El Paso Continuum of Care 2023 Application
New Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **3:00 PM on September 9, 2024**. Email address is ccastillo.epch@elp.twcbc.com

General Project Information

Agency/Organization Name	Employer Identification Number (EIN)	DUNS Number

Address	Zip	

Phone	Fax	Web-site

Executive Director Name	Phone	Email

Contact Information

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

Primary Contact

Name	Title	Phone	Email

Secondary Contact

Name	Title	Phone	Email

Type of Application

☐ New Project   ☐ Reallocating existing project   ☐ Expansion of existing project

Reason for Reallocation – Provide a brief description for why you are reallocating or expanding current project:

Project Name   Site Address

Proposal Request   Total Project Budget   Total Agency Budget

Project Type
☐ Permanent Supportive Housing   ☐ Rapid Re-Housing   ☐ Joint TH-RRH

Project
☐ Single Site   ☐ Scattered Site

Total Number of Units: #_____   Total Number of Beds: #_____

Total Number of Households Served: #_____   Total Number of People: #_____

Target Population (Select all that apply)
☐ People experiencing chronic homelessness   ☐ Seniors   ☐ Veterans   ☐ Families with children
☐ Youth (18-24)   ☐ Persons living with disabilities   ☐ Persons living with mental illness   ☐ Persons living
with substance use disorder   ☐ Fleeing domestic violence   ☐ Persons living with HIV/AIDS
☐ N/A – Project serves all subpopulations
☐ Other _____

Project Description (Total 160 Points)

Provide a detailed description of the project scope, to include the following:
- Target population including the number of households/clients served
- Plan to identify housing and/or supportive services
- Anticipated project outcomes
- Coordination with other organizations
- How CoC funding will be used

Describe how your Agency will implement the Housing First model or experience. How you will lower barriers to entry and during program enrollment? How will your project <u>quickly</u> move participants into permanent housing? *(25 Points)*

Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for the proposed project population)., and your ability to house survivors and meet safety outcomes. *(20 Points)*

Creating opportunities for lived experience, advocacy, and decision-making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with lived experience in organizational and program planning, policy and decision-making for this project. *(20 Points)*

Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to participants in a cost-effective way. Discuss why the service delivery model you describe will help individuals/families maintain or regain housing stability. *(10 Points)*

Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. Include how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. *(10 Points)*

For all the supportive services available to program participants, indicate who will provide them and how often they will be provided? *(10 Points)*

Eligible Supportive Services	Provided (applicant, formal partner, informal partner)	Frequency (daily, weekly, bi-weekly, monthly, semi-annually, annually, as needed)
Assessment of service needs		
Assistance with moving costs		
Case Management		
Childcare		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Use Treatment Services		
Transportation		
Utility Deposits		

Identify whether your project will include the following: *(10 Points)*

☐ Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs

☐ Annual follow-ups with program participants to ensure mainstream benefits are received and renewed

☐ Access to SSI/SSDI technical assistance provided by this project or a partner agency staff person providing technical assistance completed SOAR training in the past 24 months

Staff person providing technical assistance completed SOAR training in the past 24 months
☐ Yes   ☐ No   ☐ N/A

Landlord and Community Stakeholders *(15 Points)*

1) Describe how you will work with landlords and community stakeholders to identify appropriate housing units.
2) Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history and/or a criminal background.
3) Describe how you will engage clients in decision-making around their housing preferences.

**RAPID RE-HOUSING & JOINT COMPONENT (TH-RRH) PROJECTS ONLY

1) **Describe how you will determine rental assistance amounts, duration, and manage rent redetermination for clients enrolled in the project. What tools or objective assessments will you use in the determination process?** *(10 Points)*

Organizational Capacity (No more than 1 page) (50 Points)

Describe the organization's mission, a brief overview of the primary programs, and services offered by your organization. Provide evidence of the following: *(15 Points)*
- Agency's experience and capacity to develop and implement the project.
- Examples that illustrate experience identifying housing and supportive services for the target population

Describe the organization's operations, including leadership and management. Include the following: *(10 Points)*
- Ability to supervise the project and staff
- Examples of ensuring program effectiveness and fidelity to funding agreements

Describe your organization's commitment to racial equity. Include the following: *(15 Points) Ensure that every bullet is addressed in your answer*
- Racial and ethnic makeup of your organization's leadership, staff, and board, including statistics.
- Detail the initiatives and efforts your organization has implemented to increase the representation of people of color in leadership positions
- Describe efforts to increase cultural and racial competency among your staff/volunteers/program participants
- How does your organization analyze data and information about race and ethnicity?
- Examples of how your organization addresses racial inequities for participants in your programs.

Describe your agency's internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. *(10 Points)*
- Describe your fiscal control and accounting procedures and if your organization accounts for federal funds in accordance with the requirements of 2 CFR part 200.
- Describe any auditing findings or concerns during the last 36 months as well as the resolution of each.

First Operating Year Project Work Plan (10 Points)

Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date.

Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, enter N/A.
Note: Project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement
New Project staff hired, or other expenses begin	
Participant enrollment in project begins	
Participant begin to occupy leased units or structure?	
Supportive Services near 100% of capacity?	
Supportive Services at 100% capacity?	

Project Staffing Plan (10 Points)

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the <u>name</u> of the staff person or indicate a vacancy, the position <u>title</u>, a brief description of their <u>tasks and responsibilities</u>, indicate the <u>percentage of their time dedicated to this project</u>, and indicate any <u>education, training, and/or credentials and experience</u> required of this position (social work, mental health, medical, etc.).

Position Title	
Hours (FT/PT)	
% of time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

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Community Partnerships and Leveraging (30 Points)

Leveraging is a means to measure established relationships and the extent to which community resources are pooled to provide more effective and efficient services to clients across the Continuum. New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations.

Please describe your agency's commitment to and participation in the El Paso Coalition for the Homeless, including current level of participation in committees and initiatives. *(15 Points)*

Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in our community in your service plan? Include MOUs with service provided*(10 Points)*

Describe your organization's experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-kind donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience. *(5 Points)*

HMIS (40 Points)

Please explain the following about your organization's HMIS participation:
- If you are a homeless service provider, please explain the agency's level of HMIS participation for any/all homeless programs/services. *(5 Points)*
- Does your agency adhere to the revised local HMIS Policy and Procedures? *(5 Points)*
- Describe if your agency is contributing data to HMIS for all agency homeless programs (Regardless of funding source). *(5 Points)*
- If 'no', please explain why. (-10)
- Has your agency staff participated regularly in the HMIS Steering Committee meetings? *(5 Points)*

- If 'no,' please explain why. *(-10 Points)*
- Is the agency that is applying in good standing with HMIS Policies and Procedures – This criteria is vital and will be determined by HMIS Staff *(10 Points)*
  - Signed Agency Agreement
  - Outstanding HMIS Invoices

It is the CoCs Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD funding, and whereas it benefits the entire Continuum of Care to be in full compliance. The CoC Board makes its recommendations for funding contingent on the commitment of all funded agencies to **fully** participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with initially recommended programs not be responsive, other programs will be recommended in their place.

Is your Agency fully compliant or willing to comply as per the above CoC Governing Board Policy above? (10 points)
- If not, please explain why? (0 Points)

Funding Request (20 Points)

Are you proposing to include indirect costs in your budget? ☐ Yes   ☐ No

If Yes, please select which type of rate you are using: ☐ 10% de minimis rate   ☐ Other
(NOTE: If you select other, please submit a copy of the approved indirect cost rate with this application as supporting documentation).

Supportive Services Budget (if none, leave blank)		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		

Housing Assistance Budget (Leasing and Rental Assistance Programs)   (if none, leave blank)

Component Types (Check only one box)

☐   ☐   ☐   ☐

TRA   SRA   PRA   LEASING   **SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)** ☐

                                        MEDIUM-TERM RENTAL ASSISTANCE (4 – 24 MONTHS) ☐

Size of Units	Number of Units	Monthly Rent	Number of Months	TOTAL
0 Bedroom	x	$ x	12=	$
1 Bedroom	x	$ x	12=	$
2 Bedrooms	x	$ x	12=	$
3 Bedrooms	x	$ x	12=	$
4 Bedrooms	x	$ x	12=	$
5 Bedrooms	x	$ x	12=	$
6 Bedrooms	x	$ x	12=	$
Other:	x	$ x	12=	$
Totals:				$

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$821	$1,020	$1,192	$1,647	$2,002

Operating Costs Budget (cannot include if requesting rental assistance for same structure)		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		

HMIS Budget		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Staff for HMIS		
2. Equipment (lease, buy)		
3. Hosting fees - $800 annually		
4. Licensing fees - $50/user/month		
Total Annual Assistance Requested		

Budget Summary

Proposed Activities	a. HUD Request	b. Match Commitment	c. Project Leveraging	d. Total Project Budget (a+b+c)
4. Leasing From Housing Assistance Budget Chart				
5. Rental Assistance From Housing Assistance Budget Chart				
6. Supportive Services From Supportive Services Budget Chart				
7. Operating Costs From Operating Costs Budget Chart				
8. HMIS				
9. Subtotal **(lines 1 through 8)**				
10. Administrative Costs (Up to 10% of line 9) *				
11. Total Budget	$	$	$	$

* Note that 3% will be remitted to El Paso Coalition for the Homeless to subsidize operations and administrative costs

List all sources of matching funds for this project below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

Note: Matching funds must equal a minimum of 25% of the total request for federal funds, i.e. A $100,000 project requires a minimum of $25,000 in matching funds.

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	

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