

CONTINUUM OF CARE PROGRAM NEW PROJECTS 2024 REQUEST FOR INFORMATION

Please submit this form and attachments to rward@co.humboldt.ca.us. When submitting this form via email, please attach this completed form **both in Microsoft Word format and in PDF format** (Note: PDF version must include Executive Director Signature).

AGENCY NAME:
PROJECT NAME:
CONTACT PERSON NAME:
TELEPHONE:
EMAIL:
TOTAL GRANT AMOUNT REQUESTED:

Please indicate the desired funding source and whether the project will be a new expansion project below:

- Reallocated and/or Bonus funding - **YES/NO?**
- DV Bonus funding - **YES/NO?**
- Expansion project - **YES/NO?**

THRESHOLD REQUIREMENTS

In addition to the scoring criteria, all Permanent Housing Bonus projects and DV Bonus projects must meet a number of threshold criteria. A threshold review will take place prior to the review and rank process to clarify baseline requirements. **Please highlight the project component type, and indicate either YES or NO to confirm each of the following threshold criteria will apply to this project:**

- The application proposes:
 - **Permanent Supportive Housing** (serving only chronically homeless individuals and families);
 - **DedicatedPLUS Permanent Supportive Housing** (serving chronically homeless participants that 1) had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; 2) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions, or; 3) receiving assistance through the Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system);

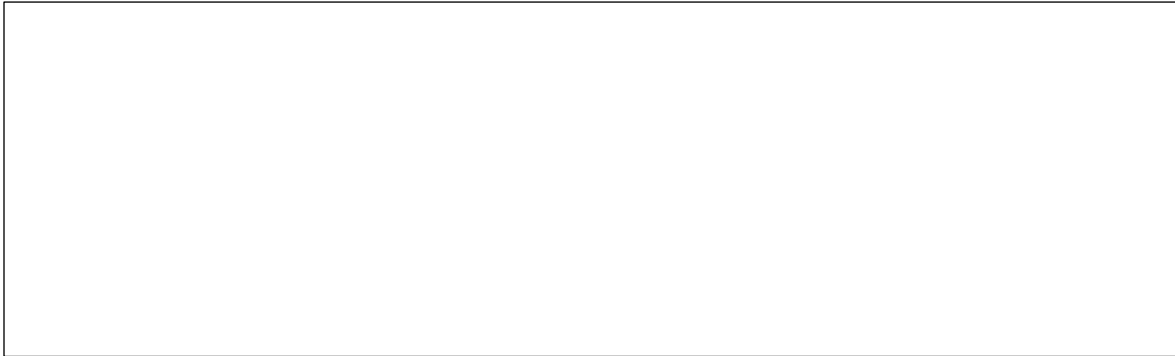
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- **Rapid Rehousing** (serving individuals, families, or unaccompanied youth who come directly from the streets or shelters, those who will imminently lose their primary nighttime residence, or those who are fleeing domestic violence or otherwise meet the criteria of paragraph (4) of the definition of homelessness);
- **Joint Transitional Housing – Rapid Rehousing** (combining both program components in a single project to serve serving individuals, families, or unaccompanied youth who come directly from the streets or shelters, those who will imminently lose their primary nighttime residence, or those who are fleeing domestic violence or otherwise meet the criteria of paragraph (4) of the definition of homelessness);
- **Homeless Management Information System (HMIS);**
- **Supportive Services Only (SSO) for Coordinated Entry, or;**
- **Permanent Housing Expansion Project**
- This application is submitted by a project applicant that is eligible and in good standing with HUD, which means that the project applicant does not have any open monitoring Findings, or history of slow expenditure of grant funds - **YES/NO?**
- This application demonstrates a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant within one year of the award - **YES/NO?**
- This application demonstrates a connection to mainstream service system - **YES/NO?**
- The project agrees to participate in the CoC's coordinated entry system - **YES/NO?**
- The project agrees to participate in the CoC's HMIS - **YES/NO?**
- The project agrees to provide equal access and fair housing without regard to sexual orientation, gender identity, or local residency status - **YES/NO?**

SCORING CRITERIA: PROGRAM DESCRIPTION

Factor 1A Describe your plan to link clientele with appropriate services to support housing retention. The plan should detail what services will be provided in-house versus those provided via referral to partners with consideration for transportation logistics. Services described should be of suitable type and scale, and locations should be physically accessible. The plan should include the ordered process by which clients are matched with services. The program description should include whether the project will be leveraging health care resources (proven by attaching written commitment from a health care organization who will provide substance use treatment or recovery services to all interested program participants who qualify OR provide services equal in value to at least 25% of funds being requested).

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Factor 1B For full points, housing where participants will reside should be identified, accessible and appropriate to the program design proposed. The type, scale, and location should fit the needs of the proposed client population. Neighborhood amenities (e.g. grocery store, pharmacy) should be within reach, especially with consideration for clientele’s particular needs. PSH projects who do not yet have a site identified, and Scattered Sites PSH and Rapid Rehousing Projects, must provide a plan to procure housing units.



Factor 1C For full points, program will use a “Housing First” approach, offering assistance without preconditions (such as sobriety) and rapid placement/stabilization in permanent housing. For more information on Housing First, please visit the HUD Exchange at <https://www.hudexchange.info/news/coc-competition-focus-housing-first/>. Projects are expected to provide narrative that addresses how the project considers the severity of barriers experienced by program participants, including those barriers to participation faced by persons of

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different races and ethnicities who are overrepresented in the homeless response system.

SCORING CRITERIA: MAINSTREAM RESOURCES

Factor 2A Client Connection/Access

How do your program’s policies and procedures ensure income clients are screened for mainstream resource eligibility and assisted with obtaining benefits, increase their incomes and foster their independence in a manner that accounts for their unique needs and capabilities? If you have operated other similar projects, provide outcome data related to increasing participant income.

Factor 2B Mainstream Resource Staff Training

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Describe how the program conducts or provides access to training for staff on available mainstream resources for which clients may qualify. Provide outcome data related to successfully connecting participants with mainstream benefits in other projects you have run, if applicable.

SCORING CRITERIA: BUDGET AND COST-EFFECTIVENESS

Factor 3A Budget Efficiency

Describe the staffing dedicated to the project, with consideration for the clientele’s unique needs.

Factor 3B Housing Budget Priority

If the program has any non-CoC or-ESG funds committed to housing, describe the amount and source with a letter of commitment or other appropriate documentation.

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SCORING CRITERIA: CULTURAL COMPETENCY

Factor 4A Does your program include the clientele in design and operation of the program? If so, how? Do you have policies and procedures that ensure client participation in compliance with the HEARTH Act? Describe your program’s strategies for incorporating client feedback in program design and operation.

Factor 4B Programmatic Cultural Competency
Describe how your program’s policies and procedures and supplemental materials prioritize cultural competency, especially with regard to service delivery. Provide relevant policies, procedures and supplemental materials that substantiate your description.

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Factor 4C Client Confidentiality

List and attach copies of your written policies regarding client confidentiality, including any confidentiality policies pertaining to the needs of special populations such as survivors of domestic violence.

SCORING CRITERIA: DISABILITY ACCESS

Factor 5A Physical Accessibility

Describe how your program is physically accessible to persons with disabilities, including activities that may occur offsite.

Factor 5B Communications Accessibility

How do you provide accessible written and verbal communications to persons with disabilities?

Factor 5C ADA Disclosures

How will your program inform participants of their rights under the Americans with Disabilities Act?

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I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signed by: _____
Executive Director

Date: _____