

OUT-WAYNE COUNTY CONTINUUM OF CARE

RENEWAL PROJECT APPLICATION

**FY 2022 HUD COC PROGRAM NOFO LOCAL FUNDING
COMPETITION**

DEADLINE FOR SUBMISSION: FRIDAY 3 P.M, AUGUST 26, 2022

**FY 2022 Renewal Project Submission Instructions
Out-Wayne County Continuum of Care**

GUIDE TO WHAT IS CONTAINED IN THE FY 2022 RENEWAL APPLICATION:

- 1) General Instructions and Information - Page 1
- 2) Submission Checklist - Page 3
- 3) Application Forms - Page 4
- 4) Budget Pages - Page 11
- 5) Scoring Sheet & Criteria - Page 15
- 6) Additional Information for Evaluation - Page 17
- 7) Signature Page - Page 22

GENERAL INSTRUCTIONS AND INFORMATION

Applications must be submitted via email to Mitchel Blum-Alexander (mitch@red-maple-resources.com) **AND** Daija Butler (dbutler@waynemetrol.org) by 3 pm on Friday, August 26, 2022.
Mailed or faxed application packets will not be accepted.

All parts of the application should be submitted in the order presented in the Submission Checklist. Each attachment should have a cover page with the attachment number and name of the attachment. If an attachment does not apply, place a (✓) in the “Not Applicable” column of the Submission Checklist.

Applicants should review the Out-Wayne County Continuum of Care (“CoC”) RFP for the FY 2022 HUD CoC NOFO Local Program Completion to insure that they submit a renewal application that is complete, accurate and meets all requirements listed in the RFP.

Red Maple Resources and Wayne Metropolitan Community Action Agency, as the agencies designated by the Out-Wayne County CoC to lead the local funding competition process, reserve the right to request additional project or organizational information at a later date if needed.

CONSOLIDATIONS, TRANSITION GRANTS AND EXPANSION GRANTS

If an agency is consolidating grants, a separate application must be submitted for each renewal grant.

If an agency is transitioning an existing grant to another component, the applicant must submit a renewal application for the existing grant and a new application for the new transition grant.

If an agency is expanding a renewal, the applicant must submit a renewal application for the existing grant and a new application for the expanded portion of the proposal.

For Projects Serving Domestic Violence Populations

If an applicant for a renewal or new project is a victim service provider, the agency is not required to participate in the HMIS System but must use a comparable database and provide de-identified information to the Out-Wayne CoC. The applicant should complete as much of the application as possible in the following manner:

- Provide as much comparable information to what is requested in the application as possible for the period of January 1 through December 31, 2021
- Provide a description of the comparable database (See Section A, Page 7)

Scoring for a renewal or new project application will be based on the data generated from the comparable database for the applicable metrics and evaluation criteria.

QUESTIONS

Questions should be addressed to Mitchel Blum-Alexander at mitch@red-maple-resources.com and Daija Butler at dbutler@waynemetrol.org. Questions on how to access information in HMIS should be addressed to both Julie Ratekin at julieratekin@waynemetrol.org and Mitchel Blum-Alexander.

**FY 2022 Renewal Project Submission Checklist
Out-Wayne County Continuum of Care**

Agency Name:		Included (✓)	Not Applicable (✓)
Project Name:			
Attachment Number	Attachment Description <i>Each individual project application must have the following attachments, as they apply to that project:</i>		
#1	Submission Checklist		
#2	Application <ul style="list-style-type: none"> • Part A – General Project Information • Part B – Significant Project Changes Requested from HUD • Part C – HUD Monitoring Findings • Part D – APR Information • Part E – Financial Performance • Part F – Budget Pages 		
#3	Scoring <ul style="list-style-type: none"> • Part G – Scoring • Part H – Additional Information for Evaluation 		
#4	Signature Page – must be signed by applicant		
#5	APR generated from HMIS for the project for the period January 1 through December 31, 2021		
#6	Most recently completed APR for the project submitted to HUD via Sage		
#7	Data Completeness Report Cards and Discharge Destination Report (see Component #4a and 4b of Scoring Criteria on page 17)		

FY2022 Renewal Project Application - Out-Wayne County Continuum of Care

PART A: General Project Information

If the information on this page has no changes from last year's application, check here ___ and complete only highlighted areas (organization name, project name, grant number). Otherwise, please fill out the information in its entirety if any changes have occurred.

Applicant Organization's Name:	
Project Applicant Address:	
Street:	
City:	State: ZIP:
Contact Person of Project Applicant	
Name:	Phone Number:
Title:	Email:
Contact information for Project Applicant Executive Director (if different from above)	
_____ Information same as above	
Name:	Phone Number:
	Email:
Project Name:	Grant Number:
Project Address:	
Street:	
City:	State: ZIP:
<input type="checkbox"/> Check if project provides scattered-site leasing or rental assistance	
Project Sub-recipient Organization Name:	
If there are additional Sub-recipients, please list with address and contact information on separate sheet	
Project Sub-recipient's Address (if applicable)	
Street:	
City:	State: Zip:
Contact Person of Project Sub-recipient	
Name:	Phone Number:
Title:	Email:
Project Component Type - check off the appropriate project type:	
<input type="checkbox"/> Permanent Supportive Housing (PSH), Check If: _____ Dedicated Plus _____ 100% dedicated to Chronic Homelessness	<input type="checkbox"/> Safe Haven (SH)
<input type="checkbox"/> Rapid Rehousing (RRH)	<input type="checkbox"/> Supportive Services Only (SSO)
<input type="checkbox"/> Transitional Housing (TH)	<input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO-CE)
<input type="checkbox"/> Joint TH-RRH Component	<input type="checkbox"/> HMIS

PART A: General Project Information (continued)

Proposed Changes to Project for FY 2022 Renewal

Provide an explanation if you intend to:

- Elect to incorporate changes to populations
- Reduce the amount of the grant, resulting in funding available for reallocation
- Propose to consolidate projects of the same component into one grant
- Propose to transition an existing grant(s) to a new project component
- Exercise the expansion option

Brief Description of Project

Include information in one or two paragraphs to address the following issues:

- Populations served
- Design of housing and services
- Implementation using Housing First principles

If there are no changes to this information from last year's application, check here ___ and this section does not need to be filled out. Otherwise, please fill out the information in its entirety if any changes have occurred.

PART A: General Project Information (continued)

Projects Serving DV Populations

Provide the following information for projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and who meet the definition of homeless in paragraph (4) of 24 CFR 578.3:

1. How the project improved safety for participants
2. A description of the comparable database for client information (Victim Service providers are not required to participate in the HMIS System but must use a comparable database and provide de-identified information to the Out-Wayne CoC)

If there are no changes to this information from last year's application, check here ___ and this section does not need to be filled out. Otherwise, please fill out the information in its entirety if any changes have occurred.

PART B: Significant Project Changes Requested from HUD

Any changes noted may require additional review

Question #1

Are there any significant changes in the project since the last funding approval?

Yes No

If “Yes” is checked off, complete the chart below to describe the change:

	Previous	New
Indicate change in the number of persons served		
Indicate change in the number of units		
Indicate change in project site location		
Indicate change in target population		
Indicate change in the project sponsor		
Indicate change in the component type		
Indicate change in the grantee/applicant		
Indicate change in the number of beds		
Line item or cost category budget changes more than 10%		
Other (explain)_____		

Question #2

Has HUD provided written approval of the change requested?

Yes No

PART C: HUD Monitoring Findings

Any findings may require further review

If there are no changes to this information from last year's application, check here ___ and this section does not need to be filled out. Otherwise, please fill out the information in its entirety if any changes have occurred.

Question #1

Has this project been monitored by HUD within the last three years? (Since January 2019)

Yes No

If "Yes" is checked off, complete the chart below to describe status of the project monitoring:

Yes/No	
	Agency has received Notification letter or email from HUD that your project will be monitored
	Agency has received monitoring report from HUD (the report that identifies any concerns or findings)
	If monitoring report identified concerns, findings, or other items requiring a response
	Organization has submitted a written response to the concerns and findings in HUD's monitoring report
	HUD has provided documentation that all monitoring concern or finding has been satisfied;

Additional information to explain the status of HUD's monitoring can be provided here:

PART D: APR Information

Rationale given for late APR submissions to HUD will be reviewed

Question #1:

Provide the information requested for the most recent APR submitted to HUD:

Term of most recent APR submitted to HUD: _____
Operating Year Start Date (DD/MM/YY) To Operating Year End Date (DD/MM/YY)

Date APR submitted to HUD via Sage: _____
Date (DD/MM/YY)

Question #2:

Was your APR submitted via Sage to HUD within 90 days after the end of the project term?

- Yes No Unsure

If “no”, please explain why the APR was not submitted to HUD in a timely fashion, and steps the grantee is taking to ensure timely submission in the future:

PART E: Financial Performance

Question #1

Complete the chart for the three most recent years of a fully completed grant term and answer the questions below.

The information provided here may be verified with the local HUD Field Office and/or via a review of the project's APR.

			A	B	C
Grant Term	Project Name	Project Grant Number	Total grant amount	Total amount drawn down from LOCCS as of 90 days after the end of the most recently completed project term	Percentage of funds expended: [(B/A) x 100]

Question #2

If the percentage of funds expended (column C) for the most recently completed grant term is less than 95% (if a non-rental assistance project) or less than 90% (if a rental assistance project), provide an explanation why not all funds were expended: *(1/2 page or less)*:

PART F: Budget Pages

If the information on this page has no changes from last year's application, check here ___ and budget pages do need to be filled out. Otherwise, please fill out the information in its entirety if any changes have occurred.

Note that the following budget line items may not be combined in a single project:

- Rental Assistance + Leasing = Not Allowed
- Rental Assistance + Operating = Not Allowed

Based on the budget option being requested, complete the following budget line item charts below.

SUMMARY BUDGET

The following information summarizes the CoC funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.

CoC Activities	CoC Dollars Request	Comments
Acquisition		
Rehabilitation		
New Construction		
Subtotal (Lines 1 through 3)		
Real Property Leasing (from Leasing Budget Chart)		
Leased Structures (from Leased Structures Budget Chart)		
Rental Assistance (from Rental Assistance Budget Chart)		
Supportive Services (From Supportive Services Budget Chart)		
Operations (From Operating Budget Chart)		
HMIS (From HMIS Budget Chart)		
Subtotal CoC Request		
Administrative Costs		
Total CoC Request		
Cash Match		
In-Kind Match		
Total Project Cost		

GRANT TERM

Please note the requested grant term: _____

**LEASING/RENTAL ASSISTANCE BUDGET
(monthly amount cannot exceed FMR)**

Unit Size	# of units	Amount/month	12 months	Total
SRO				
0 bedroom				
1 bedroom				
2 bedrooms				
3 bedrooms				
4 bedrooms				
5 bedrooms				
Total Units				
Total Request				

LEASED STRUCTURES BUDGET

Leased Structures Costs	CoC Dollars Requested
HUD Paid Rent Per Month	
TOTAL ANNUAL ASSISTANCE REQUESTED	
Total Structures	

SUPPORTIVE SERVICES BUDGET

Supportive Services Costs	CoC Dollars 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 Abuse Treatment	
Transportation	
Utility Deposits	
Operating Costs	
TOTAL ANNUAL ASSISTANCE REQUESTED	

OPERATING BUDGET

Operating Costs	CoC Dollars Requested
Maintenance/Repair	
Property Taxes and Insurance	
Replacement Reserves	
Building Security	
Electric, Gas and Water	
Furniture	
Equipment (lease, buy)	
TOTAL ANNUAL ASSISTANCE REQUESTED	

HMIS BUDGET

HMIS Costs	CoC Dollars Requested
Equipment	
Software	
Services	
Personnel	
Space and Operations	
TOTAL ANNUAL ASSISTANCE REQUESTED	

MATCH

The following details for the proposed match should be listed below. It is not necessary to provide documentation or have a commitment at the time the application is submitted.

Type	Source	Contributor	Value	Comments
TOTAL VALUE OF ALL MATCH COMMITMENTS:				

PART G: SCORING

**FY 2022 SCORING SHEET – RENEWAL PROJECT APPLICATIONS
OUT-WAYNE COUNTY CONTINUUM OF CARE**

Each applicant should complete the “Agency Self-Score” column in the Scoring Sheet. Renewal projects will be scored based upon the following components, for a total of 105 possible points. Refer to the detailed description of the Threshold and Scoring Criteria documented in Exhibits A and B of the Out-Wayne County Continuum of Care (“CoC”) RFP for the FY 2022 HUD CoC NOFO Local Program Completion for a full description of the scoring metrics, the scoring range for each element, the reporting period, the data source, and for which project type each metric applies.

Project Name:	Agency:
Project Component Type:	
<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Safe Haven (SH)
<input type="checkbox"/> Rapid Rehousing (RRH)	<input type="checkbox"/> Supportive Services Only (SSO)
<input type="checkbox"/> Transitional Housing (TH)	<input type="checkbox"/> Supportive Services Only for Coordinated Entry (SSO-CE)
<input type="checkbox"/> Joint TH-RRH Component	<input type="checkbox"/> HMIS

THRESHOLD COMPONENTS

THRESHOLD COMPONENT #1: CONTINUUM OF CARE PARTICIPATION		
		Met Yes/No - For Evaluation by Lead Agency
A	Attendance at Continuum of Care meetings	
B	Participation in Point in Time Count	N/A
THRESHOLD COMPONENT #2: COORDINATED ENTRY PARTICIPATION		
		Met Yes/No - For Evaluation by Lead Agency
	Agency participation in Coordinated Entry System	

SCORING COMPONENTS ARE LISTED BEGINNING ON THE FOLLOWING PAGE

**FY 2022 SCORING SHEET – RENEWAL PROJECT APPLICATIONS
OUT-WAYNE COUNTY CONTINUUM OF CARE**

SCORING COMPONENT #1: INCOME & EMPLOYMENT		Total Possible Points: 20 – For PSH, RRH, TH, TH-RRH, SSO, SH NOT SSO-CE or HMIS	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Leavers with Any Cash Income		
B	Leavers with Any Non-Cash Benefits		
C	Leavers with Earned Income (Employment)		
D	Increases in Total Cash Income		
	Subtotal Points for Income & Employment		
SCORING COMPONENT #2: HOUSING PERFORMANCE		Total Possible Points: 45 – For PSH	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Retention/Exit to Permanent Housing		
B	Utilization		
	Subtotal Points for Housing Performance		
SCORING COMPONENT #2: HOUSING PERFORMANCE		Total Possible Points: 45 – For TH, RRH and TH-RRH	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to Permanent Housing		
B	Utilization		
C *NEW*	Returns to Homelessness		
	Subtotal Points for Housing Performance		
SCORING COMPONENT #2: HOUSING PERFORMANCE		Total Possible Points: 45 – For SSO	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to Positive Housing Destination		
B	Exits to PH		
C *NEW*	Returns to Homelessness		
	Subtotal Points for Housing Performance		
SCORING COMPONENT #2: HOUSING PERFORMANCE		Total Possible Points: 45 – For SH	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	Exits to Permanent Housing or Care Setting		
B	Utilization		
C *NEW*	Returns to Homelessness		
	Subtotal Points for Housing Performance		

**FY 2022 SCORING SHEET – RENEWAL PROJECT APPLICATIONS
OUT-WAYNE COUNTY CONTINUUM OF CARE**

SCORING			
COMPONENT #3: FINANCIAL PERFORMANCE		Total Possible Points: 10 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
	Projects that do not have a rental assistance line		
	Projects that include a rental assistance line		
	Subtotal Points for Financial Performance		
SCORING			
COMPONENT #4: HMIS PARTICIPATION		Total Possible Points: 20 – For All Projects	
	Scoring Metric	Agency Self-Score	Reviewer Score
A	90% UDE Completion		
B	At least 75% of clients exited to known destinations		
C * NEW *	At least 90% complete and accurate Personally Identifiable Information		
	Subtotal Points for HMIS Participation		
***NEW *** SCORING			
COMPONENT #5: PERSONS WITH LIVED EXPERIENCE		Total Possible Points: 5 – For All Projects	
	PWLE provide feedback and input into programs		
	Change to policies or process based on input from PWLE		
	Policies and process to encourage hiring PWLE		
	Applicant hired PWLE		
	PWLE serve on board or committees		
	Subtotal Points for Participation by PWLE		
*** NEW *** SCORING			
COMPONENT #6: RACIAL EQUITY		Total Possible Points: 5 – For All Projects	
	Applicant collects data to understand program use by people of different races/ethnicities and assesses disparities in provision/outcome of assistance		
	Decision making bodies are representative of the population being served		
	Training staff to better understand racism		
	Changes to policies and process to increase equitable outcomes		
	Project has identified barriers to participation and steps to eliminate		
	Subtotal Points for Racial Equity		
TOTAL MAXIMUM POINTS ACHIEVED		Total Possible Points: 105	
		Agency Self-Score	Reviewer Score
	Total Points		

Ranking Committee Reviewer Name: _____

PART H: Additional Information for Evaluation

Scoring Element #5: Persons with Lived Experience

Provide a brief description of the activities, policies or processes that occurred during the reporting period of January 1 through December 31, 2021 that are the basis for the points selected in the Scoring Sheet:

Scoring Element #6: Racial Equity

Provide a brief description of the activities, policies or processes that occurred during the reporting period of January 1 through December 31, 2021 that are the basis for the points selected in the Scoring Sheet:

Serving Clients with Greatest Severity of Needs (PSH, RRH, TH, TH-RRH, SH, SSO Only, SSO-CE)

Renewal projects **(PSH, RRH, TH, TH-RRH, SH, SSO Only, SSO-CE)** will be required to provide data for three factors that will not be scored but will assist the Ranking Committee with ensuring that projects ranked in Tier 1 are serving clients with the greatest severity of needs:

- Percentage of clients that entered the program with zero income
- Percentage of clients that entered the program as chronically homeless
- Percentage of persons served by the program who have harder to serve conditions at entry

The reporting period is January 1 through December 31, 2021. Data should be compiled from the APR pulled from HMIS.

1) Calculation for the number of clients that entered the program with zero income:

Number of adults entering the program with zero income: _____

Total number of adults entering program: _____

Percentage of clients that entered with zero income: _____

2) Calculation for the number of clients that entered the program as chronically homeless:

Number of client households entering the program with at least one member identifying as chronically homeless: _____

Total number of client households entering program: _____

Percentage of client households entering program as chronically homeless: _____

3) Calculation for the number of clients who met two or harder to serve conditions at entry:

Number of persons entering the program with two or more conditions: _____

- a. Mental Illness
- b. Alcohol Abuse
- c. Drug Abuse
- d. Chronic Health Conditions
- e. HIV/AIDS
- f. Developmental Disabilities
- g. Physical Disabilities

Total number of persons served: _____

Percentage of persons with two or more harder to serve conditions: _____

Projects Serving DV Populations

The following information will be used to evaluate the performance of projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking; or persons who are fleeing or attempting to flee human trafficking (including sex trafficking); and who meet the definition of homeless in paragraph (4) of 24 CFR 578.3:

1. Describe how the project improved safety for participants
2. Describe the comparable database used by the victim service provider

This information can be provided on page 6 as part of Section A, General Project Information. The reporting period is January 1 through December 31, 2021.

Performance Elements for Informational Purposes

The following elements – Health Insurance, Rapid Returns and Project Costs - are requested for informational purposes only for the FY 2022 local funding competition. The information gathered will help inform creating objective scoring criteria for future local funding competitions.

**** NEW ** Leavers and Stayers with Health Insurance (includes Medicaid and Medicare)**

Agencies will report on the percentage of clients (Stayers and Leavers) with Health Insurance for January 1 - December 31, 2021, and show the change compared to the same time period for 2020.

Percentage with Health Insurance for January 1 – December 31, 2021: _____

Percentage with Health Insurance for January 1 – December 31, 2020: _____

**** NEW ** Analysis of Rapid Return to Permanent Housing**

For PSH and RRH - Measures average length of time from approval for program to being housed for January 1 through December 31, 2021

Average length of time to housing (days): _____

Project Costs – Applicable Only to PSH and RRH Projects

To assist the Coalition with developing a better understanding of reasonable costs for Permanent Housing projects, PSH and RRH projects are asked to provide the following data:

- Total project costs divided by total units
- Total project costs divided by the sum of permanent housing exits and stayers

Please explain your calculation. The source of data is the most recently completed project APR submitted in Sage. Data may help inform objective criteria to develop for scoring in future local funding competitions.

Explanation of Performance Outcomes and Continuous Quality Improvement (Optional)

Agencies may provide an explanation or commentary on the project's performance outcomes for the items in any of the components and any steps the agency may be taking to implement a continuous quality improvement program. While this question will not be scored, an explanation may be included to help reviewers understand any special circumstances that contributed to the project's performance.

Applicants for renewal projects that encountered performance issues as a result of factors related to the COVID-19 pandemic are encouraged to provide information regarding the experience of the program during the evaluation period of January 1 to December 31, 2021. This information can include a narrative describing actions the applicant has taken or plans to take to improve program effectiveness. Comparative data from the period prior to March 2020 would assist the Ranking Committee with evaluating the impacts of the pandemic on a program and the potential for performance improvements.

Signature Page

This page is to be signed by the Executive Director of the recipient agency or their authorized representative.

My signature below affirms the following:

- 1) If awarded Continuum of Care funds by the U.S. Department of Housing and Urban Development, this project will comply with all program regulations as found in the Continuum of Care Program Interim Rule 24 CFR Part 578.
- 2) The organization will enter required project and client data into the Homeless Management Information System (HMIS) in accordance with the HMIS Data Standards and HMIS Policies & Procedures.
- 3) The funded project will participate in the Coordinated Entry Process in accordance with the Coordinated Entry Process Policies and Procedures adopted by the Out-Wayne County Continuum of Care.
- 4) Applicant, through its organizational policies, practices and operation of the proposed project will demonstrate a commitment to a racial equity analysis process through planning and evaluation.
- 5) Applicant, through its organizational policies, practices and operation of the proposed project will demonstrate a commitment to the inclusion of people with lived experience.
- 6) The data submitted with this application (in both the APR submitted to HUD via Sage and any data generated from HMIS) is complete, accurate, and correct.
- 7) It is understood that renewal and bonus projects will be submitted to HUD in accordance with the Out-Wayne County CoC ranking decisions based upon the ranking policies detailed in the RFP for the FY 2022 Renewal and Bonus Project Ranking Protocol and that such project ranking decisions are final.
- 8) It is understood that the Out-Wayne County Continuum of Care is responsible for making decisions on which new and renewal projects are submitted to HUD each year as part of the annual CoC competition, and that the ultimate decision in whether or not a project is funded is made by HUD. It is further understood that 24 CFR §578.35 describes certain situations in which an agency may submit an appeal directly to HUD. It is agreed that the submission of an appeal to HUD, in accordance with HUD's policies and procedures, is the final recourse that may be taken for the project.

Signed:

Date:

(Executive Director or authorized representative)

Title:

Name Printed:

Name of Agency: