**2019 DV Bonus Application (PH-RRH and/or SSO-CE DV Only)**

\*You must answer all questions in this application. Subrecipients can apply for at least $50,000 and a maximum of $266,243. All applications are due back to Erie County DHS no later than Friday, August 23rd at 5pm.

2A. Project Subrecipients. Please enter your organization name, type of award you are seeking (RRH or CE DV Bonus only) and amount you are seeking in table below.

Total Expected Sub-Awards:

|  |  |  |
| --- | --- | --- |
| **Organization** | **Type** | **Sub- Award Amount** |
|  |

# 2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. **Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**
2. **Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**
3. **Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?

# 3A. Project Detail

**1a. CoC Number and Name:** PA-605 - Erie City & County CoC

**1b. CoC Collaborative Applicant Name:** County of Erie

* 1. **Project Name:**
	2. **Project Status:** Standard
	3. **Component Type:** PH

4a. Will the PH project provide PSH or RRH? RRH

* 1. **Does this project use one or more** No

properties that have been conveyed through

the Title V process?

* 1. **Is this new project application requesting** No

to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section

II.B.2. and Section III.C.3.q. of the FY 2019

NOFA).

* 1. **Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace**

X

state or local funds?

# 3B. Project Description

* + 1. **Provide a description that addresses the entire scope of the proposed project.**
		2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months.

The estimated schedule should reflect these statutorily required deadlines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **New project staff hired, or other project expenses begin?** |  |  |  |  |
| **Participant enrollment in project begins?** |  |  |  |  |
| **Participants begin to occupy leased units or structure(s), and supportive services begin?** |  |  |  |  |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity?** |  |  |  |  |
| **Closing on purchase of land, structure(s), or execution of structure lease?** |  |  |  |  |
| **Rehabilitation started?** |  |  |  |  |
| **Rehabilitation completed?** |  |  |  |  |
| **New construction started?** |  |  |  |  |
| **New construction completed?** |  |  |  |  |

You must enter a value greater than zero for at least one project milestone.

* + 1. **Will your project participate in a CoC Coordinated Entry Process?**

Yes

\* 4. Please identify the project's specific population focus. (Select ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronic Homeless** |  | **Domestic Violence** |  |
| **Veterans** |  | **Substance Abuse** |  |
| **Youth (under 25)** |  | **Mental Illness** |  |
| **Families** |  | **HIV/AIDS** |  |
|  | **Other****(Click 'Save' to update)** |  |

* + - 1. **Housing First**
1. **Will the project quickly move participants**

into permanent housing?

1. **Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

|  |  |
| --- | --- |
| **Having too little or little income** |  |
| **Active or history of substance use** |  |
| **Having a criminal record with exceptions for state-mandated restrictions** |  |
| **History of victimization (e.g. domestic violence, sexual assault, childhood abuse)** |  |
| **None of the above** |  |

1. **Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

|  |  |
| --- | --- |
| **Failure to participate in supportive services** |  |
| **Failure to make progress on a service plan** |  |
| **Loss of income or failure to improve income** |  |
| **Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area** |  |
| **None of the above** |  |

1. **Will the project follow a "Housing First"**

approach?

* + - 1. **If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**
			2. **Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?**
			3. **Will more than 16 persons live in one**

structure?

# 4A. Supportive Services for Participants

* 1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying

participants.

* 1. **Describe how participants will be assisted to obtain and remain in permanent housing.**
	2. **What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?**
	3. **For all supportive services available to participants, indicate who will provide them and how often they will be provided.**

Click 'Save' to update.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** |  | **Provider** | **Frequency** |
| **Assessment of Service Needs** |  |  |  |
| **Assistance with Moving Costs** |  |  |
| **Case Management** |  |  |
| **Child Care** |  |  |
| **Education Services** |  |  |
| **Employment Assistance and Job Training** |  |  |
| **Food** |  |  |
| **Housing Search and Counseling Services** |  |  |
| **Legal Services** |  |  |
| **Life Skills Training** |  |  |
| **Mental Health Services** |  |  |
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|  |
| --- |
| **Outpatient Health Services** |
| **Outreach Services** |
| **Substance Abuse Treatment Services** |
| **Transportation** |
| **Utility Deposits** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please enter all values for at least one line item.

* 1. **Please identify whether the project will include the following activities: 5a. Transportation assistance to clients to**

attend mainstream benefit appointments, employment training,

or jobs?

5b. Regular follow-ups with participants to

ensure mainstream benefits are received and renewed?

* 1. **Will project participants have access to SSI/SSDI technical assistance**

provided by the applicant, a subrecipient, or

partner agency?

# 4B. Housing Type and Location

The following list summarizes each housing site in the project.

Total Units: Total Beds:

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Type** | **Housing Type (RRH)** | **Units** | **Beds** |
| Scattered-site apartments (... | --- | -- | -- |

# 4B. Housing Type and Location Detail

* + 1. **Housing Type:** Scattered-site apartments (including efficiencies)
		2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**
			1. **Units:**
			2. **Beds:**
		3. **Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single- family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1:

Street 2:

City: State:

ZIP Code:

\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.

(for multiple selections hold CTRL key)

422178 Erie

# 5A. Project Participants - Households

Households Table

**Number of Households**

**Households with at Least One Adult and One Child**

**Adult Households without Children**

**Households with Only Children**

|  |
| --- |
| **Total** |
|  |
|  |
| **Total** |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Characteristics** |
| **Adults over age 24** |
| **Persons ages 18-24** |
| **Accompanied Children under age 18** |
| **Unaccompanied Children under age 18** |
| **Total Persons** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Persons in** |  | **Adult Persons in** |  | **Persons in** |
| **Households with at** | **Households without** | **Households with** |
| **Least One Adult and One Child** | **Children** | **Only Children** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |

At least one person in the Households Grid must be served.

# 5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronicall y Homeless Non- Veterans** | **Chronicall y Homeless Veterans** | **Non- Chronicall y Homeless Veterans** | **Chronic Substanc e****Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developm ental Disability** | **Persons not represent ed by listed subpopul ations** |
| **Adults over age 24** |  |  |  |  |  |  |  |  |  |  |
| **Persons ages 18-24** |  |  |  |  |  |  |  |  |  |  |
| **Children under age 18** |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronicall y Homeless Non- Veterans** | **Chronicall y Homeless Veterans** | **Non- Chronicall y Homeless Veterans** | **Chronic Substanc e****Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developm ental Disability** | **Persons not represent ed by listed subpopul ations** |
| **Adults over age 24** |  |  |  |  |  |  |  |  |  |  |
| **Persons ages 18-24** |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households with Only Children

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronicall y Homeless Non- Veterans** | **Chronicall y Homeless Veterans** | **Non- Chronicall y Homeless Veterans** | **Chronic Substanc e****Abuse** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** | **Physical Disability** | **Developm ental Disability** | **Persons not represent ed by listed subpopul ations** |
| **Accompanied Children under age 18** |  |  |  |  |  |  |  |  |  |  |
| **Unaccompanied Children under age 18** |  |  |  |  |  |  |  |  |  |  |
| **Total Persons** | 0 |  |  |  | 0 | 0 | 0 | 0 | 0 | 0 |

# 6A. Funding Request

1. **Will it be feasible for the project to be under grant agreement by September 30,**

2021?

Yes

1. **What type of CoC funding is this project applying for in the 2019 CoC Competition?**

DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

1. **Does this project propose to allocate funds** No

according to an indirect cost rate?

1. **Select a grant term:** 1 Year

\* 5. Select the costs for which funding is

being requested:

Rental Assistance Supportive Services

HMIS

1. **If awarded, will this project require an initial grant term greater than 12 months?**

Yes

6a. Select the number of months required for

the initial grant term:

# 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project.

|  |  |
| --- | --- |
| **Total Request for Grant Term:** |  |
| **Total Units:** |  |

Total Assistance Requested Amount has to be greater than $0.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Rental Assistance** | **FMR Area** | **Total Units Requested** | **Total Request** |
|  |

# 6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity AND Description (max 400 characters)** | **Annual Assistance Requested** |
| **1. Assessment of Service Needs** |  |  |
| **2. Assistance with Moving Costs** |  |  |
| **3. Case Management** |  |  |
| **4. Child Care** |  |  |
| **5. Education Services** |  |  |
| **6. Employment Assistance** |  |  |
| **7. Food** |  |  |
| **8. Housing/Counseling Services** |  |  |
| **9. Legal Services** |  |  |
| **10. Life Skills** |  |  |
| **11. Mental Health Services** |  |  |
| **12. Outpatient Health Services** |  |  |
| **13. Outreach Services** |  |  |
| **14. Substance Abuse Treatment Services** |  |  |
| **15. Transportation** |  |  |
| **16. Utility Deposits** |  |  |
| **17. Operating Costs** |  |  |
| **Total Annual Assistance Requested** |  | $0 |
| **Grant Term** |  | 1 Year |
| **Total Request for Grant Term** |  | $0 |

Total Request for Grant Term must be greater than $0.

# 6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project.

Summary for Match

|  |  |
| --- | --- |
| **Total Value of Cash Commitments:** |  |
| **Total Value of In-Kind Commitments:** |  |
| **Total Value of All Commitments:** |  |

* 1. **Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Match** | **Type** | **Source** | **Contributor** | **Date of Commitment** | **Value of Commitments** |
|  |

# 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** | **Annual Assistance Requested (Applicant)** | **Grant Term (Applicant)** | **Total Assistance Requested****for Grant Term (Applicant)** |
| **1a. Acquisition** |  | $0 |
| **1b. Rehabilitation** | $0 |
| **1c. New Construction** | $0 |
| **2a. Leased Units** | $0 | 1 Year | $0 |
| **2b. Leased Structures** | $0 | 1 Year | $0 |
| **3. Rental Assistance** | $0 | 1 Year | $0 |
| **4. Supportive Services** | $0 | 1 Year | $0 |
| **5. Operating** | $0 | 1 Year | $0 |
| **6. HMIS** | $0 | 1 Year | $0 |
| **7. Sub-total Costs Requested** |  | $0 |
| **8. Admin (Up to 10%)** |  |
| **9. Total Assistance Plus Admin Requested** | $0 |
| **10. Cash Match** |  |
| **11. In-Kind Match** |  |
| **12. Total Match** | $0 |
| **13. Total Budget** | $0 |

**1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.**

**Please check which program you are applying for:**

| 1. PH-RRH |  |
| --- | --- |
| 2. SSO Coordinated Entry |  |

**\*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:**

| Need Housing or Services |  |
| --- | --- |
| the CoC is Currently Serving |  |

**Applicants must provide a value for both entries in 1F-2.**

**\* 1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)**

**1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)**

**1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide
information in the chart below about the project applicant and respond to Question 1F-3a.**

| DUNS Number |   |
| --- | --- |
| Applicant Name |   |

**\* 1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)**

**1F-4. PH-RRH Project Applicant Capacity.**

| DUNS Number: |   |
| --- | --- |
| Applicant Name: |   |
| Rate of Housing Placement of DV Survivors–Percentage: |  |
| Rate of Housing Retention of DV Survivors–Percentage: |  |

**\* 1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

**\* 1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)**

**\* 1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)**

**\* 1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)**

**\* 1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:**

* **Child Custody**
* **Legal Services**
* **Criminal History**
* **Bad Credit History**
* **Education**
* **Job Training**
* **Employment**
* **Physical/Mental Healthcare**
* **Drug and Alcohol Treatment**
* **Childcare**

**(limit 2,000 characters)**