



*Working together
to end homelessness*

Tri-County Continuum of Care for Hunterdon, Sussex, & Warren Counties

Request for Letters of Intent FY 2020 HUD Continuum of Care (CoC) Homeless Assistance Funding

Board Committee:

Chair: Meagan O'Reilly
Joan Bruseo
Lauren Burd
Shawn Buskirk
Nick Kapetanakis
Tina Magarino
Dianna Morrison
Susan Nekola
Carol Novrit
Laura Richter
Roni Todd-Marino

Veterans Committee:

Chair: Jenn Stivers

The United States Department of Housing and Urban Development (HUD) issues an annual Notice of Funding Availability (NOFA) to launch a nationwide competitive process to provide communities with funds to assist those experiencing homelessness with services and housing. The HUD Continuum of Care (CoC) FY2020 NOFA is anticipated to be released in May 2020. Family Promise of Sussex County serves as the collaborative applicant for the Tri County CoC of Warren, Sussex, and Hunterdon Counties and will be responsible for completing and submitting the application on behalf of the CoC.

The CoC will accept Letters of Intent for renewal and new projects, with the understanding that new projects may be funded if current renewal project funds are reallocated by the Executive Committee and/or through additional funds made available by HUD for bonus projects. HUD has indicated that the *FY2020 CoC NOFA* will continue HUD's Tier 1 and Tier 2 funding strategy in the FY2020 competition. HUD will also allow CoCs the opportunity to apply for specific new projects through available reallocated funds, new bonus funding, and new Domestic Violence bonus funding. All projects will be scored by a standardized Ranking & Review process; the tool for this process will be published with this RLI on the websites of Family Promise of Sussex County, and Warren, Sussex, and Hunterdon Counties.

Eligible applicants include non-profit organizations and units of local government. Eligible agencies who have not previously received HUD CoC funding are encouraged to apply. **Applicants must be able to provide services in, or accept referrals from, all three counties, in accordance with the Tri-County CoC Coordinated Assessment process.** Applicants are responsible for reading the FY 2020 HUD Notice of Funding Availability when it is released.

HUD requires an electronic submission of all applications in E-snaps; applicants will be required to finish the draft application, with all required attachments, approximately three weeks prior to the HUD deadline. The CoC will review the draft prior to submission.

<https://esnaps.hud.gov/grantium/frontOffice.jsf>.

A mandatory technical assistance session for interested applicants was provided on Monday, March 23rd, 2020. Attendance was mandatory for all agencies submitting both new and renewal proposals. If you did not attend, please reach out to Nadine Azari at nazari@monarchhousing.org to view the recorded webinar.

Providers must submit Letters of Intent to the CoC no later than Friday, May 15, 2020 at 5:00 p.m. Electronic submissions are acceptable and may be emailed to Nadine Azari at nazari@monarchhousing.org, Meagan O'Reilly at moreilly@co.hunterdon.nj.us and Nick Kapetanakis at nkapetanakis@sussex.nj.us.

If you have any questions regarding this proposal or require technical assistance, please contact Nadine Azari at nazari@monarchhousing.org or (908)337-0237, 9:00 a.m. – 5:00 p.m., Monday to Friday.

Scope of Services

Purpose

To provide funding to quickly re-house homeless individuals and families, promote access to and effective use of mainstream programs and optimize self-sufficiency by those experiencing homelessness (the HUD homeless definition can be found at: <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>).

Eligible Components

Permanent Supportive Housing
Rapid Re-Housing
Supportive Services only (Coordinated Entry only)
Joint Transitional Housing and Rapid Re-Housing
Homeless Management Information Systems

New Projects

The Continuum of Care is prioritizing funding for a Coordinated Entry project that is easy for consumers in Hunterdon, Sussex, and Warren counties to access, that identifies and assesses consumer needs, and makes prioritization decisions based upon those needs. The Coordinated Entry Policy Brief from HUD, which can be found at: <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>, highlights other qualities of effective Coordinated Entry programs that the CoC is expecting from this new project.

Applicants are expected to align projects with the goals of HUD's Strategic Plan to Prevent and End Homelessness and *Home, Together*, which can be found at <http://usich.gov/>

HUD's priorities, as stated in the FY2020 CoC Notice are as follows:

- Creating a Systemic Response to Homelessness
- Strategic Resource Allocation
- Using a Housing First Approach

Match & Leverage

All applicants should start to plan for and secure commitments of match and leveraging sources.

Match - a 25% cash or in-kind match is required for all program components except leasing. Match is required for both new and renewal projects.

Leverage - an effort to leverage local resources is required by HUD for all projects.

Letters and/or MOUs documentation match & leveraging are due with the draft application prior to submission in E-snaps. Further guidance is available from HUD at:

<https://www.hudexchange.info/resource/3113/importance-of-documenting-match-under-the-coc-program/>

Project Rating Process for Renewal Projects

Upon submission of applications, the Tri-County Selection Committee will evaluate programs using the approved scoring criteria (attached) and data generated from HMIS based on the CoC System Performance Measures:

<https://www.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

Projects are required to participate in:

- Coordinated Assessment, Housing First Philosophy, Prioritization of the Chronically Homeless, New Chronically Homeless Definition

Special consideration will be given to project proposals that provide safety, housing assistance, and services to serve vulnerable survivors of domestic violence and victims of other forms of violence as defined by HUD in Category 4 of the homeless definition.

Continuum of Care Membership

The Tri-County Continuum of Care annually welcomes new members and member agencies who seek to join in the mission of ending homelessness for persons in Warren, Hunterdon, and Sussex Counties. The CoC considers opinions pertaining to planning and strategic resource allocation from any individuals and organizations with knowledge of homelessness in the geographic area or an interest in preventing or ending homelessness in the Tri-County region.

Definitions

Chronically Homeless – the new definition for Chronically Homeless went into effect on January 4, 2017 and is as follows: An unaccompanied homeless individual with a disabling condition, or an adult member of a homeless family who has a disabling condition, who has either been continuously homeless for a year or more, OR has had at least four (4) occasions of homelessness in the past 3 years, where all combined occasions has to total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation in an emergency shelter, or in a safe haven. 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.

Disabling Condition - 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. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

Housing First - a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive intervention than other approaches. PSH projects should use a Housing First approach in the design of the program.

Tri County Continuum of Care
FY 2020 Renewal Project Application

| Project Information | |
|--|------------------|
| Project Name | |
| Current Grant #: | Expiration date: |
| Total 1 Year HUD Request: \$ | |
| Project Type: <input type="checkbox"/> Support Services Only <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Joint Transitional/Rapid Re-Housing <input type="checkbox"/> Homeless Management Information Systems | |

| Recipient Organization Information | |
|--|--------------|
| Organization Name: | |
| Address: | |
| City: | Zip Code: |
| Telephone: | Fax Number: |
| If NJ Medicaid provider, indicate ID#: | Federal ID#: |

| Application Contact Person Information | |
|--|---------|
| Name: | |
| Telephone: | E-Mail: |

| PROJECT OVERVIEW | | | | | |
|---|--|------------------|-----------|-----------------|-----------|
| Total # of units: | | Total # of beds: | | | |
| Priority Populations | | Number of Beds | | Number of Units | |
| | | Prioritized | Dedicated | Prioritized | Dedicated |
| Chronically Homeless | | | | | |
| Veterans | | | | | |
| Youth aged 18-24 | | | | | |
| Families | | | | | |
| Survivors of Domestic Violence | | | | | |
| Total Number Available to Any Subpopulation or Client | | | | | |

Desk Monitoring Questionnaire/Document Request for Renewal Projects

In order to assist the CoC Board, in addition to maintaining compliance with Continuum of Care Regulations, the CoC Board will be requesting the following information to complete a Monitoring of the following Continuum of Care Project:

Agency Name: _____

Project Name: _____

The monitoring being completed will assist the Continuum as well as the agencies to ensure all projects are in compliance with HUD regulations and will provide the Board with additional information to base funding decisions on. After the monitoring has been completed, all agencies will receive a formal monitoring report identifying any issues that may need to be addressed.

In addition to completing the questionnaire below, please provide the Board with the following documents by May 15th, 2020 by sending them to Nadine Azari at nazari@monarchhousing.org, Meagan O'Reilly at moreilly@co.hunterdon.nj.us and Nick Kapetanakis at nkapetanakis@sussex.nj.us:

Documents to be submitted:

- Blank copy of your agency's client satisfaction survey if used for this project
- Copies of any MOUs currently in place with other agencies that provide services of any kind to this project (especially those whose services are used as match or leveraging for the project)
- Copies of eligibility criteria, intake process and termination process from program policies and procedures manual.
- A copy of the LOCCS request or a LOCCS print out showing the last 4 drawdowns that were completed for this project
- Any back up documentation required by HUD to justify the services, operating or administrative funds requested in the last 4 drawdowns (this includes timesheets, service logs, etc.)
- Copy of the most recent grant agreement with HUD
- A copy of the most recently completed audit for your agency

Please answer the following questions:

1. Have you requested an extension for your most recent contract year? Yes No
2. Start and end date of your most recent HUD award (current contract year):
(If extension has been granted, make sure current contract year reflects the extension granted)
_____ to _____
3. Total amount of award: \$ _____
4. Do you anticipate that you will have unexpended funds at the expiration date of your current contract?
 Yes No If yes, how much? \$ _____
5. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?
Yes No If yes, how much?
2019 \$ _____
2018 \$ _____
2017 \$ _____

Client Feedback:

1. Does your agency administer a client satisfaction survey to the participants in this project? If so, how often is the survey conducted? If no, does the agency have other means for collecting consumer feedback?

2. Does this project provide clients with the rules and regulations of the project? If yes, how and when do they receive this information?

3. Does the agency provide clients with a means of expressing and resolving a complaint or appeal? If yes, what is the process?

4. Is there a grievance procedure document for this project?

Program Coordination:

1. Describe your internal process for filling vacancies.

2. How many referrals from the Tri-County Continuum of Care Coordinated Assessment Process has your project received since July 1, 2017? How many of these referrals were accepted and rejected? Please explain the reason for any rejected referral.

3. If someone is not eligible for this project, how does your agency connect them to other services in the community?

Agency Staff:

1. What type of training do the staff that work with this project receive to ensure they have the information needed to work on this grant?

Project Administration:

1. Has this project been audited by HUD? If yes, were there any findings, what were they and have those findings been since cleared by HUD?

2. Please describe any changes that have occurred to your original program and/or significant accomplishments not reflected in your APR.

Housing First:

1. Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

Admission Criteria:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exception for state-mandated restrictions
- History of domestic violence

Termination Criteria:

- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a standard lease agreement

ASSURANCES for NEW and RENEWAL PROJECTS

Tri County CoC

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 submission of this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application.
- Applicant agrees to participate fully in the NJ Homeless Management Information System (HMIS). Domestic Violence providers agree to provide non-identifying data from a HMIS-comparable tracking system.
- Applicants agree to complete a HUD Annual Progress Report (APR).
- Project agrees to participate in the Coordinated Entry system, which includes the use of a Common Assessment tool, when fully implemented in the CoC.
- Applicant understands that HUD CoC-funded homeless projects are monitored by the Tri County CoC. This can include an annual site visit, annual submission of the applicant's most recent APR submitted to HUD and participation in the Tri County Continuum of Care.

| | |
|---|---|
| Name: (please type) | |
| Title: | |
| Phone: | |
| Email: | |
| Signature: (if application is scanned) | |
| Electronic signature authorization: | <input type="checkbox"/> I agree that checking this box is the legal equivalent of my manual signature on this agreement. You confirm that you have reviewed and agree with the conditions above. |
| Date: | |

Tri County Continuum of Care
FY 2020 New Project Application

| Project Information | |
|---|--|
| Project Name: | |
| Total HUD Request: \$ Proposed start date: | |
| Project Type: | <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Joint Transitional Housing and Rapid Re-Housing <input type="checkbox"/> Homeless Management Information Systems |

| Recipient Organization Information | |
|--|--------------|
| Organization Name: | |
| Director: | |
| Address: | |
| City: | Zip Code: |
| Telephone: | Fax Number: |
| If NJ Medicaid Provider, ID#: | Federal ID#: |
| Are there Sub-Recipient Organizations for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which organization(s)? | |

| Application Contact Person Information | |
|--|---------|
| Name: | |
| Telephone: | E-Mail: |

| PROJECT OVERVIEW | | | | |
|---|----------------|------------------|-----------------|-----------|
| Total # of units: | | Total # of beds: | | |
| Priority Populations | Number of Beds | | Number of Units | |
| | Prioritized | Dedicated | Prioritized | Dedicated |
| Chronically Homeless | | | | |
| Veterans | | | | |
| Youth aged 18-24 | | | | |
| Families | | | | |
| Survivors of Domestic Violence | | | | |
| Total Number Available to Any Subpopulation or Client | | | | |

Tri County CoC FY 2020 NEW PROJECT NARRATIVE

Provide a description that addresses the entire scope of the proposed project, including but not limited to target population, proposed services, length of assistance, etc. Explain how your project will be in line with HUD strategic goals and enable households to achieve housing and greater self-sufficiency.

https://www.hudexchange.info/resources/documents/FederalStrategicPlan_Presentation.pdf

Please also describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

Admission Criteria:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exception for state-mandated restrictions
- History of domestic violence

Termination Criteria:

- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a standard lease agreement

Please include a budget summary to include:

| Expense | Year 1 | Total Request |
|---|--------|---------------|
| 1. Leased Units | \$ | \$ |
| 2. New construction, acquisition, rehab | \$ | \$ |
| 3. Rental Assistance | \$ | \$ |
| 4. Supportive Services | \$ | \$ |
| 5. Operating | \$ | \$ |
| 6. Sub-total Expenses | \$ | \$ |
| 7. Administration (7% max.) | \$ | \$ |
| 8. Total HUD Request | \$ | \$ |
| Total Match | \$ | |
| Total Leveraging | \$ | |

New project leasing and rental assistance budgets must be based on FY 2019 HUD FMRs which can be found at the following link:

<https://www.huduser.gov/portal/datasets/fmr.html>