**CRHC CoC Grant Application**

**FUNDING SOURCE: U.S. Department of Housing and Urban Development**

**FY 2024 & FY 2025 Continuum of Care Competition**

FR-6800-N-25

**GRANT PERIOD**: **2025/2026 and 2026/2027 (2-year grant award)**

**ELIGIBILITY:** Applicant organization must submit proof of the following at the time of application decision:

* Tax-exempt status under 501(c)(3) of the IRS code,
* Active Registration in SAM,
* UEI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COST SHARING or MATCH REQUIREMENT**: Grant recipients must match all grand funds, except for leasing funds, with no less than 25% of cash or in-kind contributions from other sources.

**NOTICE OF INTENT TO APPLY DUE**: Friday, September, 20, 2024 by noon to [glhrncoordinator@gmail.com](mailto:glhrncoordinator@gmail.com)

**APPLICATIONS DUE**: Monday, September 30, 2024 by noon. Send to [glhrncoordinator@gmail.com](mailto:glhrncoordinator@gmail.com)

**Keep these things in mind while writing your narrative responses. How does your project (current or proposed) align with HUD and the CoC’s priority strategies to address homelessness in Ingham County?**

**HUD PRIORITIES** – see FY2024/2025 HUD CoC NOFO and HUD’s Strategic Plan for FY 2022-2026

To achieve strong, sustainable, inclusive communities and quality, affordable homes for all, HUD prioritizes the following goals to end homelessness.

* Ending homelessness for all persons
* Using a Housing First Approach
* Reducing Unsheltered Homelessness.
* Improving System Performance
* Partnering with Housing, Health, and Service Agencies
* Racial Equity
* Improving Assistance to LGBTQ+ Individuals
* Persons with Lived Experience/Expertise
* Building an Effective Workforce
* Increasing Affordable Housing Supply

**Capital Region Housing Collaborative (CRHC) Priorities-** The purpose of the CRHC is to unite community partners to end homelessness more efficiently in Ingham County, coordinating services and resources to ensure support for persons experiencing homelessness or housing instability. The CRHC prioritizes the following goals for Ingham County.

* Reduce the number of people experiencing homelessness for the first time
* Reduce the length of time people spend experiencing homelessness
* Increase the rate of discharges to permanent housing
* Decrease the rate of returns to homelessness within 24 months of obtaining permanent housing
* Increase the number of safe, accessible, and affordable housing for homeless
* Prevent homelessness whenever possible
* Collaborate with local and statewide systems
* Improve equity and reducing racial disparities
* Authentically engage persons with lived experience
* Use data to improve accountability

**YOU MUST FILL OUT ONE APPLICATION FOR EACH PROJECT**

**PART I: Agency/Contact Information**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description:**

Is this a **NEW** or **RENEWAL** project? \_\_\_\_\_\_\_\_\_\_

**(\*\*\*For Renewal Projects-Information must match the GIW)**

**Project Type/Component: (Only one component per application)**

\_\_\_ Permanent Supportive Housing \_\_\_ DV-RRH

\_\_\_ Rapid Rehousing \_\_\_ DV Joint TH/RRH

\_\_\_ Joint TH/RRH \_\_\_ DV Coordinated Entry

\_\_\_ SSO-Coordinated Entry \_\_\_ YHDP (N/A for 2025)

\_\_\_ HMIS

**\*\* All projects must participate in coordinated entry.**

**Are you requesting any of the following?**

\_\_\_ Expansion \_\_\_ Consolidation \_\_\_ Transition \_\_\_ Bonus Project

\_\_\_ YHDP Replacement (N/A for 2025)

**Project Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_ Minimum # of Units**: \_\_\_\_\_

**A.** Are other funds leveraged with the requested funds?

Yes: \_\_\_ No: \_\_\_ If yes, please identify the amounts and sources for all leveraged funds. Amount $\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount$\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. This grant requires a 25% cash or in-kind match.** Please describe in detail:

a) type (cash or in-kind); b) Source of match; c) Amount, and how it will be documented. *Note:* Match letters of intent/MOU’s will be required if the application is selected for funding.

**C.** How many households will be housed during the funding year under this project? \_\_\_\_\_\_\_

**Part II: Narrative**

**\*\*Please be concise. Use bullets where possible. Respond to ALL parts of the question.**

1. a) Describe the **target population** for the Project. Specifically identify who the project will serve. i.e., individuals; families; chronic; Special populations. b) What processes will this project use to address racial disparities for our community?

If the Project has admission preferences for different sub-populations, please explain.

2. Provide examples of how the **Project outcomes** have or will contribute to improving the CoC’s system wide performance, as measured by HUD’s system performance measures below:

- Reducing the number of homeless individuals and families

- Reducing the number of 1st time homeless individuals and families

- Reducing the length of time people are homeless

- Increasing discharges to permanent housing

- Preventing returns to homelessness (reducing recidivism)

- Increasing participant’s income

3. Describe how the Project implements a) **Housing First** approach. Include: a) eligibility criteria; b) process for accepting new clients; c) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, sexual orientation, gender identity. Include descriptions of program policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing?

4. Explain how the **needs assessment** process ensures that participants are directed to appropriate services. How are participants connected to **mainstream resources**? Are there **MOUs or letters of commitment, if so, please include a copy**? Include collaborations with other programs or agencies, especially with healthcare organizations. For renewals, describe successful collaborations? (See “Mainstream Resources” definition in glossary)

5. How will clients be assisted in maximizing their ability to live independently? What **criteria** are used to evaluate participants’ readiness to “graduate” or **transition** from the project to other permanent housing?

6. CoC policies require that participants be **referred from the Coordinated Entry System or designated agency** to (CES) CoC Programs. Explain your process for notifying the CES of program openings and for accepting CES referrals to fill those openings. What is your estimate of the % of referrals you accept from the CES?

7. How will the Project **engage those with the most severe needs or vulnerabilities, disabilities, or limited English proficiency** per the CRHC CoC/HUD prioritization policies? Describe any outreach efforts and how you reach eligible participants throughout the County that may not know of the Project?

8. How will the Project actively engage **individuals with lived experience of homelessness and traditionally underserved populations** in service delivery, decision making and policy decisions?

9. a) Describe any strategies or policies that your Project will improve access and services to address the needs of the following sub-populations:

- BIPOC

- LGBTQ+ individuals

- victims of domestic violence, dating violence, sexual assault, and stalking

b) What efforts or strategies have you employed to eliminate the criminalization of homelessness?

10. **Project performance** and its contribution to improving the overall CoC homeless responses system (system performance measures) are greatly valued in this application process. Based on the system’s performance report, we acknowledge there are disparities for BIPOC presenting more challenges and higher barriers to housing than others. If the project works to house the “overrepresented” and the “hardest to serve” populations, please respond to the following questions:

1. What percent of participants in the Project experienced these housing barriers and what strategies does your program use to improve their housing outcomes: **Identify specific action steps being taken.**

* History of victimization/abuse, domestic violence, sexual assault, childhood abuse.
* BIPOC
* LGBTQ+
* Very low or no income.
* History or current mental health or substance abuse disorder(s)
* Criminal histories.
* Chronic homelessness.

11. People identifying as Black or African American represented more than a third (39%) of the people who experienced homelessness in Ingham County in 2022, a significant over-representation compared to the population of the City of Lansing and Ingham County, which reported 23% and 12% Black or African Americans respectively (American Community Survey 5-year estimate, 2019).

a) How has, or will, your agency makes system and programmatic changes to address racial disparities among households experiencing homelessness?

b) What barriers to participation have been identified and what steps are being taken to eliminate the barriers? Provide specific examples of how racial equity is addressed in your project.

c) How do the racial and gender characteristics of your staff and Board compared to the same characteristics for your participants? Are there staffing strategies you have or will adopt to assist with addressing racial equity in your project?

12. Describe any partnership or coordination the Project has with state and local public health agencies or health care providers that assist in responding to or preventing infectious disease outbreaks among people experiencing homelessness. *If a partnership exists, a written commitment will need to be provided before submission.*

13. Are there any **outstanding Civil Rights matters,** delinquent Federal debts, debarment or suspensions from doing business with the federal government? Yes \_\_\_\_\_ No\_\_\_\_\_

Approved Code of Conduct is on file with HUD? Yes \_\_\_\_\_ No\_\_\_\_\_

(If No, please include a copy.) Please explain your response. (50 words or less)

14. Who is the agency contact person knowledgeable about **Fair Housing** and HUD priorities? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Describe the agency’s capacity to manage the program described in this application, such as staffing capacity, training, and experience working with people experiencing homelessness.

16. Describe the agency’s financial capacity. How would you sustain the program operations if funding is delayed? How many months could the program be sustained? Describe your cash flow requirements.

17. Do you plan to subcontract any of the work described in the application? Yes \_\_\_\_ No \_\_\_\_; If yes, please list the entity or entities and describe the work being performed.

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**ONLY Renewal Projects, complete questions 15-17**

18. Was the last APR report for this grant submitted to HUD through Sage by the deadline? Have draws been made to the grant at least quarterly?

19. **Project cost-effectiveness** – what was the average cost per person or family served in your Project? (Divide the cost to run the Project including match by the actual number of households served per project year).

20. Attach the agency’s monitoring and response letter to **any findings or concerns** identified by the City or HUD during the **last monitoring/site visit** of the agency. Please also provide any CAP (Corrective Action Plan) requested by the CoC if applicable.

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**ONLY Reassignments of existing renewals, Reallocations, New Bonus and DV Bonus Projects, complete questions 21-26 and New Applicant Checklist**

21. Attach (in one page or less) the general Objectives/Mission of the Organization and the Organization’s:

* + **Experience in providing the services** for which funding is being requested, including populations served; and
  + Experience with administering Federal funds, especially homeless assistance, or HUD grants.

22. Describe the plan to assist clients with **barriers to housing** (poor rental history, criminal history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.

23. Describe how the **Project design** will fit the needs of Project participants:

a) to help maintain housing.

b) to meet other clients’ needs that contribute to instability and homelessness.

c) to **establish performance measures** for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.

24. Describe a concise plan for **rapid implementation of the Project** documenting how and when the project will be ready to house the first project participant. Provide a detailed schedule of proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant award. (Maximum: two pages)

25. **Estimated cost-effectiveness** – What will be the estimated cost per household served in the project? (Divide the cost to run the Project, including match, by the estimated number of households served per Project year).

26. My agency is **willing to be trained** in processes and programs used by the CoC to manage and administer the HUD grant, including but not limited to Homeless Management Information System (HMIS), the Coordinated Entry System (CES) and the CoC assessment tool. Agree: \_\_\_\_Disagree: \_\_\_\_\_\_\_

**DV-Bonus applicants only (complete questions (27 – 31)**:

27. **(New Projects)** Do you have a **client-level database** that is capable of meeting HUD’s Annual Performance Reporting requirements? (see Score Sheet, on CRHC website for clarification) Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_

28. Please describe your experience serving victims of domestic violence, dating violence, sexual assault, and stalking. Provide data used to assess the need for new permanent housing for survivors of domestic violence.

29. **(Renewals)** Provide data from your comparable database that demonstrates achievements on HUD defined program outcomes.

30. What are the **issues facing DV survivors in accessing local CoC** permanent housing assistance programs? Support your response with local data.

31. How do you **address/improve safety for the DV populations** you serve? How will the Project plan to involve survivors in policy and program development? What percentage of the participants do/will receive assistance with creating a safety plan?

**For further information, please see the HUD Notice of Funding Opportunity at:**

https://www.hud.gov/program\_offices/comm\_planning/coc/competition

Also see CoC Program interim rule at 24 CFR 578

P**art III: Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | HUD CoC Expenses | | | | |  |
|  | PH: PSH –  Leasing | PH: PSH –  Rental  Assistance | PH: RRH | Joint TH  RRH | SSO-CE | Number  of Units |
| Rental Assistance |  |  |  |  |  |  |
| Leasing |  |  |  |  |  |  |
| Supportive Services\* |  |  |  |  |  |  |
| Operating Costs |  |  |  |  |  |  |
| Total Admin (Agency + City Admin) |  |  |  |  |  |  |
| Sub Total |  |  |  |  |  |  |
| Cash Match\* |  |  |  |  |  |  |
| Program Income if used as Match (if applicable) |  |  |  |  |  |  |
| In-Kind Match\* |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |
| ***\*Match must total 25%, excluding Leasing costs. Shaded areas not eligible for funding in designated categories.*** | | | | | | |

|  |  |
| --- | --- |
|  | \*Supportive Services details |
|  |  |
| Salaries |  |
| Fringe Benefits |  |
| Contractual services |  |
| Travel |  |
| **Total** |  |

|  |  |
| --- | --- |
| Program Income\* | |
| Source | Amount |
|  |  |
|  |  |
|  |  |
| Total |  |
|  |  |
|  |  |

\*Program Income is funds generated by project activities such as participant contributions toward their rent.

***NEW APPLICANTS***: Rental Assistance and Leasing budgets must be based on Fair Market Rent (FMR) as listed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **FINAL FY 2025 FMRS BY UNIT BEDROOMS** | |  |  |  |  |
| **YEAR** | | **Efficiency** | **One**  **Bedroom** | **Two-Bedroom** | **Three**  **Bedroom** | **Four Bedroom** |
| FY 2024 FMR | | $870 | $905 | $1,127 | $1,465 | $1,494 |

Please list the personnel, job title and hire date of positions to be paid from grant funds:

**Program Supervisor** (include even if not paid with grant funds)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_

**Any other staff**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_ Full or Part Time: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_ Full or Part Time: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_ Full or Part Time: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_ Full or Part Time: \_\_\_\_\_

**Authorized Representative: (Please print or type)**

Name:

Title:

Telephone Number:

Email:

Fax Number:

**By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.**

**Signature of Authorized Official Date\_\_\_\_\_\_\_\_\_\_\_**

**All applicants:** *Please provide evidence of board support with your application at time of submitting*

**New Applicants Request for Agency Documents Checklist**

Please check off each item, sign, and enclose a copy of this checklist with your documents.

**Agency Name:**

**Agency Address:**

**Director Name:**

**Contact Phone:**

**Contact Email:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enclosed? | Emailed on (date?) | Comments |
| a. 990 |  |  |  |
| b. 501(c)(3) |  |  |  |
| c. Current Board roster |  |  | Include affiliations, employment, addresses, phone |
| d. General Liability Insurance |  |  | Include copy of Crime & Dishonesty Insurance |
| e. Most Recent Audit |  |  |  |
| f. Single audit? **Y/N** |  |  | If yes, please include |
| g. Plan to use CoC funds for equipment? **Y/N** (if yes, explain) |  |  |  |
| h. Pending Lawsuits? **Y/N** (if yes, explain) |  |  |  |
| i. Attached Lawsuit Explanation |  |  |  |
| j. Agency Conflict of Interest policy & Code of Conduct (Board & Staff) |  |  | Also, complete CRHC Conflict of Interest form |
| k. By-laws |  |  |  |
| l. Chart of Accounts |  |  |  |
| m. Lobbying policy |  |  |  |
| n. Drug Free Workforce Policy |  |  |  |
| o. Confidentiality Policy |  |  |  |
| p. All Shelter Inspections, Code Compliance Certificates |  |  | if applicable |
| q. Personnel, Financial,  Procurement policies, Program Manuals, Fraud Policy |  |  |  |
| r. Organizational Chart, job  descriptions |  |  |  |
| s. Certification of staff time  allocation to grants (memo to file) |  |  |  |
| t. Cost Allocation Plan/Current Agency Budget |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enclosed? | Emailed on (date?) | Comments |
| u. Grievance or Complaint  Procedure **(for clients & staff)** |  |  |  |
| v. Non-discrimination policies (client & staff) |  |  |  |
| w. Case Managers- Training Received in past year |  |  |  |
| x. Copy of Leases (PSH/RRH only) |  |  |  |
| y. Client Termination Policy |  |  |  |
| z. LARA Certificate of Good Standing |  |  | Shows date not to expire prior to September 28, 2023 |

I understand that if my application is successful, additional forms may be required.

**Authorized Signature:**

**Date:***.*