



CoC RENEWAL PROJECT PRE-APPLICATION

Continuum of Care 2013

Tennessee Valley Coalition to End Homelessness serves as the lead agency for the Continuum of Care (CoC) application. Every year the federal government authorizes the U.S. Dept. of Housing and Urban Development (HUD) to provide funding to communities across the country through their CoC competition to reduce and eliminate homelessness.

HUD provides funding for three homeless assistance programs: the Supportive Housing Program (SHP), Shelter + Care (S+C), and SRO Moderate Rehabilitation (SRO). HUD releases its application criteria in the Notice Of Funding Availability (NOFA). The Tennessee Valley CoC process determines community priorities, maximizes resources, evaluates new and renewal projects, and prepares the overall application for submission to HUD.

2013 Renewal Projects

Funds awarded to renewal projects will not be available until 2014. As a **renewal project**, your agency will be required to submit the following documents:

1. Complete and submit the 2013 CoC Renewal Project Pre-application along with the following:
 - a. Most recent agency audit or IRS form 990. *
 - b. Any feedback from any HUD or THDA monitoring visits
2. Any additional information required by HUD after the CoC NOFA is released.

** If applying agency expended \$500,000 or more in federal funds during the most recently completed fiscal year, you must submit a copy of the most recent audit report with this pre-application. If applying agency did not expend \$500,000 or more in federal funds during the most recently completed fiscal year, a copy of the most recently submitted IRS 990 form must be submitted with this pre-application.*

Please do not change the format of this pre-application. Do not use a previous version of this pre-application.

Please email the completed pre-application to Melanie Cordell at mcordell@tvceh.org no later than Friday, July 19, 2013 by 5 pm EST.

One **PAPER** copy of **EACH** submission must also be mailed or hand delivered along with supporting documents to the attention of Melanie Cordell, P.O. Box 1015., Jacksboro, TN 37757. If you have any questions about the HUD Supportive Housing Program, this form or other items requested, contact Melanie Cordell at (423) 494-0173 or mcordell@tvceh.org

LATE SUBMISSIONS WILL NOT BE CONSIDERED FOR FUNDING

TVCEH staff or members of the Review and Ranking Committee may request clarifying information from the applicants after the proposal deadline.

CoC RENEWAL PROJECT PRE-APPLICATION

TN Valley Coalition to End Homelessness Continuum of Care 2013

NAME OF PROJECT:
NAME OF ORGANIZATION:
CONTACT PERSON:
TELEPHONE:
FAX:
EMAIL:
PROGRAM LOCATION (county/counties):
ORGANIZATION'S MAILING ADDRESS:
Please provide Organization's DUNS Number: <i>(if agency has DUNS Number)</i>
<i>If this project proceeds with HUD CoC Application, a DUNS number is required. (http://fedgov.dnb.com/webform)</i>
Is this project sponsor a Victim Service Provider (VSP) as defined by the Violence Against Women and Department of Justice Re-authorization Act of 2005? Yes <input type="checkbox"/> No <input type="checkbox"/>
Application Type – SUPPORTIVE HOUSING PROGRAM: <input type="checkbox"/> Permanent Housing for Homeless Person with Disabilities <input type="checkbox"/> SSO – Legal Project

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a	Persons to be served during this project – per year				

TOTAL PROGRAM COST	\$ _____ for one year						
REQUESTED TERM OF GRANT	1 year						
RATIO OF SERVICES COSTS TO HOUSING COSTS (based only on SHP budget): Example: \$100,000 SHP request, excluding HMIS and Admin: with \$21,000 for Services; \$79,000 in Leasing/Operations. 79,000 / by 100,000 = 79% Housing ; \$21,000 / by \$100,000 = 21% Services	Breakdown for ONE YEAR _____% Housing to _____% Services <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">\$ _____ Leasing</td> <td style="width: 50%;">\$ _____ Sup. Serv.</td> </tr> <tr> <td>\$ _____ Operations</td> <td>\$ _____ HMIS</td> </tr> <tr> <td>\$ _____ New Construction</td> <td>\$ _____ Admin.</td> </tr> </table>	\$ _____ Leasing	\$ _____ Sup. Serv.	\$ _____ Operations	\$ _____ HMIS	\$ _____ New Construction	\$ _____ Admin.
\$ _____ Leasing	\$ _____ Sup. Serv.						
\$ _____ Operations	\$ _____ HMIS						
\$ _____ New Construction	\$ _____ Admin.						

1. PROGRAM ABSTRACT: Write a general description of the program, including: geographic location; problem or need the program addresses; how the program delivers services to its clients; how the program addresses major client barriers; and how the program ensures that clients are systematically assessed for and enrolled in mainstream benefits. State the mainstream benefits your clients will pursue.

SERVICES

2. Will your PSH project include “harm reduction” components? Yes No

3. **Supportive Services.** Which services will your program provide for clients? **Please place X in appropriate columns as provided service, referred or not offered.**

	Type of Service	Provided	Referred	Not Offered
a.	Assessment of Service Needs			
b.	Assistance with Moving Cost			
c.	Case Management			
d.	Child Care			
e.	Education Services			
f.	Employment Assistance			
g.	Food			
h.	Housing/Counseling Services			
i.	Legal Services			
j.	Life Skills			
k.	Mental Health Services			
l.	Outpatient Health Services			
m.	Substance Abuse Treatment Services			
n.	Transportation			
o.	Utility Deposits			

4. Will participants in this proposed project be charged rent or fees? **Yes** **No**

If yes, please explain how the rent/fees will be charged, calculated, and what percentage of the client’s income will go towards cash match, etc.

5. Describe the outreach plan to bring these homeless participants into the project.

HOUSING

1. PROPOSED HOUSING TYPE & SCALE

Select all that will apply to the proposed program.

Single Room Occupancy (SRO) units. Each individual has private sleeping/living room with private kitchen and/or bath.

Clustered apartments. Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.

Scattered-site apartments (including efficiencies). Each individual or family has a self-contained apartment that is dispersed throughout the community.

Single-family homes/townhouses/duplexes. Each individual or family has a self-contained, single-family home/townhouse/duplex that is dispersed throughout the community.

2. PROPOSED PROGRAM POPULATIONS:

Check all that apply to the proposed program.

- | | |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Single women | <input type="checkbox"/> Two-parent families |
| <input type="checkbox"/> Single men | <input type="checkbox"/> Pregnant and parenting teens |
| <input type="checkbox"/> Couples w/out children | <input type="checkbox"/> Persons with mental health & substance abuse disabilities |
| <input type="checkbox"/> GLBTQ Youth population
(gay, lesbian, bisexual, transgender, questioning) | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Unaccompanied youth | <input type="checkbox"/> Mothers with children |
| <input type="checkbox"/> Youth ages 18-24 | <input type="checkbox"/> Fathers with children |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Domestic violence survivors |
| <input type="checkbox"/> Other: <i>(Please list)</i> | |
| <input type="checkbox"/> Chronically homeless* % of total projected population | |

NOTE: HUD defines chronically homeless as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. A disabling condition is defined as: (1) a disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and of such a nature that the disability could be improved by more suitable conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agent for acquired immune deficiency syndrome; or (5) a diagnosable substance abuse disorder. The term homeless in this case means a person sleeping in a place not meant for human habitation (e.g., living on the streets), in an emergency homeless shelter, or in a Safe Haven as defined by HUD.

3. PROGRAM SUBPOPULATIONS:

Check the appropriate categories only if the program will exclusively target the subpopulation.

- | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Only domestic violence survivors | <input type="checkbox"/> Only persons with mental health and/or substance abuse |
| <input type="checkbox"/> Only persons living with HIV/AIDS | <input type="checkbox"/> Only veterans |

4. PARTICIPANT OUTREACH

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants will come from (streets, emergency shelters, transitional housing who came directly from the street, or other places).

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (90 consecutive days or less) in a jail, hospital, or other institution.

Persons who came from the street or other locations not meant for human habitation.

Persons who came from Emergency Shelters.

Persons in transitional housing (TH) who came directly from the street or Emergency Shelters.

Total of above percentage

a. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.

HMIS PARTICIPATION

1. Do you currently have a program for which your organization participates in HMIS?
 Yes No Not applicable, skip to question 6d. (for Victim Service Providers)

a. Do you run reports in HMIS to ensure your data is correct?
 Yes No If yes, please list the reports.

b. Is your data being entered into HMIS within 5 days of providing a service/referral to your clients?
 Yes No

c. Do you enter all clients (all programs) into HMIS? Yes No
 If no, please explain why and explain any variations in the percentage of those entered in HMIS to those served by the program.

d. If you are a Victim Service Provider, do you understand that you still must produce accurate data for meeting all reporting deadlines (for example: your APR)? Yes No

Note: HMIS is required by HUD for all Supportive Housing Programs and Shelter Plus Care programs. Only programs designated as Domestic Violence (DV) programs or Victim Service Providers (VSP) as defined by the Violence Against Women and Department of Justice Re-authorization Act of 2005 are exempt from participating in HMIS.

BUDGET

1. PROPOSED PROGRAM COST INFORMATION – 1 YEAR Renewals grants

Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Leased Units			
5. Leased Structures			
6. Supportive Services			
7. Operations			
8. HMIS			
9. Sub-total SHP Request			
10. Administrative Costs (Up to 10% of line 9)			
11. Total Assistance Plus Admin Requested			
12. Cash Match			
13. In-Kind Match			
14. Total Match			
15. Total Budget			

NOTE: PLEASE BE ADVISED, THIS IS AN OLD VERSION – NEW REGULATIONS HAVE COME OUT SINCE DESK GUIDE WAS CREATED. HOWEVER, THIS IS A USEFUL TOOL) All new project applications should be budgeted for one/two year grant. The total SHP request would be divided over one/two years, so plan accordingly. (i.e. \$100,000 total SHP request would equal \$50,000 per year for a two-year grant period). (Please see Section E of the HUD SHP Deskguide <http://www.hudhre.info/documents/SHPDeskguide.pdf> starting on page 55 for detailed match requirements.

***Match – WHEN CREATING YOUR BUDGET, PLEASE REQUEST 75% OF EACH LINE ITEM FROM HUD AND YOUR AGENCY WILL MATCH THE ADDITIONAL 25% IN EITHER IN-KIND OR CASH.**

2. Projected SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO				\$
0 Bedroom				\$
1 Bedroom				\$
2 Bedrooms				\$
3 Bedrooms				\$
4 Bedrooms				\$
Other: _____				\$
h. Totals:				

Please use 2013 FMRs to calculate leasing requests. FMRs for Tennessee can be found at http://www.huduser.org/portal/datasets/fmr/fmrs/FY2012_code/select_Geography.odn

3. SHP PROJECTED OPERATIONS BUDGET DETAIL

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes & Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease/buy)		
Total Annual Assistance Requested		
Grant Term		
Term Request for Grant Term		

4. SHP PROJECTED SUPPORTIVE SERVICES BUDGET DETAIL

Eligible Costs	Quantity Description (max 400 characters)	Annual 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. Live Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total Annual Assistance Requested		
Grant Term		
Term Request for Grant Term		

5. SHP PROJECTED HMIS BUDGET DETAIL

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	1 HMIS User License Fee @ 75%	\$225.00
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested		
Grant Term		
Term Request for Grant Term		

6. Project Leveraging Chart

3. EDUCATION REQUIREMENTS: (For projects with households with children)

To comply with the HUD McKinney-Vento Act for education requirements, starting with the 2010 Continuum of Care (CoC) NOFA, all applicants and project sponsors for new and renewal funds must report on the following area.

Does the applicant/sponsor have policies & practices that are consistent with, & do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, & other laws relating to the provision of educational & related services to individuals & families experiencing homelessness? Yes No N/A

Does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school & connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, & McKinney-Vento education services?

Yes No N/A

If yes, please list that person's name & contact information. (Name, phone, email address)

If no, please explain as this is an expectation from HUD.

Additional resources for Education Requirements:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

FINANCIAL INFORMATION:

Single Audit Act Amendments of 1996 and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, require an external financial audit if \$500,000 or more in federal funds are expended during a recipient's fiscal year, and must be completed within nine months following the end of the fiscal year.

Did your agency expend \$500,000 or more in federal funds during your most recently completed fiscal year?

- Yes** - If so, submit your most recent audit report with your application
 - The most recent audit report is being submitted with the application.
 - The agency audit is in process of being completed for fiscal year
 - A copy of the audit will be forwarded to TVCEH as soon as completed.
- No** – if no, please submit a copy of most recently submitted IRS 990 form.

Does your agency draw down from LOCCS

- Monthly or more
- Bi-Monthly
- Quarterly

Do you anticipate having any money left at the end of the grant term to return to HUD? Yes No

ATTACHMENTS

- a. Most recent agency audit or IRS form 990 (see above).
- b. Any feedback from any HUD or THDA monitoring visits

I understand that, if my agency expended \$500,000 or more in federal funds during our last fiscal year, **I must submit my most recent final audit report or a copy of most recently submitted IRS 990 form** with my application to Tennessee Valley Coalition to End Homelessness.

I certify that all of the information provided in this application and any relevant attachments is true and accurate to the best of my knowledge.

Signature of Authorized Agency Representative

Date