Attachment 4

Miami-Dade County Continuum of Care

Application for New Projects

CoC New Project Application

MDCHT Continuum of Care

* Please email Manny Sarria at [Manuel.Sarria@miamidade.gov](mailto:Manuel.Sarria@miamidade.gov) with any questions about the application
* Submit your responses in their original format via email by the deadline with the following naming convention:

<Agency name –Program name-NEW CoC App

Example: Carrfour-Home Again-NEW CoC App

* The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. **Project Applicant Information**
   1. Name of Organization:
   2. Local Address:
   3. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: Describe

* 1. EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Funding Category

[ ] DV Bonus

[ ] HUD Bonus

[ ] HUD Reallocation

* 1. Project Type

[ ] Coordinated Entry [ ] TH & PH:RRH [ ] PH:RRH [ ] PH:PSH

Is a Sub-Recipient Organization included in this application: Yes (attach MOU) No

Congressional District(s):

For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>

a. Project: [ ] FL-024 Miami-Dade OR chose one or more of the following

[ ] FL-023 North Miami Beach & Bal Harbor

[ ] FL-025 Hialeah & Medley

[ ] FL-026 Homestead

[ ] FL-027 Miami Beach, Coral Gables, Kendall, Palmetto Bay and Cutler Bay

Proposed Project

a. Start Date: \_\_\_/01/2022

b. End Date: \_\_\_/\_\_\_/2023

**2A Project Subrecipients Detail**

Are you a faith-based organization? 🞎 Yes 🞎 No

Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? 🞎 Yes 🞎 No

Expected Award Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include HT match)

Contact Person

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Fax (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.  *In 3000 characters, including spaces, describe why you are the appropriate entity to receive funding. Provide examples that illustrate their experience and expertise in the following: (1) working with and addressing the target population(s) identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.* |
| 2. In 3000 characters, including spaces: Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds. Include experience with leveraging all federal, state, local and private sector funds. If the project applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.” |
| 3. In 3000 characters, including spaces: 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. Include the organization and management structure of the project applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.* |
| 4. Describe action steps take steps taken to a) promote racial equity and b) address the needs of LGTBQ in the provision of housing and services delivery. |
| 5. Describe how feedback from persons with lived experience has been solicited and impacted housing and service delivery. |
| 6a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? 🞎 Yes 🞎 No (skip 4b) |
| 4a. In 3000 characters, including spaces: Describe the unresolved monitoring or audit findings.  *Provide an explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).* |

**3A Project Detail**

Project Name:

Type of Project: 🞎 SSO-CE 🞎 PH:RRH 🞎 PH:PSH 🞎 TH and PH:RRH

Does this project use one or more properties that have been conveyed through the Title V process? 🞎 Yes 🞎 No

Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2020 CoC Program Competition? 🞎 Yes 🞎 No

**3B Project Description**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. In 2000 characters, including spaces: Provide a description that addresses the entire scope of the proposed project.  *Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.*  *Note: HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.* | | | |
| 2. **Project Milestones** | | **Days from Execution of Grant Agreement** | |
| New project staff hired, or other project expenses begin? | |  | |
| Participant enrollment in project begins? | |  | |
| Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin? | |  | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | |  | |
| If applicable, closing on purchase of land, structure(s), or execution of structure lease?  Rehabilitation started? | |  | |
| If applicable, rehabilitation completed? | |  | |
| If applicable, new construction started? | |  | |
| If applicable, new construction completed? | |  | |
| 3. Will your project participate in a CoC Coordinated Entry Process? 🞎 Yes 🞎 No, explain: | | | |
| 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: | | |
| 5. Is the project Housing First 🞎 Yes 🞎 No, explain:  If you selected “yes” you are agreeing to:   * move participants into permanent housing quickly * serving persons with little or no income * serving persons with active or history of substance use * serving persons with a criminal record * serving persons with a history of victimization * serving persons who may chose not to participate in support services * serving persons who may not progress on the service plan * serving persons who may lose income or fail to improve income * serving persons who may break program rules not covered in the lease agreement | | | |
| 6. If project is requesting capital costs, in 1000 characters including spaces, 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. | | | |
| 7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? 🞎 No 🞎 Yes, describe why the project applicant has chosen to implement this program design for your project program participants. For example, if a project applicant owns a building to provide PSH for program participants or program participants will be required to meet with a case manager at least monthly in their first year of the project and the case managers offices are in the identified locality. For project applicants requesting TRA, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services (1000 characters including spaces). | | | |
| 8. Will more than 16 persons live in one structure? 🞎 No 🞎 Yes, explain how local market conditions necessitate this size AND explain how neighborhood integration can be achieved for program participants (1000 characters including spaces). | | | |
| 9. Indicate whether the project is 🞎 100% Dedicated or 🞎 DedicatedPLUS | | | |
| 10. Is this New project application requesting a “Project Expansion” of an eligible renewal  project of the same component type? 🞎 No 🞎 Yes | | | |

**4A Supportive Services for Participants**

|  |  |  |
| --- | --- | --- |
| 1. Describe how healthcare and housing resources are being coordinated and leveraged to assist persons experiencing homelessness obtain and remain in permanent housing, and how this program is ideally suited to further reduce unsheltered homelessness in Miami-Dade. *Describe how the project applicant plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current, and proposed case management activities, and the availability and accessibility of supportive services such as–housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc. Example: A project that targets its housing and services to serving young parents might provide a specific service array of supportive services including parenting classes, education programing, and childcare services.*  *If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe: (1) how the project will identify appropriate units; (2) the project’s established arrangements with homeless service providers; and (3) how the project will engage landlords.* | | |
| 2. What specific plan does this project have to ensure program participants are assisted in obtaining the benefits of mainstream social and employment programs for which they are eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)  *Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).* | | |
| 3. For all supportive services available to participants, indicate who will provide them and how often they will be provided. | | |
| Supportive Service | Provider (Applicant, Partner or Non-partner) *Applicant must be selected if Supp. Service dollars are being requested as part of this grant* | Frequency (Daily, Weekly, Monthly, Bi-annually, Annually, As Needed) |
| 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 |  |  |
| Outpatient Health Services |  |  |
| Outreach Services |  |  |
| Substance Abuse Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Please identify whether the project will include the following activities:  Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 🞎 Yes 🞎 No, explain:  Regular follow-ups with participants to ensure mainstream benefits are received and renewed? 🞎 Yes 🞎 No, explain:  Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? 🞎 Yes 🞎 No, explain:  Has the staff person providing the technical assistance completed SOAR training in the past 24 months. 🞎 Yes 🞎 No, explain: | | |

**4B Housing Type and Location**

Total Number of Units:

Total Number of Beds:

How many of the total beds are dedicated to the chronically homeless: \_\_\_

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**5A Project Participants - Households**

Use tables below to enumerate the Population to be Served in the Project (Point-in-Time)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
| Total Number of Households |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Characteristics | Persons in  Households with at Least One Adult  and One Child | Adult Persons in  Households without Children | Persons in Households with Only Children | Total |
| Adults over age 24 |  |  | N/A |  |
| Persons ages 18-24 |  |  | N/A |  |
| Accompanied Children under age 18 |  | N/A |  |  |
| Total Persons |  |  |  |  |

**5B Project Participants - Subpopulations**

Use table below to enumerate the Persons in Households with At Least One Adult and One Child

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Characteristic | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Substce  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | DV | Phys.  Disblty | Dvlpmntl  Disblty | Persons Not  Other-wise  Represented |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Persons ages 18-24 |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

Use table below to enumerate the Persons in Households without Children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Characteristic | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Substce  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | DV | Phys.  Disblty | Dvlpmntl  Disblty | Persons Not  Other-wise  Represented |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Persons ages 18-24 |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

Use table below to enumerate the Persons in Households with Only Children

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Characteristic | Chron.  Homlss  Non-  Vets | Chron.  Homlss  Vets | Chronic  Substce  Abuse | Persons  with  HIV/  AIDS | Severely  Mentally Ill | DV | Phys.  Disblty | Dvlpmntl  Disblty | Persons Not  Other-wise  Represented |
| Adults over age 24 |  |  |  |  |  |  |  |  |  |
| Persons ages 18-24 |  |  |  |  |  |  |  |  |  |
| Children under age 18 |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |

Describe the “Persons Not Otherwise Represented” referred to above:

**6A Funding Request**

Will it be feasible for the project to be under grant agreement by September 30, 2022?

🞎 Yes 🞎 No, explain:

What type of CoC funding is this project applying for in the 2020 CoC Competition?

🞎 CoC Bonus 🞎 Reallocation 🞎 DV Bonus

Does this project propose to allocate funds according to an indirect cost rate? 🞎 No 🞎 Yes

Has this rate been approved by your cognizant agency? 🞎 No 🞎 Yes (if “Yes” attach federal letter)

Select the costs for which funding is being requested:

🞎 Acquisition/Rehabilitation/New Construction

🞎 Leased Units

🞎 Leased Structures

🞎 Rental Assistance

🞎 Supportive Services

🞎 Operating

🞎 HMIS

If this project will require an initial grant term greater than 12 months, please chose one of the following (this option will delay the 12 month renewal term in the second and subsequent renewal cycles):

🞎 13 months (latest start date 11/1/2021)

🞎 14 months (latest start date 10/1/2021)

🞎 15 months (latest start date 9/1/2021)

🞎 16 months (latest start date 8/1/2021)

🞎 17 months (latest start date 7/1/2021)

🞎 18 months (latest start date 6/1/2021)