## New CoC Projects

Old Fort Homeless Coalition Continuum of Care
FY23 Application to Regular NOFO
Due **August 29th by 4:30 pm**

**\*Late applications will *NOT* be accepted\***

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| **Reference documents provided on CoC website or sent with this document (see final page):** |
| 1. List of all Continuum of Care (CoC) and Emergency Solutions Grant (ESG) projects |

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| **Application Attachments** |
| \*Please refer to the Application Checklist to ensure that all required documents are attached. You may ask questions regarding the application and application materials to Wendy Brawdy at wendy@riverviewhopecampus.org until 8/28/2023. |

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| **Project Questions:** |
| **Recipient Performance** |
| **1.** If there are any unresolved monitoring or audit findings, please explain: |
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| **Project Detail Demonstrated Need** |
| **2.** Using statistical evidence (<u>most recent PIT Count Data, Census Bureau Stats, Local Government Data, Local Needs Assessment Data, etc</u>), describe the demonstrated need for this project in your geographic area. |
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| **3.** Are there other agencies in your area that provide similar services? ☐Yes ☐No |

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| *If YES*, how do you avoid duplication of services? |
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**4.** Housing First: Executive staff have reviewed the United States Interagency Council (USICH) Housing First Checklist and will fully adopt a low barrier, housing first approach in this program if not already implemented ☐Yes ☐No

**If yes to 4.**, please describe how you plan to do so **OR** how your program already follows the housing first approach. **If no to 4.**, please explain:

**5a. _OR_ 5b. ONLY ANSWER THE ONE THAT PERTAINS TO YOUR PROJECT.**
**5a.**(**Answer if your project serves a subpopulation**) If your project focuses on a specific sub-population, **please list the sub-population(s)** and describe your: **1)** skills & experience (staff training including trauma-informed care, expertise, etc.) for serving this population, **2)** the current need in your community around this particular sub-population as compared to others **3)** any additional considerations in the program specific to your sub-population (this may include programming make-up, community partnerships, etc.), and **4)** how you ensure that equitable and inclusive outreach is occurring specifically for populations that are overrepresented or underserved such as special racial/ethnic groups and the LGBTQIA+ community and describe ways that you have invited those specific populations to be involved in decisions in your local project area.
If your agency is a DV service provider, please describe DV 101 training that your staff have completed as well as your emergency transfer and re-housing policy that at minimum mirrors the VAWA emergency transfer policy.

**5b. (Answer If your project serves all populations)** If your project serves all populations describe your**:**
**1)** skills & experience (staff training including trauma-informed care, expertise, etc.) for serving all populations, **2)** the current need in your community around the population(s) your project serves **3)** any additional considerations in the program specific to your population(s) (this may include programming make-up, community partnerships, etc.), and **4)** how you ensure that equitable and inclusive outreach is occurring specifically for populations that are overrepresented or underserved such as special racial/ethnic groups and the LGBTQIA+ community and describe ways that you have invited those specific populations to be involved in decisions in your local project area.
 If your agency is a DV service provider, please describe DV 101 training that your staff have completed as well as your emergency transfer and re-housing policy that at minimum mirrors the VAWA emergency transfer policy.

**6**.    Describe below your agency's current involvement in and continued commitment to developing the continuum's coordinated entry process:

**Supportive Services for Participants**

**7a**. Please explain how you ensure educational services are in place for all children and that project policies and practices are consistent with the laws related to providing them as well (for projects serving families or youth).

**7b**. Please explain how your project accepts all families with children 18 and under without regard to age and gender (for projects serving families or youth).

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**8**. Please replicate your responses from section 4A, question 2 in the eSnaps application (e-snaps section and number subject to change) and indicate the name(s) of the organizations/individual person you are referencing in in the table below. ***If you indicated that you have SOAR\* certified staff on your project application, please submit proof of staff certification.*** *\*Course through SAMSHA that strains case workers to assist adults (18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for the Social Security Administration's (SSA) disability programs, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI).*

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Other, explain

## Outreach for Participants

9. For each location participants are coming from, please describe how your outreach plan to identify program participants (your targeted population) and engage them in the project will be equitable and inclusive specifically with underserved and overrepresented populations while using affirmative marketing to reach those who might otherwise not apply. Discuss any affirmatively furthering fair housing approaches that you have put into place with your agency and/or project.

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| **10. (1)** How does your agency ensue that individuals who utilize or have utilized homeless services *(those who have lived experience either currently or within the last 5 years)* provide meaningful participation in program decision making and evaluation and **(a)**if there is representation on your board, and **(b)**if there is representation in your agency employment of individuals with lived experience. | |
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| **11. Answer both a. and b. *if* you answer yes to a.**<br>**a.** Does your project specifically serve vulnerable populations that face additional barriers (see list below)?<br>**b.** If so, identify the populations that you serve, and describe your plan to serve them.<br>• High utilization of crisis and emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;<br>• History of victimization/abuse including domestic abuse, sexual assault, and childhood abuse;<br>• Length of time homeless;<br>• Low income;<br>• No income;<br>• Only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation<br>• Risk of continued homelessness<br>• Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health disabilities regardless of the type of disability, which require a significant level or support to maintain permanent housing (focuses on the level of support needed not disability type);<br>• Substance abuse-current or past;<br>• Unsheltered homelessness-especially youth and children;<br>• Vulnerability to illness or death;<br>• Vulnerability to victimization, including physical assault, trafficking, or sex work. | |
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| **Continuum of Care Participation** | |
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| **12.** Please list staff members and their role that are *current* <u>Old Fort Homeless Coalition Voting Board Members</u>, <u>Old Fort Homeless Coalition Board Officers</u>, ***and/or*** <u>Old Fort Homeless Coalition Committee Members</u>. | |
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| **Domestic Violence Safety Training** | |
| **13.** Housing Case Managers and direct supervisors are trained in trauma-informed care, which includes "trauma and its impact and "trauma-informed care." ☐Yes ☐No | |
| **14.** Housing Case Managers and direct supervisors completed training for serving survivors of domestic violence (DV 101). ☐Yes ☐No | |
| **15.** Agency has an emergency transfer and re-housing policy that, at minimum, mirrors the VAWA emergency transfer policy in the Entry Point Policies and Procedures. ☐Yes ☐No | |
| **HMIS** | |

**16.** Does your agency have experience using HMIS? ☐Yes ☐No

**17.** If yes to 16, how long has your agency used HMIS and what is the primary use of it within your agency? *(i.e., do you use it because you are required and for that program only or do you use it also for programs that do not have a requirement?)*

**18.** If no to 16, does your agency use a comparable database (does it meet criteria at this link)? ☐Yes ☐No
Homeless System Response: Comparable Database Vendor Checklist (hudexchange.info)

**19.** If yes to 18, what system does your agency use and what is the primary use of it within your agency? *(i.e., do you use it because you are required and for that program only or do you use it also for programs that do not have a requirement?)*

**20.** If no to 18, what plans does your agency have to implement HMIS, HMIS comparable database, or client-level management system?

**New Project Performance Data**

**21.** What *percentage* of individuals (*all ages)* successfully exited your program to permanent housing from 10/1/2021-9/30/2022? Please provide the number of individuals that were enrolled during that time along with the number that successfully exited. Please include the type of program (i.e. RRH, PSH, TH, Joint TH+RRH) in which they were enrolled at that time. *(i.e., 200 exited between 10/1/2021 and 9/30/2022, 100 of the 200 exited to permanent housing. 50% exited to permanent housing.)*

**22.** What *percentage* of persons 18 and older increased their *total* income at the end of the operating year or program exit, either by gaining a source of income or increasing the amount of their total income from 10/1/2021-9/30/2022? Please provide the number of individuals that were enrolled during that time, the number that exited during that time, and the number that increased their total income. Please include the type of program (i.e. RRH, PSH, TH, Joint TH+RRH) in which they were enrolled at that time. *(i.e., 200 exited between 10/1/2021 and 9/30/2022, 100 of the 200 increased their total income at exit. 50% increased total income.)*

23. **ONLY ANSWER THE ONE THAT PERTAINS TO YOUR PROJECT.**
    a. **For PSH: (1)** What percentage of persons served by your program have **two or more** vulnerable conditions at entry based on your organization assessment which includes mental illness, alcohol abuse, chronic health conditions, HIV/AIDS, Development Disabilities, and/or physical disabilities from 10/1/2021-9/30/2022? **(2a)** Please provide the number of individuals served in your program and **(2b)** the number of individuals who have 2 or more of the above listed vulnerable conditions (for the above timeframe).
    b. **For RRH, TH, or TH-RRH: (1)** What percentage of persons served by your program have one or more vulnerable conditions at entry based on your organization assessment which includes mental illness, alcohol abuse, chronic health conditions, HIV/AIDS, development disabilities, and/or physical disabilities from 10/1/2021-9/30/2022? **(2a)** Please provide the number of individuals served in your program and **(2b)** the number of individuals who have 1 or more of the above listed vulnerable conditions (for the above timeframe).

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24. **(1)** Please explain how your current projects that are state or federally funded consistently utilized those grant resources during their most recent completed grant year. (i.e. ESG ending 9/30/2022, etc). **(2)** Please give the award amount and total expenditure amount for each grant during their most recent completed grant year.

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25. **(1)** Explain the process that your agency has in place to review system performance data annually in order to improve upon outcomes. **(2)** Provide any data to show how you have improved system performance measures because of your process in place at this time.

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**Other Supplement: This information will not be considered for scoring purposes but will be used solely for informational purposes.**

26. Describe the manner by which you ensure that all communications seeking participation are provided in a manner that is effective for persons with
hearing, visual, and other communications related disabilities consistent with Section 504 of the Rehabilitation Act of 1973 and, as applicable, the Americans with Disabilities Act, as well as ensuring consistency with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 131166 which requires responsible steps be taken to ensure meaningful access to services, programs, and activities by persons with Limited English Proficiency (LEP persons).

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| Certification of accuracy for all project information listed above: |
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| Signature: _____ Date: _ |
| Printed name and title of signatory: |
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Resources:

Housing First Checklist:  Housing_First_Checklist_FINAL.pdf (usich.gov)

Comparable Database:  Homeless System Response: Comparable Database Vendor Checklist (hudexchange.info)

Consolidated Planning Jurisdictions in Arkansas:  CDBG Contacts: Arkansas - Community Development - CPD | HUD.gov / U.S. Department of Housing and Urban Development (HUD)

Violence Against Women Act (VAWA):

https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA