

**FY2024 Continuum of Care**

**Special Renewal Project Application**

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps. In addition, agencies that are applying for a special renewal of a project must complete this application.

This form is due on **Wednesday, September 25, 2024 at 3 PM** by e-mail to hsc@cityofmadison.com. **Late or incomplete applications will not be considered. Please do not wait until the deadline to submit the application. No grace period will be granted.** If you have questions, please contact Torrie Kopp Mueller, tkoppmueller@cityofmadison.com or call 608-266-6254.

**Agencies with more than one CoC project must submit a separate form for EACH project.**

|  |  |
| --- | --- |
| Agency Name |  |
| Project Name |  |
| Project Type | **\_\_\_Permanent Supportive Housing(PSH) \_\_\_\_Rapid Rehousing (RRH)** **\_\_\_Joint TH-RRH** |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |

|  |  |
| --- | --- |
| Funding Request |  |
| Proposed # of Units |  |
| Proposed # of Beds |  |

|  |
| --- |
| **Threshold Criteria** |
| Does the agency have any outstanding HUD monitoring findings? If yes, please provide explanation. | \_\_Yes \_\_No |
| Does the project comply with the [CoC Interim Rule 24 CFR 578](https://www.in.gov/ihcda/files/housing-urban-dev-24-cfr-part-578.pdf)?  | \_\_Yes \_\_No |
| Does the agency have a SAM.gov registration?  | \_\_Yes \_\_No |
| Does the agency have an active Unique Entity ID? | \_\_Yes \_\_No |
| Does the agency have any delinquent federal debt? If yes, please provide explanation. | \_\_Yes \_\_No |
| Is the agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? If yes, please provide explanation. | \_\_Yes \_\_No |
| Does the agency currently enter data into the Homeless Management Information System (HMIS) or comparable database for Domestic Violence providers? If no, please explain how the agency plans to become an HMIS agency by the project start date in the narrative below. | \_\_Yes \_\_No |
| Does the agency commit to participating in system-wide continuous quality improvement activities?  | \_\_Yes \_\_No |
| Does the agency agree to participate in the [Coordinated Entry System](https://www.danecountyhomeless.org/coordinated-entry) and follow Coordinated Entry [policies and procedures](https://www.danecountyhomeless.org/_files/ugd/73dee7_e4c12835ebd34575a0d566833b7ad279.pdf)?  | \_\_Yes \_\_No |
| Does the agency agree to follow the [Dane CoC Written Standards](https://www.danecountyhomeless.org/governance)? | \_\_Yes \_\_No |

**Please answer the following questions:**

*Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule and FY23 CoC NOFA.*

1. Describe your organization’s (and subrecipient(s) if applicable):
	1. Experience in effectively utilizing federal funds and performing the activities proposed in this application
	2. Experience in leveraging Federal, State, local, and private sector funds
	3. Financial management structure (15 points)
2. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention. (20 points)
3. Describe your agency’s efforts to improve service quality and outcomes for the proposed program. Please include how you solicit and incorporate feedback from program participants. If your program is working on a Performance Improvement Plan, please provide details. (15 points)
4. Describe key partnerships your agency has established that have helped with implementation of this project. (20 points)
5. Describe your agency’s commitment to equity and inclusion, including strategies to integrate principles of equity into policies and other organizational work. (10 points)
6. How are your agency practices culturally responsive to the population(s) who participate? (10 points)
7. Complete the tables below regarding the agency board of directors and staff composition. (10 points)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **BOARD OF DIRECTORS** |  | **AGENCY STAFF** |
| **GENDER** | **Current #** | **% of Board** |  | **Current #** | **% of Staff** |
| Identify as Female |        |       % |  |        |       % |
| Identify as Male |        |       % |  |        |       % |
| Identify as Other |        |       % |  |        |       % |
| Data Unknown |        |       % |  |        |       % |
| Total |        |       % |  |        |       % |
|  |  |  |  |  |  |
| **RACE** | **Current #**  | **% of Board** |  | **Current #**  | **% of Staff** |
| White/Caucasian |        |       % |  |        |       % |
| Black/African American |        |       % |  |        |       % |
| Asian |        |       % |  |        |       % |
| American Indian/Alaskan Native |        |       % |  |        |       % |
| Native Hawaiian Other Pacific Islander |        |       % |  |        |       % |
| Multi-Racial |        |       % |  |        |       % |
| Other |        |       % |  |        |       % |
| Data Unknown |        |       % |  |        |       % |
| Total |        |       % |  |        |       % |
|  |  |  |  |  |  |
| **Ethnicity** | **Current #** | **% of Board** |  | **Current #** | **% of Staff** |
| Hispanic or Latino |        |       % |  |        |       % |
| Not Hispanic or Latino |        |       % |  |        |       % |
| Data Unknown |        |       % |  |        |       % |
| Total |        |       % |  |        |       % |

1. **FOR RRH Projects** – Please describe the method the project uses for providing rental assistance (progressive engagement, flat fee for all participants, tiered payments, etc) and the rationale for this approach.

**For PSH Projects** – Please describe any resources, formal partnerships or best practices the project has to serve participants with the most severe needs.

**Involvement of Individuals with Lived Experience of Homelessness (Only scored by LEC & YAB members)**

1. **Feedback Gathering from Current Participants:** Does your agency have a structured process for gathering feedback from individuals with lived experience while they are enrolled in any of your programs? If yes, please provide an example of how this process is executed. If not, please describe your agency’s plan for starting this feedback-gathering process. (10 points)
2. **Post-Program Engagement:** Is there a procedure in place to reach out to individuals who have recently completed your agency’s programs? This outreach may assess their interest in receiving information about safe spaces where they can provide input or suggest changes to address community issues contributing to their experiences of homelessness. If yes, please describe the procedure and provide an example of feedback received. If not, please outline your agency’s plan for starting such outreach efforts. (10 points)
3. **Staff Capacity Building:** Describe your agency’s future plans to build capacity and create safe space/ processes that empower and support staff members who openly self-identify as having lived experience or otherwise identify as being closely impacted by experiences that are replicated within their daily work. Examples could include training, celebrations, mental health and wellness activities, employee benefits, or any initiative aimed at building capacity and resiliency. (10 points)

Please provide any information that will give context to any low scores on the Project Performance Scorecard. This question is not applicable to projects that have not had a full fiscal year of data.

**Information Only**

1. What has been the most significant challenge in implementing this program?
2. What has been the biggest success in program implementation?
3. What support do you need from the CoC for this program to continue successfully? Please note that the CoC may not be able to provide all support requested.