**Chittenden County Homeless Alliance (Chittenden CoC)**

FFY2016 HUD Continuum of Care Program \* Notice of Funding Availability

PROPOSAL LETTER

Any eligible entity wishing to submit a request to fund a NEW and/or RENEWAL or Permanent Housing Bonus CoC Project during this year’s HUD CoC NOFA must complete this form and submit it electronically to the Community & Economic Development Office (Marcy Esbjerg) before **9 AM Friday, July 29.**  Only one request per form.

Please make sure to provide your most recent APR (current projects only) to CEDO/Marcy Esbjerg at mesbjerg@burlingtonvt.gov no later than 7.20.16 at 4 PM.

A. As part of the FY2016 HUD CoC NOFA competition released 6/29/16, any **ELIGIBLE APPLICANT** may submit a Letter of Intent for a NEW (Permanent Housing Bonus or Reallocated Project from Existing CoC funds) and/or RENEWAL CoC Projects.

B. The unbiased **Application Ranking Committee** will use the CoC-approved Policy & Tool, along with HUD CoC NOFA thresholds and guidance, to make funding determinations and rank approved projects to be submitted to HUD for consideration. The Chittenden Homeless Alliance Steering Committee will review and approve the recommendations.

C. **APPEALS PROCESS**: Any CoC project applicant may send a written response to the Ranking Committee if there is an objection to the project determination (denied/reduced funding, lower priority, or other reason). Solo Applicants may also submit an appeal directly to HUD as described in the timeline and the FY2016 CoC NOFA.

1. **ADDITIONAL RESOURCES**:
* ***HUD CoC Program Interim Rule-***

*https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\_FormattedVersion.pdf*

* ***FY2016 HUD CoC Program Notice of Funding Availability-***

*https://www.hudexchange.info/resource/5068/fy-2016-coc-program-nofa/*

* ***CoC Program Grants Administration User Guide***-

[*https://www.hudexchange.info/resource/2946/coc-program-grants-administration-user-guide/*](https://www.hudexchange.info/resource/2946/coc-program-grants-administration-user-guide/)

* ***HUD E-SNAPS***  *https://esnaps.hud.gov/grantium/frontOffice.jsf*
* ***New Toolkit for Converting Transitional Housing-***

[*http://www.endhomelessness.org/blog/entry/new-toolkit-for-converting-transitional-housing#.V1sUDI-cE2x*](http://www.endhomelessness.org/blog/entry/new-toolkit-for-converting-transitional-housing#.V1sUDI-cE2x)

* ***Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness-*** *http://usich.gov/usich\_resources/coc-resources/*
* ***Creating Effective Systems to End Homelessness: Guide to Reallocating Funds in CoC Program-***

*http://usich.gov/resources/uploads/asset\_library/FINAL\_Reallocation\_Tool\_09\_30\_14.pdf.*

1. Options for any FFY2016 CoC Projects (pick one):

🞏 **NEW** CoC Project 🞏 **NEW** Permanent Housing Bonus 🞏 **RENEW** Current CoC Project

* **Local CoC Ranking Level**: 🞏 First 🞏 Second 🞏 Third 🞏 Fourth
* Applicant is in **good standing** with any and all state & federal funding:🞏 **YES** 🞏 NO

2. **CoC Project Name** (proposed new or renewal):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CoC Project Description**: provide one page (max) description along with Letter of Intent.

**Name of Primary Applicant** (Direct HUD Recipient, if awarded): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Subrecipient(s)-if applicable:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Primary Partners-if applicable*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Eligible Applicants & Administrators of Rental Assistance: States, local governments, instrumentalities of State/local government and Non-profit organizations.*

1. Applicant certifies the *availability*, if selected, to commit **25% minimum match**, above HUD CoC Program funds, from other sources [i.e. Medicaid, ESG, FSH, DMH, Other] for this NEW **or** RENEWAL CoC Project Proposal: 🞏 **YES** 🞏 NO(non-eligible)
2. **Name All Sources/Amounts:** 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leverage:** If selected, does applicant also have the ability to commit (not a set aside) potential, **additional support of 100-125% leverage**, above HUD CoC Program funds, from other sources [i.e. Medicaid, HOP, FSH, DMH, Private, Other, Other Entities with MOU] for this NEW or RENEWAL CoC Project Proposal?: 🞏 YES 🞏 NO

**Name all identified, potential Match Sources AND Total Amounts for the proposed Current or New CoC project:**

1)

2)

3)

1. Eligible Types for **NEW** CoC Projects Only (pick one – PH can be **NEW or BONUS**):

🞏 Permanent Housing-**Rapid Rehousing**/*Tenant-Based Rental Assistance only*/Literal Homeless-*coming directly from Streets, Shelter-including GA motel, or Fleeing Domestic Violence (DV)*:

Pick one or more: ◊ Individuals ◊ Families ◊ Unaccompanied Youth (18-24) ◊ Fleeing DV

**Rental Assistance Administrator**: \_\_\_\_\_\_\_\_\_

**Requested CoC Funding Amount** (*County FMR amounts X number/size of units*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe need using local and recent unbiased data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Permanent Housing-**Permanent Supportive Housing**/*Chronic Homeless only* (pick one housing type):

Pick one or more: ◊ Individuals ◊ Families ◊ Unaccompanied Youth (18-24)

Pick one or more: ◊ Severe/Persistent Mental Health ◊ Chronic Substance Disorder ◊ Other: \_\_\_\_\_\_\_\_\_

Pick one: ◊ *Tenant-Based Rental Assistance* ◊ *Sponsor-Based RA* ◊ *Project-Based RA*

***Rental Assistance Administrator***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested CoC Funding Amount** (*County FMR amounts X number/size of units*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe need using local and recent unbiased data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◊ Project-Based/Leasing [Recipient/Subrcpt leases building] ◊ Project-Based/Operations [owns building]

***Recipient*** (pick one): ◊ Non-Profit ◊ Local PHA ◊ Unit of Local Government ◊ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number & Size of Units**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address-Units/Building(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project TOTAL Budget Request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Housing Budget Request**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe need using local and recent unbiased data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 New Dedicated-**HMIS** Project (*HMIS Lead only*) – Requested Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General New HMIS Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe ability/plan to increase HMIS usage among all homeless service agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 New **Coordinated Assessment System** Project – County/Area: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_

General Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe ability/plan to engage providers in a coordinated entry system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Eligible Types to **RENEW** Current CoC Project with no Changes (pick one):

🞏 **PH/Permanent Supportive Housing** (i.e. Shelter+Care) 🞏 **PH/Rapid Rehousing** 🞏 **HMIS**

🞏 **Transitional Housing**  🞏 **SSO – Coordinated Entry**

Briefly describe any inconsistencies in your project’s outcomes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. For all PSH projects – new and renewals: Please describe your outreach to the Chronically Homeless:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Additional Questions for CoC project proposals:**
	1. Does applicant intend to apply for:
* Supportive Services, ***more than 25% of CoC Project budget***? 🞏 YES 🞏 NO
* Administration Costs, ***more than 7% of CoC Project budget*** 🞏 YES 🞏 NO
	1. Low Barrier- Will participants be screened-out of CoC project due to any of the following?

🞏 *Too Little or No Income*

🞏 *Active or History of Substance Abuse*

🞏 *Criminal record with exceptions for state-mandated restrictions*

🞏 *History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)*

🞏 *None of the Above*

* 1. Housing First- Will CoC participants be terminated based upon any of the following?

🞏 *Failure to participate in supportive services*

🞏 *Failure to make progress on a service plan*

🞏 *Loss of income or failure to improve income*

🞏 *Being a victim of domestic violence*

🞏 *Other activity not covered in typical lease agreement* 🞏 *None of the above*

**Please limit your submission to no more than 4 pages in total.**