

FRANKLIN ESSEX HOUSING COALITION (FEHC)

New Project RFP 2023

(Expansion and/or Bonus Projects)

Please note: Being selected through the Rank & Review process does not guarantee funding; rather it allows the project to apply for CoC funding to HUD, which is a competitive process.

1. Applicant/Agency Name:
2. Agency Point of Contact:
3. Proposed Project Name:
4. Agency/Employer Tax Identification number:
5. UEI Number:
6. Physical Agency Address:
7. Address of proposed project (if applicable):
8. Is your agency a faith-based organization? Yes ___ No ___
9. Total number of units and beds being applied for (if applicable):
10. Total number of households/clients project proposes to serve:
11. Has your agency ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes ___ No ___
12. Which of the below eligible project types are you applying for?
 - Permanent Supportive Housing (must be DedicatedPlus or 100% dedicated to chronically homeless)
 - Rapid Rehousing
 - Joint Transitional Housing-Rapid Rehousing
13. What type of project are you applying for?
 - New project
 - Expansion of an existing project
14. Will the project be able to begin within 12 months? Yes No
15. Is the applicant a current member of the Franklin Essex Housing Coalition (FEHC) Continuum of Care (CoC)? Yes - 10 points No - 0 points
16. Is the agency applying a current CoC funded grantee?
 Yes - 0 points No - 5 points
17. Does your agency have any unresolved monitoring or audit findings from HUD or the CoC? Yes - 0 points No - 3 points
If yes, please explain (2 points)
18. Is your agency an active participant in the FEHC Coordinated Entry?
 Yes - 3 pts No - 0 pts
19. Does your agency currently report in the CoC's HMIS system?
 Yes - 1 pts No - 0 pts

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20. Housing First

Housing First is a recovery-oriented approach to end homelessness by rapidly housing individuals **without** screening out or terminating consumers based on any of the criteria below. The FEHC CoC prioritizes projects that have a Housing First approach. Does your project screen out or terminate consumers based on any the following?

All No- 25 pts Any Yes- 0 pts

	Yes	No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically	<input type="checkbox"/>	<input type="checkbox"/>

21. Does your agency have someone with lived expertise of homelessness within its Executive Leadership, who are involved with programmatic and funding decisions?

Yes- 1 points No - 0 points

22. Please provide a project description that addresses the entire scope of your project.

Please include the target population that will be served. **(0 - 15 points)**

- *10 points if you outline a detailed strategy that will be used to help participants regain and maintain housing stability.*
- *5 points if agency can provide evidence of success with the outlined strategy in the past or demonstrated success from other projects employing similar strategies/structures.*

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23. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e. your target population). **(0-10 points)**

- *4 pts for detailing past experience serving an underserved population;*
- *3 points for explaining how you have connected clients to supportive services;*
- *3 points for detailing other funding sources the agency uses/has used in the past to serve HUD-Defined Homeless populations.*

24. What gap in services or need in the community will this project address or fill? Please provide any anecdotal or quantitative evidence of this gap and how your project would address it. **(0-10 pts)**

- *2 points for identifying HUD/local priority populations served through proposed project;*
- *2 points for identifying the service gap or need in the community;*
- *2 points for detailing data/evidence of the service gap or need in the community;*
- *4 points for explaining how the proposed project will address the need.*

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25. Priority Populations

Does your project designate 100% of beds to clients experiencing Serious Mental Illness, Substance Use Disorders, Co-Occurring Conditions, and/or Chronic Health Conditions?

Yes- 5 pts

No-0 pts

25a. If your project is not serving 100% of the above listed priority populations, please describe how your project is addressing an unmet need for the population your project will serve. (0-3 points)

26. How will this project reduce the average length of time homeless for project participants? (0-2pts)

- *2pts if applicant describes how their project will serve those with the longest lengths of time homeless and strategies for reducing length of time homeless*

27. Does your agency have relationships/partnerships with any of the below? Check all that apply. (1 pt for each checked box)

Public/Private Healthcare Organizations

PHAs, local housing organizations, or other non-CoC/ESG funding streams

Local Workforce Development Sectors

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28. If you checked Public/Private Healthcare Organizations, does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided, or can you procure one before the submission of this year's CoC application?

Yes- 10 points No – 0 points

29. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG by: **providing at least 25 percent of the units** included in the project; or in the case of a rapid re-housing project, **serve at least 25 percent of the program participants** anticipated to be served by the project*?

Yes- 10 points No – 0 points

30. If you checked Local Workforce Development Sectors, do you have a written commitment or other document demonstrating your partnership, or could you procure one if your project is chosen to move forward?

Yes- 5 points No – 0 points

31. The CoC will receive bonus points for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. If your project application moves forward, can you confirm that you will be able to provide a contract, MOU, or other formal documentation that demonstrates your partnership with a healthcare organization or housing funding?

Yes No

32. Does your agency have a racially and ethnically diverse group of stakeholders who are responsible for making programmatic and funding decisions? If not, how does your agency plan to incorporate the views of a diverse set of stakeholders into reviewing your policies, procedures, and funding decisions? Provide your response below (0-4 pts).

- *4pts if applicant has racially and ethnically diverse stakeholder decisionmakers*
- *1pt if applicant can identify a plan for incorporating diverse stakeholder views in the future*

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33. Does your organization partner with other organizations with expertise in serving the LGBTQ+ population? If yes, how will you leverage those partnerships to serve your project participants? (4 pts)

- *2 points if applicant identifies specific organizations that they partner with*
- *2 points if applicant describes how they will leverage the partnership(s) for project clients*

34. Describe the support services your agency has tailored to serve persons coming from an unsheltered situation. (2pt)

Unscored but required.

Please feel free to utilize any relevant narratives from other parts of the application or other applications to respond to questions in this section.

- Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

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- Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.
- Describe your organization's (and subrecipient(s) if applicable) financial management structure.
- Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.
- Describe how program participants will be assisted to obtain and remain in permanent housing.

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Please provide a 12-month Budget Proposal (required for review):

ACTIVITY	CoC FUNDS REQUESTED	NOTES
A. Rental Assistance	\$	
B. Support Services	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
C. VAWA (new eligible activity)	\$	
D. Rural Costs (new eligible activity)	\$	
E. Operating	\$	
F. Admin (up to 10%)	\$	
G. Total Project Costs	\$	
MATCH	AMOUNT	SOURCE
H. 25% Match Requirement	\$	

For each of the below supportive services, please indicate who will provide them and how often they will be provided.

Supportive Services	Provider (Recipient, Non-Partner, or Partner)	Frequency (Monthly, Daily, Weekly, or As-needed)
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		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

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Please complete the below table with estimated clients served.

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households				

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				
Persons ages 18-24				
Accompanied Children under age 18				
Unaccompanied Children under age 18				
Total Persons				

Will the project include: Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

Yes No

Will the project include: Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?

Yes No

Will the project include: program participants have access to SSI/SSDI technical assistance provided by this project, the applicant, a subrecipient, or partner agency?

Yes No

Will the project include: A staff person who has completed SOAR training in the past 24 months and can provide technical assistance?

Yes No

Please attach:

- 501c3 documentation
- If applicable: Formal Housing leveraging commitments (contracts, MOU with PHA, etc.)
- If applicable: Formal Healthcare leveraging commitments (MOUs, service agreements, etc.)