



# FY2017 CONTINUUM OF CARE HOMELESS ASSISTANCE COMPETITION APPLICATION FOR RENEWAL GRANT

**Instructions:**

Each agency participating in the renewal competition is expected to complete and submit one of these applications for each project they wish to renew. Application must include:

- A copy of the last “e-snaps” application for the project submitted to HUD. Applicant must review it and provide a marked-up copy with any changes to the city as part of complete application submission. (Please note that changes to the budget should be noted on the attached budget).
- A copy of the most recently completed Annual Performance Report (APR) for the most recent grant year. Please note: data for other time periods may be used by the city in developing performance scores for ranking of projects, subject to information in the HUD Notice of Funding Availability.
- A completed APPLICATION FOR RENEWAL GRANT form submitted with all required attachments including a housing first checklist (from the RFP) preferably in electronic format to [Jennifer.Clarke@newbedford-ma.gov](mailto:Jennifer.Clarke@newbedford-ma.gov) by the **application deadline: Friday, June 16, 2017 at 3:00PM.**

The project will be scored using the criteria as detailed within the RFP.

## I. AGENCY AND PROJECT INFORMATION

<b>Name of Applicant Agency:</b>			
<b>Project Name:</b>			
<b>HUD Grant Number:</b>			
<b>HUD Component Type:</b>	<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Rapid Re-Housing	
<b>Total Amount Requested:</b>			
<b>Contact Information:</b>			
<b>Project Contact Person:</b>			
<b>Job Title of Contact Person:</b>			
<b>Agency Mailing Address:</b>			
<b>Contact Phone Number:</b>		<b>Fax number:</b>	
<b>Email Address:</b>			

## II. APPLICATION CHECKLIST

- CoC Renewal Application
- Leverage Letter
- Match Letter

**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION:**

- 2017 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- Most recent audited financial statement
- Documentation of Match and Leverage

**III. RENEWAL PROJECT APPLICATION SUMMARY BUDGET**

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units			\$
1b. Leased Structures			\$
2. Housing Relocation and Stabilization			\$
3. Short-term/Medium-term Assistance			\$
4. Long-term Rental Assistance			\$
5. Supportive Services			\$
6. Operating			\$
7. HMIS			\$
8. Sub-Total Costs Requested			\$
9. Admin (Up to 10%)			\$
10. Total Assistance plus Admin Requested			\$
11. Cash Match			\$
12. In-Kind Match			\$
13. Total Match			\$
14. Total Budget			\$

## IV. PROJECT NARRATIVE

**1. SUMMARY: Provide a brief summary of your project in five sentences or less. Include information as to how the project works including collaborations.**

**1a. Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness. [www.usich.gov/opening\\_doors/](http://www.usich.gov/opening_doors/)**

<b>Objective 1: Increase Progress towards Ending Chronic Homelessness</b>	<b>YES</b>	<b>NO</b>
a. Does the project prioritize client selection based on duration of homelessness and vulnerability?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the project accept all clients regardless of substance use history, or current use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the project accept clients regardless of criminal history?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the project accept clients regardless of income or financial resources?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the project use a harm-reduction model for drugs and/or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the project include mandatory case management as a condition of remaining in the program?	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain any "no" answers for a-f, and "yes" answer for item g.

**2. PERFORMANCE: Review the performance results in question #36 of the APR you are submitting with this application. In ten sentences or less, describe how your agency will work to maintain or increase performance metrics in the coming grant year.**

**3. AGENCY EXPERIENCE and CAPACITY: In ten sentences or less, tell how your organization has the capacity and resources to continue the proposed program and achieve/exceed your performance goals, noting deficiencies, if any.**

## V. FISCAL INFORMATION

1. Do you anticipate you will have unexpended funds at the expiration date of your current contract?  
 Yes                       No                      If yes, how much? \$\_\_\_\_\_

2. Have you had unexpended HUD funds at the expiration of grant terms in the past two (2) years?  
 Yes                       No                      If yes, how much was unexpended?  
2013    \$\_\_\_\_\_

2014    \$\_\_\_\_\_

3. Have you completed the attached budget worksheet/s for your project as provided and included that as Section III (Renewal Application Summary Budget) of your application packet?  
 Yes                       No

4. Have you provided a signed letter(s) by your agency or provided other documentation of public/private, and/or mainstream program funding that will, in aggregate, provide at least 150% leverage of the CoC grant award?  
 Yes                       No

**5. If money was returned in the current or previous years, explain why dollars were returned and what will change in the coming year if renewal funding is granted to avoid this issue again?**

## **VI. MATCH and LEVERAGED RESOURCES**

**PLEASE NOTE:**

**Final match and leverage letters are not due with this application. However, final letters will be required at the time of your w-snaps application and must be dated in accordance with HUD requirements.**

### **MATCH**

You will be required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

### **LEVERAGE**

It is a priority of the New Bedford CoC and HUD that all projects leverage both cash and in-kind resources. HUD scores continuums across the country based on the leveraged resources brought to each project; therefore, it is in the New Bedford's CoC's best interest to account for and provide information on all leveraged resources for all projects.

Once guidance is provided regarding the specifics concerning the date needed on leveraging letters, you will be required to scan and attach signed agreements, letters, MOU or other documented evidence of each contribution with an email to the city's Department of Planning, Housing & Community Development. Commitment letters must be on letterhead, signed and dated by an authorized representative and will, at a minimum, be required to contain the following elements:

1. Type of contribution (e.g. cash, child care, case management, etc.);
2. Name of organization providing the contribution;
3. Amount/ Cash Value of contributions.

## VII. AGENCY QUESTIONNAIRE

Please check either yes or no to the questions below:

	Yes	No
In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the annual update to your organization's registration with the federal government at <a href="http://www.sam.gov">www.sam.gov</a>	<input type="checkbox"/>	<input type="checkbox"/>
Have all due IRS 990 filings been submitted to the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached all of the materials required on page 1 of this application?	<input type="checkbox"/>	<input type="checkbox"/>

## VIII. ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the New Bedford Continuum of Care's Homeless Management Information System (HMIS) and coordinated entry system.
- Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant's most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;
- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's DPHCD for approval prior to the final 30 days of the grant year;

**ASSURANCES, Continued from previous page**

- Any increase/decrease in match or leveraged funding for the project that could affect the projected number of participants served, services provided, ability to meet matching and/or leveraging requirements, etc. and
- Significant delays in the start-up or operation of a project.

<b>Name:</b> (please type)	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
Signature of Authorized Representative:  <input type="checkbox"/> "X" indicates electronic signature submitted	
<b>Date:</b>	

***Do not forget to include a completed Housing First Checklist as presented in the RFP.***