

## **Request for Information for Renewal Projects**

### **2009 Austin/ Travis County HUD Continuum of Care**

In order for HUD CoC SHP and S+C projects to be renewed, they have to be approved by the CoC.

**Deadline for Submission: Tuesday October 20<sup>th</sup> at 5:00pm**

**Deliver one original and two copies of the paper applications to: Gilja Koo at 7201 Levander Loop, Austin TX 78702**

#### **Submission Process:**

1. **Register on-line at [www.hud.gov/esnaps](http://www.hud.gov/esnaps)** Note: Training for esnaps submissions can be found at: <http://esnaps.hudhre.info/training/>
2. **For reference:** the overall Applicant Name is Austin/Travis County CoC and the Applicant Number is TX-503
3. Once registered: **Complete in e-snaps the Exhibit II for renewals, and all the attachments. Deadline October 20<sup>th</sup> at 5:00pm:**
4. **Complete the local request for information.** Margins should be one inch, use double spaces and at least an 11 font
5. **Provide Exhibit I Housing information to Andrew Bucknall, ATCMHMR HMIS Coordinator. Deadline: October 9th. Andrew can be contacted at [Andrew.bucknall@atcmhmr.com](mailto:Andrew.bucknall@atcmhmr.com)**
6. **Provide any requested Exhibit I information to Sam Woollard or Gilja Koo prior to October 16<sup>h</sup>.**

#### **Renewal Process:**

- All renewal information is due Tuesday October 20<sup>th</sup>
- Independent Review Team will meet between October 27<sup>th</sup> and November 3<sup>rd</sup> to review, renewals and make a recommendation for continuation
- ECHO Planning and Evaluation Committee will review the recommendation and make a final decision on November 5<sup>th</sup>
- Agencies will make any changes to their Exhibit II's and re-submit November 6<sup>th</sup>

**Austin Travis County 2009 HUD CONTINUUM OF CARE  
Local Information for Renewals**

Please include checklist as cover sheet for local information:

Name of Organization: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number and E-mail: \_\_\_\_\_

Number of years of funding renewal requested: \_\_\_\_\_ \* note HUD recommends one year of funding for renewals

Dates of grant agreement: \_\_\_\_\_

Annual Renewal Amount (SHP): \_\_\_\_\_

Number of Housing Units (S+C) \_\_\_\_\_

Type of Renewal Requested:

- |                               |                                      |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> SHP  | <input type="checkbox"/> Safe Havens |
| <input type="checkbox"/> HMIS | <input type="checkbox"/> SRO         |
| <input type="checkbox"/> S+C  |                                      |

**Checklist**

- Registered with esnaps
- Completed SF424 (do not need to reproduce)
- Completed SF 424 Attachments (these will be in Exhibit II and do not need to be reproduced for the application)
  - o 501© 3 Non profit documentation
  - o Survey on ensuring equal opportunities
  - o Disclosure of lobbying activities
  - o Applicant/Recipient Disclosure Update Report
  - o OPTIONAL: Grant Application survey
- Completed all Exhibit II Documents
- Provided Housing Information to HMIS Coordinator (do not need to reproduce)
- Provided any other requested Exhibit I information
- Local Information (one original and 2 copies) that includes:
  - o Project Summary
  - o HMIS participation statement
  - o Community Planning Participation statement
  - o AFR (if it has not been updated within the last 3 months on the City website)
  - o APR – most recent
  - o Budget
  - o Logic Model

## Information from Renewal Projects

**In order for the Independent Review Team to confirm your projects on-going participation in HUD CoC funding, please provide the following:**

1. **Project Information:** Briefly describe the project that is being renewed (should be able to copy and paste from Exhibit II)
2. **Continuum of Care:** Identify how this project is part of the homeless continuum and where it fits in the community priorities
3. **HMIS:** Describe your organization's participation in HMIS. State what steps you have taken to improve data quality
4. **Quarterly draw downs of funds:** State whether your project has met the quarterly draw down requirement from HUD, If not, state why not
5. **Budget:** Attach the budget submitted in Exhibit II. Identify any changes since the original budget was submitted
6. **Evaluation:**
  - Attach most recent APR
  - State your organization's success with addressing the three HUD goals:
    - a) Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent
    - b) Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent
    - c) Increase percentage of persons employed at program exit to at least 20 percent
  - Provide any other outcome measures that the program has achieved
  - Provide a copy of the organization's Data Improvement Plan, if completed, or the timeline for when the Plan will be completed