

2016 Big Bend CoC DCF TANF Homeless Prevention

Project Application

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification: _____

DUNS Number: _____

*Please **provide one copy of your agency's 990** along with your **email submission to bigbendcocoreview@gmail.com** and **5 hard copies** of your project proposal for review.

2. PROJECT ADMINISTRATOR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

3. CONTACT PERSON FOR THE APPLICATION

*This **person should be available** at any time on **June 23-24th** to answer review committee questions and should be **available through the 6th of July** to answer lead agency questions on combining projects in the CoC Application.

Name: _____

Phone: _____

Email: _____

4. COUNTY OR COUNTIES TO BE SERVED: _____

5. PRIOR TANF FUNDING? (Include 2014 and 2015):

YES _____ NO _____

Amount(s) _____ Year(s) _____

6. TOTAL FUNDS REQUESTED FY 2016-17: \$ _____

Administration \$ _____

7. LEVERAGED FUNDS: \$ _____

8. TOTAL PROGRAM COST: \$ _____

9. NUMBER OF FAMILIES TO BE SERVED MONTHLY: _____

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:

Signature: _____

Printed Name: _____

Title: _____ Date: _____

A. Agency Capacity and CoC Involvement

1. Proposal includes FAITH BASED ORGANIZATIONS? YES NO

2. Is your organization actively participating in the Big Bend CoC Coordinated Intake and Assessment? YES NO
 - a. If Yes, how is your organizing utilizing the Coordinated Intake and Assessment System?

 - b. Has your agency 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:

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

Number of successful housing placements made through Coordinated Intake and Assessment System from 11/1/15 to 4/30/16: _____

Provide HMIS Client ID #s for all clients successfully housed through Coordinated Intake and Assessment from 11/1/15-4/30/16:

3. 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:

4. Describe any prior experience with Federal or other grant funding, particularly grant funding from Department of Children and Families.

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.

5. Describe your organization’s current participation with the Homeless Management Information System (HMIS). Include number of users and programs using HMIS with your organization.

B. Project Narrative and Details

All applicants shall submit a complete and comprehensive narrative describing their intended use of the grant funds. Clearly state the goals to be pursued by the grant funded prevention program, and how the grant will stabilize the housing of families assisted.

Describe how your program will be operated, including but not limited to the following:

1. Method by which the applicant will take applications for assistance from eligible families through the Big Bend CoC established Coordinated Entry System;
2. How the applicant will keep these families informed on the status of their request for assistance;
3. The eligible grant funded services to be provided, and the specific housing costs to be covered by the direct financial assistance;
4. How the grantee will provide case management reviews to document family eligibility and housing stability plan and use HMIS to document eligibility, stability and case information;
5. Describe any preferences, or priorities used to select eligible families to be assisted, and how those preferences or priorities shall be determined/documented;
6. The number of families to be assisted;
7. How often a family can apply and receive assistance, and the limit on the number of times a family will be assisted;

8. The maximum level of direct financial assistance to be provided to an eligible household under the grant award, as well as the estimated average cost per family served;
9. The content of each applicant's case file used to establish the family's eligibility for assistance;
10. In the case of the denial of assistance, describe the process by which the family can appeal the decision;
11. Describe how your organization will track the assisted household's housing status following assistance provided under the grant award; and
12. How the program will connect the family to other services and benefits they may need and be eligible to receive.

C. Dedicated Funding for Homeless Prevention

All applicants must fill this form out in order to be considered for inclusion in the CoC wide application.

Statutory Preference 1: Leverage of Additional Private and Public Funds

Document the source(s) and amounts of public and private funding committed to the Homelessness Prevention Grant Program through your agency for 2016-17 in the Budget Narrative and respond to the following if applicable:

Funding Source	Total Amount Leveraged (July 1, 2016 – June 30, 2017)	Ratio to Grant Request
Public (List all sources)		
Private (list all sources)		

Statutory Preference 2: Effectiveness of Keeping Families Housed

Describe the method used to capture the housing stability data available for the year ending December 31, 2015 if your agency provided Homeless Prevention resources previously. Provide data on the clients served in calendar year 2014 on success in staying in their housing for twelve (12) months after the last assistance was provided.

Attach the data report, clearly citing the source of the data and report if applicable.

# Families served in 2014: _____	# Remained housed after 12 months: _____	_____ % Remained housed after 12 months
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Applicant Certification

The responses to the above scoring criteria are true and accurate:

Name of Executive Director or Board Chair:

Date:

Signature:

Attach all documents immediately following this certification.

D. Budget Form and Narrative

Homelessness Prevention Grant
Budget for FY2016 - 17

<u>Eligible Activity</u>	<u>Grant Funds</u>	<u>Leveraged \$</u>
1. Past due rent or mortgage assistance	\$	\$
2. Past due utility payments (electric, gas, water, sewer only)	\$	\$
3. Case management		
a. Salaries and benefits Number of FTE's _____	\$	\$
b. Operating expenses	\$	\$
4. Grant Administration (Maximum = 3% of total award)	\$	\$
TOTAL	\$	\$

Attach a **detailed budget narrative** to support the request, and document the commitment of leveraged dollars from private and other public sources.

Grant expenditures must be obligated by June 30, 2017.