

## 2016 BBCoC DCF Challenge Grant Project Application

### Completeness Checklist

Check if Completed	Completeness Items
_____	One (1) Original signed project application
_____	One (4) copies of the application - in addition to the original
_____	One (1) hard copy of the agency's 990
_____	Emailed PDF containing all contents of Project
_____	Application including 990 to BigBendCoCReview@gmail.com
_____	Section I: Applicant Information Request
_____	Section II: Agency Capacity and CoC Involvement
_____	Section III: Project Narrative
_____	Section IV: Budget and Match Form
_____	Cover Letter citing projects advancement of the BBCoC Homelessness Assistance Plan (HAP)

**SECTION I: Applicant Information Request**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

**2. PROJECT ADMINISTRATOR(S) \*if more than one, please list ALL**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. CONTACT PERSON FOR THE APPLICATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. TARGET GROUP(S):**

\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_ Families

\_\_\_\_ Chronically Homeless \_\_\_\_\_ Veterans

\_\_\_\_ Domestic Violence

\_\_\_\_ Other (specify): \_\_\_\_\_

**5. COUNTY(IES) AND CITY TO BE SERVED : \_\_\_\_\_**

**6. TOTAL FUNDS REQUESTED:**

Project 1 \$ \_\_\_\_\_

Project 2	\$ _____
Project 3	\$ _____
Project 4	\$ _____
Administration	\$ _____
<b>MATCHING FUNDS:</b>	\$ _____
<b>TOTAL PROGRAM COST</b>	\$ _____

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction.

Executive Director or Board Chair:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PROVIDE A COPY OF YOUR AGENCY'S 990 WITH THIS SECTION OF THE PROJECT APPLICATION.**

**SECTION II: Agency Capacity and CoC Involvement**

1. Does the proposed project(s) align with Big Bend Continuum of Care Homelessness Assistance Plan (HAP)? Please indicate and cite the specific sections of the HAP that your proposed project addresses and how the project will further the goals of the HAP and CoC?
2. Is the project(s) a new project? Describe how it is innovative and why it is needed.
3. Explain how your Agency ensures it provides quality services to homeless persons in our community. Include copies of your process and documents supporting the measurement of the quality of services your agency provides.
4. Describe all the funding sources (other grants, donations, etc.) that your Agency receives and utilizes for homeless service and housing activities.
5. Is your organization actively participating in the Big Bend CoC Coordinated Intake and Assessment?  
 YES  NO

If Yes, how is your organizing utilizing the Coordinated Intake and Assessment System?

Has your agencies received referrals through the Coordinated Intake and Assessment System?

YES  NO

# of Accepted Referrals from 11/1/15-4/30/16: \_\_\_\_\_

# of Declined Referrals from 11/1/15-4/30/16: \_\_\_\_\_

Reasons for declined referrals:

6. Are you making permanent housing placements through the Coordinated Intake and Assessments System?  YES  NO

Number of successful housing placements made through Coordinated Intake and Assessment System from July 1, 2015 to June 30, 2016: \_\_\_\_\_

Provide HMIS Client ID #s for all clients successfully housed through Coordinated Intake and Assessment from 7/1/15 to 6/30/16:

7. Does your agency consult and coordinate with the Big Bend CoC to provide input on policy and planning from the homeless or formerly homeless in your area?  
 Yes  No

Please list any CoC committees you or your organization have actively participated in:

8. Describe any prior experience with Federal or other grant funding, particularly grant funding from Department of Children and Families. Please include dates grants were administered and deliverables associated with each grant.

If you have had Federal grant funding in the past, were you able to meet your deliverables and the requirements of the grant? Please explain.

9. Describe your organizations current participation with the Homeless Management Information System (HMIS). Include number of users and programs using HMIS with your organization.
10. Does your proposal include funding any faith-based project or program? If yes, how will you ensure they separate Challenge Grant related activities from the agency's faith-based activities in the provision of services to clients (i.e., spiritual counseling, worship services)?

### **SECTION III: Project Narrative**

The project narrative should include information that describes all of the activities to be funded, the homeless population to be served, and the outcomes expected to be achieved for each activity proposed to be funded. The narrative shall clearly state how the Challenge Grant will further the implementation of the BBCoC Homelessness Assistance Plan (HAP) and help to reduce homelessness in our 8 county CoC coverage area. The sections of the HAP that your proposed project addresses should be cited in your narrative.

**Your narrative will be scored on the following points of clarity;**

- how Coordinated Entry will be used with this project,
- how HMIS will be used,
- how the project advances and aligns with the HAP,
- project goals,
- plan to achieve project goals and achieve outcomes within 10-month period,
- does the project target literally homeless persons.

**Section IV: Budget and Match Form**

	<u>Grant Activity/Project</u>	<u>\$ Requested</u>	<u>\$ Match Amount</u>	Existing Service	New Service	Number of Persons Homeless To Be Served
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
	<b>TOTAL GRANT</b>	<b>\$ _____</b>	<b>\$ _____</b>			_____
						<b>Total Persons To Be Served</b>

**Instructions**

Please list your grant projects on the above chart. The maximum grant shall be \$300,000 in 2016-17 for the entire BBCoC.

**1. Grant Activity / Project**

Please use the same title or description used in the narrative. Be sure to identify and list each activity to be funded, if more than one is proposed for funding.

**2. \$ Requested**

List the amount of Challenge Grant requested for each activity or use separately and the total amount of the Challenge Grant requested.

**3. \$ Match Amount**

List the amount of matching funds that will be submitted for invoicing purposes.

**4. Existing or New Service**

Specify whether the activity or use to be funded will support an existing service or use, or whether the funded activity is a new service to fulfill an unmet need.

**5. Number of Homeless Persons Served**

For each activity, identify the estimated number of homeless persons to be served.

**LEVERAGED FUNDING**

Please list any funds your agency regularly receives and administers in the following categories of funding to be included in our CoC wide leverage report to DCF for this grant application.

**A. McKinney-Vento Homeless Assistance Act Grants**

List each grant award claimed separately under the McKinney-Vento Program.

<u>Program</u>	<u>Grant Amount</u>	<u>Grant Award # /Reference</u>	Please indicate (and state the reason) if Provider is not seeking these funds
1. Homeless Veterans Reintegration	\$ _____	_____	_____
2. Health Care for the Homeless	\$ _____	_____	_____
3. PATH	\$ _____	_____	_____
4. Education for Homeless Children	\$ _____	_____	_____
5. Emergency Solutions Grant	\$ _____	_____	_____
6. Section 8 Moderate Rehab., SRO	\$ _____	_____	_____
7. Emergency Food & Shelter	\$ _____	_____	_____
8. Shelter Plus Care	\$ _____	_____	_____
9. Supportive Housing Program	\$ _____	_____	_____
10. HUD – VASH	\$ _____	_____	_____
11. Supportive Services for Veterans (SSFV)	\$ _____	_____	_____
TOTAL GRANTS	\$ _____	_____	_____

**B. Private Cash for Services to Homeless Persons**

List each source category separately, and the total private cash received. Source categories could include; private cash donations, fundraising efforts, foundation contributions, etc. We do not need specific names of funders, all individual private contributors can be represented in the same source category.

<u>Funding Source Category</u>	<u>Cash Received</u>
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____

<b>Total Private Cash</b>	\$	_____
A. McKinney Act Grants	\$	_____
B. Private Cash	\$	_____
<b>Total Leverage Claimed</b>	\$	_____

**NOTES:**

1. To be eligible to be claimed as leveraged funding the grant award must have been executed, or the private money received, between the dates of July 1, 2015 and June 30, 2016.
2. If more than one grant award was received for a specific McKinney Act grant, use more than one line, reflecting each grant award separately, specifying the McKinney Act Program for each line used.