Renewal Application- ECHO
2019 HUD Continuum of Care NOFA Competition

All projects applying for renewal funding for the 2019 Continuum of Care (CoC) NOFA Competition must complete this application, (except for HMIS projects which requires a different application).   It is recommended that applicants review the accompanying Scorecard and Checklist for reference of how answers will be reviewed and scored. The total scoring on this application, as indicated by the Rank and Review Policy, will be 35% of the final Project Score used for the competition.

For more information about what ECHO anticipates being required in esnaps, see the 2018 esnaps guides here:

https://www.hudexchange.info/resource/2910/coc-project-application-instructions-for-renewal-projects/

ECHO reserves the right to ask for additional information or to revisit the application requirements and scoring after the release of the 2019 NOFA from HUD.

Applicant Information

*Agency Name:

*Project Name:

*HUD Expiring Project Grant Number:

*Grant Start Date:

*Grant End Date:

Primary Contact Information:

*Contact Name:

*Title:

*Email Address:

*Phone Number:

Secondary Contact Information:

*Contact Name:

*Title:

*Email Address:

*Phone Number:

*Does the project have a current SAM Registration? (Y/N)

*What is your agency's DUNS number?

Program Changes and/or Amendment Question (not scored):

Describe any changes and/or amendments made to this project during the last 12 months. Examples include, adjustments to budget, target population, service delivery, subrecipient/partner roles and responsibilities.

Attachment (optional): Please provide supporting documents (emails with the field office and/or copies of change forms)

NARRATIVE BOX: (Optional-Only needed for program changes)

HUD Standards

Question 1.

Annual Agency Financial Statement Audit

Please attach a copy of the most recent financial audit.

Attachment:
- Most recently completed audited financial statement for your agency (Not program/project) and
- The auditor's communication with governance

Question 2

Lived Experience on Board of Directors

Does the agency provide for the participation of at least one person with lived experience of homelessness on the Board of Directors or other equivalent policymaking entity? (Y/N)

Attachment:
- Please provide documentation

Question 3

HUD Monitoring

Has the project been monitored by HUD at any point over the past 2 years? (Y/N)

If yes, use the narrative section to describe any actions your agency has taken to address any findings or concerns.

Attachment:
For any monitoring visits that occurred during the time period, please attach a copy of all reports from HUD. This includes:
- HUD Monitoring Notification
- HUD Monitoring Closeout Letter
- HUD Closeout Letter

If yes, were there any findings during the HUD Monitoring Visit? (Y/N)

If yes

Attachment:
For any monitoring visits that occurred during the time period, please attach a copy of all reports from HUD. This includes:
- HUD Monitoring Letter (indicating findings or lack thereof)

Were any findings resolved? (Y/N)

If Yes, explain all resolved and unresolved findings. If any findings are unresolved, please explain.

Question 4

Timely Drawdowns

Has the recipient maintained quarterly drawdowns within the required timeframe (90 days) for the most recent past 4 drawdowns related to this renewal request?

- ☐ Yes, drawdowns for all 4 quarters were completed within 90 days
- ☐ No, 1 or more drawdowns were not completed within 90 days
- ☐ Not Applicable, grant operation date has not started

Attachment:

- Documentation showing timely and consistent drawdowns. (The IRT committee will review information provided to score response)

If No or Not Applicable, please provide an explanation.

Question 5

Unspent Grant Funds/Recaptured Funds

Have any Funds related to the renewal project request been recaptured by HUD for the most recently expired grant term? (Y/N)

If yes:
Please provide (1) the percentage of overall project budget recaptured (2) total dollar amount recaptured.

Describe the circumstance that led HUD to recapture funds (e.g. budget line item) and strategies the agency will take to prevent funds from being recaptured in the future

Attachment:
If the project is required to be on a Performance Improvement Plan based on the Performance Improvement Plan Policy and De-Obligation Policy, please provide a copy of the following:
- PIP Agreement
- Any updates on PIP progress

Community COC Participation

Question 1

Point In Time Count

Did at least one person representing your agency participate as a volunteer during the 2019 PIT Count, in any planning committees or events leading up to the PIT Count, or have made plans to increase involvement during the next PIT Count? (Y/N)

If no, please provide an explanation

Instructions: Information supporting participation in PIT activities may include consistent attendance and membership in the PIT Workgroup, PIT Team Lead, day of volunteer, supporting emergency shelter count activities, data entry.

Question 2

Committee and Workgroup Participation

Did someone from your agency attend an ECHO Committee, Workgroup, or one of the bi-annual stakeholder meetings (Spring Stakeholder Meeting/Fall Stakeholder Meeting) during the past 12 months? (Y/N)

> *If no, please provide an explanation*

Instructions: More information about the committees and workgroups can be found on the ECHO website
http://www.austinecho.org/community-work-groups/

Project Type (NOT SCORED)

Complete the following section with the same information that will be entered in e-snaps.

This section will be verified by ECHO staff for accuracy with FY18 project applications in e-snaps.

Applicants are unable to change the items in this section without a grant amendment unless otherwise allowed through the HUD FY19 NOFA Competition materials

The IRT may use these details to supplement their knowledge of the programs.

*Project Type: (Transitional Housing, Permanent Housing, or SSO)

*If Permanent Housing – Specify type: (PSH, RRH, Joint/ TH/RRH)

*Total Number of Units, if applicable:

*Total Number of Beds:

*Total Dedicated Chronically Homeless Beds:

*Identify the specific population focus for the project:

> *If Other, please explain:

*Housing Type:

> *If Other, please explain:

Project Description & Performance

Question 1

Project Narrative

Instructions: This section should match the narrative entered in the renewal grant's e-snaps application.

Provide a project description that addresses the entire scope of the proposed project. The description must include the following:

> a.) Community Needs
>
> b.) Target Population(s) to be served
>
> c.) Project Plan for addressing the identified housing and supportive service needs
>
> d.) Projected projects outcomes
>
> e.) Coordination with other sources/partners
>
> f.) The reason CoC Program support is needed.

The narrative is expected to describe the project at full operational capacity.

Question 2

Performance Improvement Initiatives

Describe any strategies and/or efforts made during the last 12 months to improve program outcomes. Discuss how your agency has used data to identify ways to improve services, program design, staff development, and/or outcomes shown through Quarterly Performance Scorecards or other performance measures. Describe how the implemented changes have improved both your organization and your project outcomes.

Question 3

Completion of Housing First Assessment Tool (required for all applications *except* Diversion and HMIS)

Complete the Housing First Assessment Tool based on project information.

> https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/
>
> The tool can be found on the ECHO dropbox here: https://www.dropbox.com/s/jlfqo159cph172b/housing-first-assessment-tool.xlsm?dl=0

Question 4

Addressing Racial and Ethnic Disparities

Describe how your agency demonstrates efforts and challenges to identify and reduce racial and ethnic disparities within the homeless system, service provisions and/or agency culture.

Supportive Services

Supportive Services for Participants section applies to PH, TH, SH, SSO, and Joint TH & PH-RRH projects.

For ALL the supportive services that are available to participants, indicate who will provide them (applicant, sub-recipient, partner, non-partner), and how often they will be provided. Applicant means the agency completing the application for funding will directly provide the service; sub-recipient means the grant sub-recipient will directly provide the service and an MOU has been signed; Partner means someone with whom the applicant has a contract agreement with; Non-partner is an organization who will provide the direct service but with whom the applicant does not have a direct relationship.

PH-PSH Screen 4A. Supportive Services for Participants

The supportive services described on Screen 4A should be the previously approved services for this project. The respective services should match the most recently approved project application under grant agreement or grant agreement amendment. All questions on Screen 4A are required and provide HUD with details of the supportive services provided to program participants.

1. **For all supportive services available to participants, indicate who will provide them and how often they will be provided:** Required. This list identifies **all** supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or non-partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just supportive services for which CoC Program CoC Program funding may be requested in your project application–also include supportive services other organizations or grants will provide. If more than one "**Provider**" or "**Frequency**" is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

   - **Provider:** For each applicable supportive service select one of the following:
     - "**Applicant**" to indicate that the project applicant will provide the supportive service;
     - "**Subrecipient**" to indicate that a subrecipient, as indicated on from Screen 2A. Project Subrecipients, will provide the service;
     - "**Partner**" to indicate that an organization that is not a subrecipient of CoC Program project funds but with whom a formal agreement or memorandum of understanding (MOU) was signed to provide the service; or
     - "**Non-Partner**" to indicate that a specific organization with whom no formal agreement was established regularly provides the service to program participants.
   - **Frequency:** Required if "Provider" is selected. Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, e.g., both weekly and monthly are equally common–select weekly.

SNAPS-Shots: Using Contractors in CoC Programs

Attachments:

Attach MOU/Subrecipient Agreement/Contract Agreement if applicant is not providing services and lists either a subrecipient or partner as providing services.

- An attachment will be required if subrecipient or partner is checked under each category. It is okay to upload the same document multiple times.

Consistency & Accuracy with Describing Supportive Service Provisions

Does the supportive service chart match the program design in relation to services offered by the applicant agency, sub-recipient, partner, and/or non-partner? (Y/N)

If no, please provide details surrounding inconsistencies with the chart and other documents.

Attachments:
- MOUs with sub-recipients
- Contract Agreements for service provided by partner

Supportive Services	Provider	Frequency
Assessment of Service Needs	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Assistance with Moving Costs	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Case Management	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Child Care	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Education Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Employment Assistance and Job Training	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Food	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Housing Search and Counseling Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Legal Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Life Skills Training	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Mental Health Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Outpatient Health Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Outreach Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Substance Abuse Treatment Services	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A

Supportive Services	Provider	Frequency
Transportation	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A
Utility Deposits	☐ Applicant ☐ Sub-recipient ☐ Partner ☐ Non-Partner	☐ Weekly ☐ Monthly ☐ As Needed ☐ N/A

Project Budget

HUD COC SUMMARY BUDGET

Note: All budget line items must be the same as what was affirmed in the 2019 GIW. Match is 25% of all line items, except leasing.

Housing Activities	Total Assistance Requested for Grant
1a. Leased Units	
1b. Leased structures	
2. Short-term/Medium term Rental Assistance	
3. Long-Term Rental Assistance	
4. Supportive Services *(please list line items in Chart A)*	
5. Operating Costs *(please list line items in Chart B)*	
6. HMIS *(please list line items in Chart C)*	
Sub-total Costs requested	
Administrative Costs (up to 10 %)	
Total HUD Request	
Cash Match	
In-kind match	
Total Match	
TOTAL BUDGET	

CAUTION: If any formal amendment was completed prior to the application submission deadline, then project applicants should apply using the amended information. Or, if any formal amendment has not been completed by the application submission deadline, but this information is reflected on the CoC's FY 2019 GIW, contact the local HUD CPD field office because this information must be communicated to the Office of Special Needs Assistance Programs (SNAPS) prior to the project review process.

Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name	Department/Local Agency Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

Match

Will your agency be able to provide the match requirement for all of your renewal projects? Match must equal 25% of the total grant request. Leasing Costs, however, are not required to be matched. (Y/N)

Attachments:
- Match Letters