|  |
| --- |
| **FY2017 Continuum of Care Competition****NEW PROJECT APPLICATION** |
| **Organization Information** |
|  |
| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
|  |
| Administrative Address City, State, Zip |
|  |
| Phone Fax Website |
|  |
| 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 |
| **Proposal Information** |
|  |
| Project Name Site Address (if different than administrative address) |
|  |
| Proposal Request Total Project Budget Total Agency Budget |
| Project Type: [ ]  Permanent Supportive Housing [ ]  Rapid Re-Housing |
| **Project Description (150 word max) -** Provide a brief overview of the program describing the population to be served, the number of people to be served, the services to be provided, and the proposed outcomes. |
| **Authorization** |
|  |
| Printed Name Signature Date |

|  |
| --- |
| **PROJECT DESCRIPTION****(no more than 7 pages)** |
| **Provide a detailed description of the project scope, including the target population, number of households/clients served, types of services provided, frequency with which services will be provided, and the location where services will take place.** |
|  |
| **Describe your agency’s vision for implementing a housing first model or experience in utilizing a housing first approach. Describe how you will lower barriers to entry and during program enrollment. Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population).** |
|  |
| **Describe how you will engage clients in organizational and program planning, policy and decision making.** |
|  |
| **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 clients in a cost effective way. Discuss why the service delivery model you describe will help individuals/ families maintain or regain housing stability.** |
|  |
| **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**  |
|  |
| **Describe how you will work with landlords and community stakeholders to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history or a criminal background. Describe how you will engage clients in decision-making around their housing preferences.** |
|  |
| **RAPID RE-HOUSING PROJECTS ONLY****Describe how you will determine rental assistance amounts, duration, and redetermination for clients in the project. What tools or objective assessments will you use in the determination process?** |
|  |

|  |
| --- |
| **ORGANIZATIONAL CAPACITY****(no more than 3 pages)** |
| **Describe the organization’s mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of your agency’s experience and capacity to implement the project.** |
|  |
| **Describe the organization’s leadership and management, their ability to supervise the project and staff, and the organization’s history in ensuring program effectiveness and fidelity to funding agreements.** |
|  |
| **Describe your agency’s internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. Describe any auditing findings or concerns during the last 24 months as well as the resolution of each.** |
|  |
| **First Operating Year Project Work Plan** |

Please use the work plan template below to organize the components of your project into a modified logic model. There is no page minimum or maximum for this section, so please provide sufficient technical detail for reviewers to gain a clear understanding how the project will be modeled and operate in the first year.

|  |
| --- |
| **PROJECT GOALS: Provide an appropriate set of goals to be accomplished through the implementation and operation of your project during the first program operating year. These goals should address individual level, agency level and community level goals resulting from your project’s operation. Please ensure that goals are SMART (*Specific, Measurable, Achievable, Realistic, and Timely*) goals.** |
|  |
| **ACTIVITIES: Outline the timeline and components of the project’s startup and the services provided on a day-to-day basis. Using quantifiable language, provide a detailed account and description of activities, including locations, responsible parties, key action steps, inputs (such as materials, time, money, equipment, etc.), partnerships, community resources, etc. that factor into the service delivery model.**  |
|  |

|  |
| --- |
| **Project Staffing Plan** |

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 name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate their percent of time on the project, and indicate any education, training, and/or credentials and experience 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) |  |

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

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

|  |
| --- |
| **Community Partnerships and Leveraging** |
| While no formal amount of leveraging is required for the CFA, 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’s partners.New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations. |
| **Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.** |
|  |
| **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 Baltimore City in your service plan?**  |
|  |
| **Describe the extent to which you leverage in-kind donations and volunteers for the project.** |
|  |

|  |
| --- |
| **Funding Request** |

|  |
| --- |
| **Supportive Services Budget** |
| **Eligible Costs**  | **Quantity AND Itemized Description****(max 400 characters)** | **Annual Assistance Requested** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management  |  |  |
| Child Care  |  |  |
| 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 |  |  |
| Operating Costs |  |  |
| **Total Supportive Services Requested** |  |

Complete one of the two tables below according to your intended housing type to request funding towards housing costs. If you are unsure of whether to pick leasing or rental assistance, please refer to the project application guide, which provides more information.

|  |
| --- |
| **Rental Assistance Budget** |
|  | **Monthly Fair Market Rent (FMR)** | **Number of Units Requested** | **Total Annual Cost****(Number Units x FMR x months)** |
| Single Room Occupancy Units | $638 |  |  |
| Efficiencies | $851 |  |  |
| One Bedroom Units | $1,033 |  |  |
| Two Bedroom Units | $1,298 |  |  |
| Three Bedroom Units | $1,663 |  |  |
| Four Bedroom Units | $1,934 |  |  |
| Five Bedroom Units | $2,224 |  |  |
| Six Bedroom Units | $2,514 |  |  |
| **Total Rental Assistance Units & Cost** |  |  |

|  |
| --- |
| **Leasing Budget** |
|  | **Monthly Rent** | **Number of Units Requested** | **Total Annual Cost****(Number Units x Monthly Rent x months)** |
| Leased Structure (whole building) |  | 1 |  |
| **OR** |
| Single Room Occupancy Units |  |  |  |
| Efficiencies |  |  |  |
| One Bedroom Units |  |  |  |
| Two Bedroom Units |  |  |  |
| Three Bedroom Units |  |  |  |
| Four Bedroom Units |  |  |  |
| Five Bedroom Units |  |  |  |
| Six Bedroom Units |  |  |  |
| **Total Leasing Costs** |  |  |

|  |
| --- |
| **Operations Costs** **(cannot include if requesting rental assistance for same structure)** |
| **Eligible Costs** | **Quantity AND Description** **(max 400 characters)** | **Total** |
| Maintenance/ Repair |  |  |
| Property Tax and Insurance |  |  |
| Replacement Reserve |  |  |
| Building Security  |  |  |
| Electricity, Gas, Water  |  |  |
| Furniture  |  |  |
| Equipment (lease, buy) |  |  |
| **Total Operations Costs** |  |

|  |
| --- |
| **HMIS Budget** |
| **Eligible Costs**  | **Quantity AND Description****(max 400 characters)** | **Total Annual Cost** |
| Staffing for HMIS  |  |  |
| Equipment (lease, buy) |  |  |
| **Total HMIS Costs** |  |  |

|  |
| --- |
| **Summary Budget** |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs (no more than 3.5% of total request) |  |
| **Total Grant Request** |  |

|  |
| --- |
| **Match Funds** |

Please list all sources of match 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.

|  |  |
| --- | --- |
| **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** |   |

|  |  |
| --- | --- |
| **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** |   |

|  |  |
| --- | --- |
| **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** |   |

|  |  |
| --- | --- |
| **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** |   |