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| **FY2018 Continuum of Care Competition****NEW PROJECT APPLICATION – DOMESTIC VIOLENCE COORDINATED ACCESS SERVICES** |
| **Organization Information** |
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| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
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| Administrative Address City, State, Zip |
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| Phone Fax Website |
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| Executive Director Name Phone Email |
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| **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** |
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| Name Title Phone Email |
| **Secondary Contact** |
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| Name Title Phone Email |
| **Proposal Information** |
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| Project Name Site Address (if different than administrative address) |
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| Proposal Request Total Project Budget Total Agency Budget |
| **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** |
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| Printed Name Signature Date |

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| **PROJECT DESCRIPTION****(no more than 5 pages)** |
| **This grant opportunity supports staffing, operations, and client assistance costs for assessing the needs of households fleeing domestic violence, creating emergency/safety plans, conducting Coordinated Access assessments, providing housing navigation services, and shelter diversion services. Funds can also be used to provide training to other homeless services providers within the Coordinated Access System to ensure best practices for client safety and that all VAWA and HUD regulations are being implemented effectively.****Provide a detailed description of the project scope, including the target population, number of proposed households/clients served, types of services provided, frequency with which services will be provided, and the location where services will take place.** |
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| **Describe your experience working with individuals or families fleeing domestic violence, dating violence, sexual assault, or stalking, and your ability to serve survivors and meet safety outcomes.** |
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| **Describe the safety and security protocols your agency will put into place for your physical location, hotline, or other services provided.** |
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| **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.** |
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| **Describe your outreach and engagement plan for ensuring households fleeing domestic violence are aware of your services, there is sufficient geographic coverage across the CoC, and services are accessible to people with disabilities or those that speak English as a second language.** |
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| **Describe how you will engage clients matched to housing through Coordinated Access in decision-making around their housing preferences. If there is insufficient shelter or permanent housing capacity at the time a person seeks assistance, describe the diversion tools, strategies, or practices you will implement.** |
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| **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.** |
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| **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 the racial and ethnic makeup of your organization’s leadership staff and board, including statistics.** |
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| **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.** |
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| **Describe the 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, efforts to increase cultural and racial competency among your staff/volunteers/program participants, and efforts to assess and address racial disparities for the clients in your program (ex: clients of color obtaining permanent housing at lower rates than their white peers).** |
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| **First Operating Year Project Work Plan** |

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.

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| **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.).

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| 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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| --- | --- |
| 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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| Position Title |  |
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| **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.NOTE: Please do not submit any letters of support or leveraging. |
| **Please describe your commitment to and participation in the Continuum of Care, including current level of participation in committees and initiatives.** |
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| **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?**  |
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| **Describe the extent to which you leverage in-kind donations and volunteers for the project.** |
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| **Funding Request** |

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| **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** |  |

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| **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** |  |

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

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| **Summary Budget** |
| **Budget Category** | **Total Annual Cost** |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs | To be added by MOHS |
| **Total Grant Request** |  |

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| **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.

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| **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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