment opportunities?**
4. **Do you currently have a lease or targetted location for your project? If so, identify the location. If not, explain how you will locate and secure an appropriate location.**
5. **How close is your proposed location to access public transportation, local amenities, and service providers? If there are any accessibility issues, explain how you propose to overcome them.**
6. **How do you plan to ensure that clients remain in permanent housing?**
	1. For clients exiting your program, what is your plan for helping them to obtain and remain in other permanent housing?

**Agency Capacity and Characteristics:** Program applicants must meet the eligibility requirements of the COC program as described in the COC interim rule and provide evidence of eligibility required in the application (e.g. nonprofit documentation). Program applicants must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer federal funds. Demonstrated capacity may include a description of the applicant’s experience with similar projects and with successful administration of other federal funds.

1. **In order to administer the program, does your agency currently have staff in place to run the program, or will you have to hire staff? If you must hire staff, how long will it take to hire/train them and what is the needed timeframe to complete this?**
2. **Is your agency currently a participant in HMIS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No  |

*If not, please explain why. (Note that all projects, except those serving domestic violence survivors, will be required to enter their data into HMIS.)*

**Proposed Budget**

*Please note that Non-Housing Activities (Item B) can only comprise 20% of costs, before accounting for the 7% eligible for administrative costs.*

|  |  |  |
| --- | --- | --- |
| Total Project Request for Housing Activities: ……………………………………..……. | A. $ |  |
| Project Total (A + B): ………………………………………………………………………….……. | B. $ |  |
| Admin funds (up to 7%) …………………………………………………………………………… | C. $ |  |
| TOTAL PROJECT REQUEST: ……………………………………………………………………….. | D. $ |  |
| Total Cash Match\*\*: ………………………………..……………………………………………. | E. $ |  |
| Total In-Kind Match: ………………………………………………………………………………… | F. $ |  |
| Total Projected Budget (E+F)………………………….………………………………………... | G.$ |  |

\*\*Please list the sources and amounts of match below: