ATTACHMENT 6

**NOFA RFA Renewal Project Application**

**Project Applicant Information:**

* 1. Name of Organization:

**Contact person for this application (the provider may list more than one contact person):**

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:**

**Federal Award Identifier (first six characters): F L \_\_\_ \_\_\_ \_\_\_ \_\_\_ (i.e. FL0244)**

**1. Component Type of Submission:** [ ]TH:RRH [ ]PSH [ ] RRH [ ] SSO-CE

**2. Have you received capital funding (acquisition, rehab or new construction) and**

**are currently on a Restricted Covenant?**

[ ]YES **If "YES", enter the date the restricted covenant expires :**\_\_\_/\_\_\_/\_\_\_\_\_\_\_.

[ ] NO Attach current restrictive covenant to your application.

**3**. **Will this renewal project be part of a new application for a Renewal Expansion Grant?**

[ ]YES **If "YES", you must submit a new project application for the expansion component of the application**.

[ ] NO

**4**. **Will this renewal project be part of a consolidation project application?**

[ ]YES **If "YES", you must submit a consolidation project application**.

[ ] NO

**5. Does the project propose to allocate funds according to an indirect cost rate?**

[ ]YES **If YES:**

[ ] This rate been approved by the federal government and I have attached evidence of the federally approved indirect cost rate

-OR-

[ ] I will be using a 10% de minimis rate

[ ] NO

**6. I certify I have reviewed the GIW, check one of the options below.**

**[ ] The GIW *is accurate***

**-OR-**

**[ ] I have provided edits to the GIW.**

**Please provide narrative edits below:**

|  |  |
| --- | --- |
| **GIW Column** | **Edits** |
|  |  |
|  |  |
|  |  |
|  |  |

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

**[ ] Having no 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 = Housing First**

**8. 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 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 = Housing First**

**9. Equity Factors**

**Agency Leadership, Governance, and Policies**

**a. Describe how your agency includes historically under-represented individuals in managerial and leadership positions? This may include historically underrepresented populations who are reflective of the composition of the local community being served, including but not limited to Black Indigenous People of Color (BIPOC) or LGBTQ+.**

**b. Does your agency’s board of directors include representation from more than one person with lived experience of homelessness? If so, please describe.**

**c. Describe your agency’s process for receiving and incorporating feedback from persons with lived experience of homelessness?**

**d. Describe how your agency reviews internal policies and procedures with an equity lens? An equity lens is a process for analyzing the impact of the design and implementation of policies on under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers. Please highlight if you are taking different perspectives and community needs into consideration or if you have a plan for developing and implementing equitable policies that do not impose undue barriers to service accessibility and delivery.**

**Program Participant Outcomes**

**e. Describe how your agency reviews program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations?**

**f. Describe how your agency reviews data and identifies programmatic changes needed to make program participant outcomes equitable across different populations? Highlight if you have or are developing a plan to make those changes.**

**g. Is your agency working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations? If so, please describe.**

**10. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Provider Representative Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**