Note: Hard copy of new project application provided for reference only. All new project applications must be submitted in Alchemer: https://survey.alchemer.com/s3/6549004/FY2021-New-Project-Application-Western-PA-CoC

FY2021 New Project Application - Western PA CoC

Instructions

Western PA Continuum of Care, PA-601
FY2021 CoC NOFO: Preliminary New Project Application

Instructions:

- **Please complete all required questions within this survey to be considered for new project funding through the FY2021 CoC funding process of the Western PA Continuum of Care.**
- **All applications must be submitted via Alchemer no later than 5:00PM on October 13, 2021.**
- **You may click "Save and Continue" in the upper right-hand corner at any time to save your responses and return to complete at a later time- a link will be emailed to you to return to your responses. If you do not receive an email with link, email westerncoc@pennsylvaniacoc.org.**
- **Upon submission, a copy of your responses will be emailed to you for your records.**
- **If I have questions about this who should I contact? Send an e-mail to westerncoc@pennsylvaniacoc.org with the Subject Line "Question about New Project RFP" and staff from Diana T. Myers and Associates (DMA) will get back to you as quickly as possible.**

Resources that you may wish to access as you are completing the preliminary application:

- **Western PA CoC FY2021 New Project RFP**
- **Western PA CoC FY2021 New Project Application - Excel Budget Template**
- **Western PA CoC 2021 Gaps Analysis**

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- **Western PA 2021 Point in Time Count Data**
- **HUD Housing First Assessment Tool**
- **Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs**

Next Steps:

- **If my application is selected, what is the next step? All applicants will be notified as to whether their proposed project was accepted by the CoC by October 21, 2021. At that time, selected projects will receive instructions about submitting an application on e-snaps, HUD's CoC Program Applications and Grants Management System. You will also need a DUNS number and to be registered with System for Award Management (SAM).**

Applicant Information

1) Agency Name*

_____

Applicant Type:*

( ) Non-profit organization

( ) State or local government

( ) Instrumentality of local government

( ) Public Housing Authority

( ) Other - Write In: _____

2) Contact Person*

_____

3) Phone Number*

_____

4) Email Address*

_____

5) What type of project are you applying for?

( ) Permanent Supportive Housing (PSH)

( ) Rapid Re-Housing (RRH)

( ) Transitional Housing/ Rapid Re-Housing Joint Component

6) Does the geography of the proposed project cover: *

( ) Single County
( ) Multiple Counties
( ) Entire RHAB
( ) Entire CoC

7) Specifically, which county/ies will the proposed project cover? Check all that apply. *

[ ] Armstrong
[ ] Butler
[ ] Cameron
[ ] Clarion
[ ] Clearfield
[ ] Crawford
[ ] Elk

[ ] Fayette

[ ] Forest

[ ] Greene

[ ] Indiana

[ ] Jefferson

[ ] Lawrence

[ ] McKean

[ ] Mercer

[ ] Potter

[ ] Venango

[ ] Warren

[ ] Washington

[ ] Westmoreland

8) If proposing to serve multiple/ surrounding counties, please describe your organization's capacity to operate the project throughout those surrounding counties and/or throughout the entire RHAB. Include in the description information about:

- **relationships you have with providers in the other counties**
- **your ability or the ability of partners to identify landlords throughout the geographic area**
- **your experience operating regional projects, if applicable**

*

_____

_____

_____

_____

Expansions Grants and Transition Grants

9) Are you applying for an expansion of a program that you are currently operating? *

( ) Yes

( ) No

10) If yes, what program are you expanding? (Program Name and Grant Number)

_____

11) What component of the program are you seeking to expand?*

[ ] Number of housing units

[ ] Supportive services

[ ] Other

12) If seeking to expand number of housing units/beds, please provide:*

How many units in current grant?*: _____

How many units in proposed expansion?*:
_____

Why are you interested in expanding units? Is there local data to support this expansion?

1,000 character limit*

_____

_____

_____

_____

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13) If seeking to expand supportive services, please explain what services you wish to expand (which may include additional staffing) and why?

2,000 character limit*

_____

_____

_____

_____

14) If seeking to expand a component other than number of housing units or supportive services, please explain what you are seeking to expand.

1,000 character limit*

_____

_____

_____

_____

15) What amount of additional funds are you applying for? (Dollar amount)*

_____

16) Any additional information you wish to share about your expansion request, including how you believe these changes will improve the project for households receiving assistance:

2,000 character limit*

_____

_____

_____

_____

17) Are you applying for a transition grant (to transition your current CoC project to a new project component)?*

( ) Yes

( ) No

18) If yes, please provide the following information: *

Grant # (for project you wish to transition):
_____

Project Name (for project you wish to transition):
_____

Project Type (current project type of this grant):
_____

19) If yes, what project component do you wish to transition to?*

( ) PSH

( ) RRH

( ) TH-RRH Joint Component

20) If yes, please describe why you wish to transition your grant to this new project component.*

_____

_____

_____

_____

Applicant Experience

21) Provide your organization's experience leveraging other federal, state, local and/or private sector funding.*

_____

_____

_____

_____

22) Provide a description of the program management and financial account system that will be used to administer the grant:*

_____

_____

_____

_____

23) The HUD CoC Program Interim Rule Subpart F – Program Requirements govern the projects available through this opportunity.

Provide your organization's experience regarding compliance with public funding sources:*

_____

_____

_____

_____

24) Does your organization have any unresolved monitoring or audit findings from HUD (including ESG), DCED, or the Office of the Inspector General?*

( ) Yes

( ) No

25) If yes, please explain:*

_____

_____

_____

_____

26) Provide your organizations' experience working with households experiencing homelessness, and with the target subpopulation you identified (if applicable)

- **Describe your experience working with households that meet Category 1 and 4 of HUD's homeless definition.**
- **If applicable, describe your experience working with the subpopulation(s) identified (e.g. mental health, substance use disorder, domestic violence, etc.)**
- **Describe the performance outcomes for other projects you operate that serve people experiencing homelessness**

(please respond to all parts of the question)*

_____

_____

_____

_____

27) Please describe the following:

- **how the project design and delivery of services are designed to promote racial equity;**

- **your organization's experience serving and improving outcomes for communities that have historically been marginalized (e.g. people of color, LGBTQ+, people that do not speak English as their primary or first language); and**
- **your organization's experience delivering culturally responsive services.**

*

_____

_____

_____

_____

28) Please describe your organization's capacity to promote racial equity in the following ways:

- **within leadership, operations and/or hiring practices;**
- **through any financial commitments made by your organization to improve the organization's efforts to address diversity, equity and inclusion.**

*

_____

_____

_____

_____

29) Provide your organizations' experience in using a Housing First Model/implementing Housing First principles.

For more information on Housing First, see HUD's Housing First Assessment Tool
*

_____

_____

_____

_____

Project Design

30) This project must serve households that meet Category 1 or 4 of HUD's Homeless Definition. Do you intend to target your program to any of the following subpopulations as part of your funding request? Check all that apply:*

[ ] Veterans

[ ] Families (households with children)

[ ] Individuals/ Couples (households without children)

[ ] Youth (under age 25)

[ ] Domestic Violence

[ ] Substance Use

[ ] Mental Illness

[ ] HIV/ AIDS

[ ] None of the above

31) Provide a general description of your proposed project. This should include a clear and concise description of the scope of the project. The following information should be included in your description:

- **Community needs. Applicants are encouraged to provide local and/or regional data beyond the data reported through the annual PIT count.**
  - o **Please review and reference data presented in the 2021 Gaps Analysis and 2021 Point in Time Count data (links in introduction above).**
- **If applicable, target population(s) to be served and why**
- **Project plan for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise. Community partners should be referenced,**

by name, along with a description of their role in the success of the project and the households served (e.g. employment, transportation, child care)
- **How households will be assisted to quickly obtain and maintain housing**
- **Projected project outcomes (outcomes should focus on housing stability, increase in income, connection to mainstream resources and benefits, connection to healthcare, etc.)**

Please limit your response to 3,000 characters

(please respond to all parts of the question)
*

_____

_____

_____

_____

32) Do you have relationships with landlords who would participate in your program?*

( ) Yes

( ) No

33) If yes, provide describe your experience in identifying housing opportunities, including landlord engagement practices: *

_____

_____

_____

_____

34) If no, describe how you will conduct outreach and engage landlords:*

_____

_____

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_____

_____

35) Please indicate which of the following requirements you commit to follow (must commit to all of the following):*

[ ] Use a Housing First approach. Note: For more information on Housing First, see HUD's Housing First Assessment Tool (linked above).

[ ] Comply with all CoC policies and HUD regulations and notices. This includes compliance with Fair Housing; Prohibition against involuntary family separation; designate a staff person to ensure children are engaged with educational programming (for projects that serve families); HUD's Equal Access to Housing Rule and Equal Access in Accordance with Gender Identity Final Rule; and any other terms and conditions within the CoC Program NOFA.

[ ] Participate in the Western PA CoC Coordinated Entry System

[ ] Follow the CoC's written standards for providing assistance, including prioritization for program enrollment from the Coordinated Entry By Name List and minimum case management requirements (linked in the instructions above)

[ ] Enter data into PA-HMIS (or DV comparable database, if victim services provider)

[ ] Participate in and attend meetings of the RHAB and CoC, and Coordinated Entry By Name List (BNL) meetings (if applicable)

[ ] Programs serving youth and young adults will coordinate with Advocates for Change, the CoC's Youth Action Board (YAB), in order to provide high quality services to youth and young adults

36) Please indicate if you will assist participants with Mainstream Benefits in the following ways (to be considered for this funding, must provide all of the following): *

[ ] Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs

[ ] Use a single application form for four or more mainstream programs (example DHS's COMPASS)

[ ] Conduct annual follow-up appointments with participants to ensure mainstream benefits are received and renewed

[ ] Provide access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency

[ ] Utilize a SOAR trained individual to provide technical assistance related to accessing SSI/SSDI

37) Do you anticipate hiring a case manager to provide services to the population being served?*

( ) Yes

( ) No

38) If yes, provide the number of FTE (Full Time Employee) Case Managers:*

_____

39) If no, please describe how you will provide housing-focused case management services and what specific resources or partnerships will be leveraged:*

_____

_____

_____

_____

40) If yes, provide the expected case management ratio to be used: *

_____

41) If yes, describe your organization's proposed approach to providing case management services for this program. This should include the frequency of appointments, including the frequency of appointments within the program participant's home or other mutually agreed-upon community location, or within a virtual setting within the context of the COVID-19 pandemic:*

_____

_____

_____

_____

42) How will you ensure this project provides trauma-informed, client-centered services? Please reference specific policies, training, relevant experience, etc. *

_____

_____

_____

_____

43) Which of the following supportive services will be included in your program?
(Note: Additional information will be requested related to each supportive services that will be included in your program.)*

[ ] Assessment of Service Needs

[ ] Assistance with Moving Costs

[ ] Case Management

[ ] Child Care

[ ] Education Services

[ ] Employment Assistance and Job Training

[ ] Food

[ ] Housing Search and Counseling Services

[ ] Legal Services

[ ] Life Skills Training

[ ] Mental Health Services

[ ] Operating Costs

[ ] Outpatient Health Services

[ ] Outreach Services

[ ] Substance Abuse Treatment Services

[ ] Transportation

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[ ] Utility Deposits

44) For each of the supportive services selected above, provide additional information about how your organization or another organization will provide the service.

_____

_____

_____

_____

45) HUD is providing CoCs with 5 bonus points for submitting Rapid Re-Housing and/or Permanent Supportive Housing project applications that utilize non-CoC resources to cover housing and healthcare costs. Specifically, to receive points for leveraging housing costs in the Western PA CoC's new project scoring process:

- **PSH projects need to provide housing subsidies or subsidized housing units for at least 25% of the units included in the project.**

Will your PSH project provide housing subsidies or subsidized housing units for at least 25% of the units included in the project?
*

( ) Yes

( ) No

46) HUD is providing CoCs with 5 bonus points for submitting Rapid Re-Housing and/or Permanent Supportive Housing project applications that utilize non-CoC resources to cover housing and healthcare costs. Specifically, to receive points for leveraging housing costs in the Western PA CoC's new project scoring process:

- **RRH projects must provide housing subsidies or subsidized housing units to serve at least 25% of the participants in the project.**

Will your RRH project provide housing subsidies or subsidized housing units to serve at least 25% of the participants in the project?
*

( ) Yes

( ) No

47) If yes, please describe how this will be structured and how the housing subsidies or subsidized housing units will be provided (e.g. who is your housing partner, what housing resources will be leveraged, etc.)?*

_____

_____

_____

_____

48) HUD is providing CoCs with 5 bonus points for submitting Rapid Re-Housing and/or Permanent Supportive Housing applications that that utilize non-CoC resources to cover housing and healthcare related costs. Specifically, to receive points for leveraging healthcare costs in the Western PA CoC's new project scoring process, applicants must demonstrate that they are housing healthcare resources that are direct contributions from a public or private health insurance provider to the project, or provision of health care services by a private or public organization tailored to the program participants of the project.

Note: Eligibility for the project must be based on HUD CoC Program fair housing requirements and cannot be restricted by the health care service provider. As such, the Western PA CoC is interested in partnering with organizations that can leverage 25% or more of the project's healthcare/ service needs through community partnerships.

Will your project leverage 25% or more of the project's healthcare/service needs through community partnerships?*

( ) Yes

( ) No

49) If yes, please describe how this will be structured and how the project's healthcare/service needs will be met through community partnerships (e.g. who will yourcommunity partner be, what healthcare resources will be leveraged, etc.)?*

_____

_____

_____

_____

Budget

50) Please upload a copy of your proposed budget, using the Excel template provided.

Click "Browse" button to upload the document from your computer. Please upload the document in Excel format.

For a list and description of eligible costs, please refer to the Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs.*

_____1

_____2

Confirmation Information
Please type the name and title of the responsible party for this application below that will serve as your digital signature.

51) Name of Responsible Party for this Application*

_____

52) Title for Responsible Party for this Application*

_____

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53) Today's Date*

_____

Thank You!

Thank you for submitting your preliminary application for Western PA CoC FY21 Request for New Permanent Housing Projects. You will receive an automated email with a copy of your responses for your records.