

Renewal Application- ECHO

2019 HUD Continuum of Care NOFA Competition

The HMIS Renewal projects applying for COC-funding for the 2019 Continuum of Care (CoC) NOFA Competition must complete this 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/>

HMIS Standards

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.

Question 1.

Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? (Yes) (No)

If no, explain why and the planned steps for compliance (500 words max.):

www.hudexchange.info/hmis/hmis-data-and-technical-standards/

If yes, provide one of the following sources of documentation as an attachment:

- Attach a copy of the Austin/Travis County CoC HMIS Intake form
- Attach a report generated from HMIS showing the overall CoC Data Quality for each of the Universal Data Elements

NARRATIVE (optional):

If needed, provide a brief description of the attached supporting material.

HMIS Table 7. Implementation of HMIS

HMIS Screen 4A. HMIS Standards

All fields on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on 2017 HMIS Data Standards applicable for all dedicated HMIS projects, go to www.hudexchange.info/hmis/hmis-data-and-technical-standards/.

Universal HMIS Data Standards

- | | | |
|---------------------------|------------------------|---------------------------------------|
| 1. Name | 6. Gender | 11. Destination |
| 2. Social Security Number | 7. Veteran Status | 12. Relationship to Head of Household |
| 3. Date of Birth | 8. Disabling Condition | 13. Client Location |
| 4. Race | 9. Project Start Date | 14. Housing Move-in Date |
| 5. Ethnicity | 10. Project Exit Date | 15. Living Situation |

Question 2.

Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Longitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc.)

Select "Yes" if the HMIS can produce all HUD required reports and provide data as needed for HUD reporting.

If no, explain why and the planned steps for compliance (500 words max.):

If yes, were all reports submitted on time? (Y/N)

Attachment: Documentation of submission for the following reports:

- Annual Performance Reports
- Longitudinal System Analysis
- CAPER/ESG reporting

NARRATIVE (optional):

If needed, provide a brief description around meeting submission deadlines and/or the attached supporting material.

Attachment sources documenting reporting ability may include but is not limited to: screen shot of submissions, email correspondence, report confirmation. If providing report summary, please ensure that materials do not include client information.

Question 3.

Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

Select "Yes" if the HMIS can produce all reports required by all Federal partners. 3b. If No, explain why and the planned steps for compliance. If the HMIS does not have the capacity to produce all reports required by all federal partners, use the space provided to identify the reports that are not or cannot be produced, the reason why and provide the specific steps the HMIS Lead will take to comply with the reporting requirements federal partners.

(Yes) (No)

If no, explain why and the planned steps for achieving this.
(500 character max)

Question 4.

Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? (Yes) (No)

Select "Yes" if the HMIS can unduplicated client records. Select "No" if the HMIS cannot unduplicated client records, or if the HMIS will soon include this capacity but does not have the capacity as of the time of application submission.

Question 5.

Does your HMIS implementation have a staff person responsible for ensuring the implementation meets all privacy and security standards as required by HUD and the federal partners?

"Yes" if the HMIS Lead has a staff person responsible for security standards. Select "No" if the HMIS Lead does not a staff person responsible for security standards, or if the HMIS Lead plans on hiring/appointing a person but does not have one on staff as of the time of application submission.

Provide a brief description of the process or attach supporting material. If providing attachment, please reference the page number for IRT to review. Examples of documentation can include: (job description, HMIS Policies).

Narrative Box

Attachment (optional)

Question 6.

Does your organization conduct a background check on all employees who access HMIS or view HMIS data? (Yes) (No)

Select "Yes" if the HMIS Lead conducts background checks on all employees who access the HMIS, both the HMIS Lead personnel and administrators and staff at all recipients and subrecipients. Select "No" if the HMIS Lead does not conduct background checks.

Question 7

Does the HMIS Lead conduct Privacy and Security Training and follow up on all privacy and security standards on a regular basis? (Yes) (No)

Select "Yes" if the HMIS Lead conducts security training and follows up with recipient and subrecipient organizations.

Select "No" if the HMIS Lead does not conduct security training or follow-up with recipients or subrecipients.

If no, explain why and the planned steps for compliance (500 words max.):

If yes, attach supporting material.

Attachment:

If applicant does not include an attachment, please provide a description of the process and why an attachment is not available. Examples of documentation may include but not limited to: screen shots, outlook calendar printout, calendar of events on website, HMIS Policies (please site page number).

Narrative

Question 8

Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)? (Yes) (No)

Select "Yes" if there is a process in place to remove community members who no longer need access to HMIS and answer the next question that will appear. Select "No" if there is not a process in place to remove community members who no longer need access to HMIS.

How long does it take to remove access rights to former HMIS users?

Select the appropriate time frame from the options of "Within 24 hours," "Within 1 week," "Within 2 weeks," "Within 1 month," and "Longer than 1 month." Select "Longer than 1 month" if the HMIS does not have this capacity.

Within 24 hours, within 1 week, within 2 weeks, within 1 month, and longer than 1 month.

Project Description & Performance

Question 1

Project Narrative

Instructions: This section should match the narrative entered in the renewal grant's e-snaps application. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application and should not include significant changes unless the project was amended. HUD recommends using more general dates (e.g., this project will serve ___ over the term of the grant) rather than using specific dates (e.g., in FY18 this project will serve...) to reduce the need to change project descriptions.

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

- a.) Community Needs
- b.) The design and implementation of the HMIS system
- c.) Anticipated project outcome(s)
- d.) Coordination with other organizations (e.g., federal, state, nonprofit)
- e.) The reason CoC funding is required.

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 the HMIS System Administrator Checklist (required for HMIS projects)

Complete and attach the [HMIS System Administrator Checklist](#) based on project information. Applicants are encouraged to review the scoring criteria guide before attaching final and completed tool.

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.

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 <i>(please list line items in Chart A)</i>	
5. Operating Costs <i>(please list line items in Chart B)</i>	
6. HMIS <i>(please list line items in Chart C)</i>	
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