**2017 Project Narrative**

**(for new projects)**

**Please answer the following questions. Your response to Questions 1-6 should not exceed three pages, single-spaced, 12 point, Times New Roman font, one-inch margins. An electronic version of the form, just the questions, is available at:** <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>**. You will be able to type into that form.**

1. Please describe your program’s policies and procedures for screening clients for appropriate and relevant mainstream programs and resources for which they may be eligible.
2. Please describe how your agency conducts or provides access to training for staff specifically related to accessing mainstream services.
3. Please state yes or no as to whether your project meets the threshold requirement of equal access for program participants regardless of sexual orientation or gender identity, in compliance with federal law and the 2017 CoC Program NOFA. If necessary, please explain. **Please do not exceed 150 words.**
4. Please state yes or no as to whether your project is inclusive of and serves program participants, within the project’s target population, with the highest needs and vulnerability, including but not limited to the following below. If necessary, please explain. **Please do not exceed 150 words.**
   * Low or no income at entry;
   * Current or past experience of substance abuse;
   * Criminal history (to the extent possible within the requirements of federal, state, and local law); and
   * Chronic homelessness
5. Has your agency operated at least one program similar to the one proposed for at least two years and/or has a strong grant management, compliance and performance history? If yes, please describe. Applications for Rapid Re-Housing from providers specializing in serving families, single adults, and unaccompanied youth are encouraged. If you cannot demonstrate adequate experience as described above, you may identify a consultant or partner agency with the necessary experience. You should describe the consultant or partner agency’s experience, as outlined above, and indicate how they will partner with you. The relationship with the consulting or partner agency need not be long term, but should be of a reasonable duration to supplement your agency’s own expertise.
6. If you indicated on your Project Application that there are any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grant listed therein, provide a copy of such findings and any related correspondence.
7. Identify other housing programs which you (applicant and/or sponsor) operate that have at least an 80% of project participants that achieve housing stability in an operating year, by remaining in permanent housing or exiting to permanent housing:

|  |  |
| --- | --- |
| **Housing Program** | **% of Participants who have achieved housing stability in an operating year.** |
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1. How many Continuum of Care Planning Meetings did someone from your agency attend from January 2016 to the present? (CoC planning meetings include: LHCB meetings, Funding Committee meetings, S+C Oversight meetings, Policy Committee meetings, HEARTH Workgroup, or other like meetings).

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| --- | --- |
| **Name of Group/Meeting** | **Number of Meetings Attended** |
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1. Does your project (choose one):
   * Apply to new units in owned or leased housing?
   * Reprogram existing affordable housing units as housing for a McKinney eligible population?
2. Is this application for reallocated funding, bonus funding or would you like it to be considered for both opportunities?

☐ Reallocated funding

☐ Bonus funding

☐ Consider for both reallocated funding and bonus funding

1. Please submit one (1) copy of your agency’s most recent audited financial statement.
2. Please list the contact information for your two largest funders.

**General Threshold Questions:**

1. Will your project participate in HMIS? Yes \_\_\_\_ No \_\_\_\_

1. Will your project participate in Coordinated Assessment? Yes\_\_\_\_ No\_\_\_\_
2. When will your project be ready for occupancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you are asking for funds for units under a master lease, indicate the length of the lease (must be for at least 10 years): \_\_\_\_\_\_\_\_\_\_
4. HUD promotes energy efficient housing.Will your project use Energy Star appliances?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. This application requests at least 1% of total program funding for HMIS. These funds will be spent by the City/County of San Francisco Human Services Agency on the staff or HMIS license/operations costs associated with the program.

\_\_\_\_\_ Yes \_\_\_\_\_ No