

**FY2018 Continuum of Care**

**Supplemental Questionnaire**

**New Projects, Renewals, DV Set-aside and Permanent Housing Bonus**

Agencies that apply for funds through the CoC Funding Process must complete an application for each program in E-snaps. In addition, agencies must complete this Supplemental Questionnaire for each program.

This form is due on August 16, 2018 at 3:00 PM by e-mail to [hsc@cityofmadison.com](mailto:hsc@cityofmadison.com). If you have questions, please contact Torrie Kopp Mueller, [tkoppmueller@cityofmadison.com](mailto:tkoppmueller@cityofmadison.com) or call 608-266-6254.

* **Agencies with more than one CoC project must submit a separate form for EACH project.**

Name of Agency:

Name of Project:

Proposed Amount:

**Please answer the following questions:**

*Project applications will be reviewed based upon adherence to the HUD CoC Program Interim Rule, FY18 CoC NOFA, and FY18 CoC NOFA Policy Priorities, as well as results of the Performance Measure Ranking Criteria.*

1. Describe experience of each grantee (and sub-grantee) for administering this type of HUD-funded program. Please describe experience for all staff involved with this program.

2. Out of total program budget, including leveraged funds, what percentage are HUD funds? Please provide a breakdown of funding sources and amounts for this program.

4. Please describe how your project takes proactive steps to minimize or overcome barriers to housing retention. For Coordinated Entry, please describe how your project takes proactive steps to minimize barriers to access of the Coordinated Entry System.

5. In your last operating year: (N/A for New Projects) (Not scored, for information only)

How many households exited the program?

Why did the households exit? (i.e. one was terminated from the program & one moved into subsidized housing):

How many new households entered the program?

Did the program attempt an agency transfer? If so, what was the outcome?

6. Describe how your proposal is **NOT** in compliance with the Written standards approved by the HSC Board of Directors. Describe the steps your agency will take to come into compliance and provide a timeline for changes. Please pay specific attention to the following sections:

Section I: General Requirements

1. Program Standards

2. Case Management Services

3. Personnel

4. Housing First

5. Coordinated Entry

6. Termination and Grievance Procedures

7. Record Keeping Requirements

Section II: Program Requirements

Please address the section for your project type: Transitional Housing, Rapid Rehousing, Permanent Supportive Housing

1. Is your agency actively participating in the Homeless Services Consortium (HSC)? List names of staff who participates in HSC Committees below.

|  |  |
| --- | --- |
| **Committee Name** | **Staff Name** |
| Community Plan to Prevent and End Homelessness Oversight Committee |  |
| CORE Committee |  |
| Education and Advocacy Committee |  |
| Point-In-Time Committee |  |
| Nominating & Governance Committee |  |
| Committee to End Youth Homelessness |  |
| Shelter Providers Committee |  |

**Alignment with Housing First Principles (N/A for Coordinated Entry)**

1)    Please attach your agency and/or project written policies or procedures that clearly demonstrate participants are NOT SCREENED OUT based on the following criteria, and indicate the document and page number where the panel can find each provision.

Please Note: if a policy or procedure applies to all CoC-funded projects or agency-wide, you may submit one copy per agency. If you have different policies or procedures for different projects or project types, submit one copy of each relevant policy and specify to which project or projects each one applies.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Document/File** | **Page Number** | **Name of Project(s) (or “All Projects”)** |
| Having too little or no income |  |  |  |
| Active, or history of, substance use or a substance use disorder |  |  |  |
| Having a criminal record \* |  |  |  |
| History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement) |  |  |  |

\*1A) Please note if there are specific criminal records the program denies for, what they are and the reason for denial.

2)    Please attach your agency and/or project written policies or procedures that clearly demonstrate participants are NOT TERMINATED from the program for the following reasons, and indicate the document and page number where the panel can find each provision.

Please Note: if a policy or procedure applies to all CoC-funded projects or agency-wide, you may submit one copy per agency. If you have different policies or procedures for different projects or project types, submit one copy of each relevant policy and specify which project or projects each one applies to.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Document/File** | **Page Number** | **Name of Project(s) (or “All Projects”)** |
| Failure to participate in supportive services |  |  |  |
| Failure to make progress on a service plan |  |  |  |
| Loss of income or failure to improve income |  |  |  |
| Being a victim of domestic violence |  |  |  |

**Policy for Funding Consideration**

To be eligible for funding consideration, Project Applicants must meet the following criteria:

**All Project Sponsors**

* Must meet all HUD eligibility criteria
* Must meet all pre-application deadlines set by the CoC.
* Must have met all program requirements for most recent program year to be eligible for application.
* Must be a 501(c)3, 501 (c)4, PHA or local government
* Must possess legal authority to apply for and receive funds and carry out activities authorized by the CoC Program.
* Must provide supplementary match funds required by HUD.
* Must participate fully in the Dane County CoC process to coordinate and integrate with other mainstream programs for which homeless populations may be eligible.
* Must assume responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.
* Must be in compliance with all local, state, and federal civil rights laws and Executive Orders as well as all standards outlined in the U.S. Department of Housing and Urban Development CoC NOFA.
* All project applicants must meet any HUD certification requirements as outlined in the 2018 CoC NOFA.
* Project applicants for new projects will be required to enter data into the HMSI system, with the exception of Domestic Violence programs that are exempted by the Violence Against Women Act.

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

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