**San Francisco Local Homeless Coordinating Board**

**HUD CONTINUUM OF CARE HOMELESS ASSISTANCE GRANTS**

**Bidders’ Conference**

**2017 NOFA Competition**

**2017 Local Materials Packet**

**For Agencies Applying for New Projects**

**July 31, 2017**

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**2017 McKinney-Vento Continuum of Care Homeless Assistance Grants**

**2017 LOCAL NEW AND RENEWAL PROJECTS REVIEW PROCESS**

While all decisions about the San Francisco Continuum of Care (CoC) Project Review Process are subject to review and approval by the Local Homeless Coordinating Board (LHCB), our community values public input and community discussion around all aspects of the CoC. In the event of requirements or policy directives in the Notice of Funding Availability (NOFA) that necessitate changes to the scoring process, LHCB staff will endeavor to provide a public process for discussion and community input.

* CoC designs a project review process and LHCB approves it prior to NOFA release.
* HomeBase collects Annual Performance Reviews (APRs) and supplemental information as needed.
* HomeBase completes assessment and review of renewal projects and prepares project evaluations.
* After the NOFA is released, application and project review documents are updated to address any unexpected elements of the NOFA. If feasible, the Funding Committee will meet to discuss proposed changes to the application and project review process. All changes are approved by LHCB at next meeting.
* Projects receive preliminary scores with their project evaluations and are invited to provide a narrative response to be considered by the Priority Panel.
* Applicants attend a Bidders’ Conference, receive application materials, and have time to complete and submit their applications.
* LHCB staff will recruit Priority Panel members, prioritizing members who have served as Priority Panelists in the past or who have other relevant experience. Priority Panel members will sign “no conflict of interest” and confidentiality statements.
* All projects will submit applications to HSH, including a HUD Project Application, required local application materials, and match documentation. All documents should be submitted in-person to Charles Minor at 1360 Mission St. ***and*** electronically via the instructions on the Proposal Submission Checklist.
  + Late applications received within 48 hours of the due date/time will receive a 15-point score reduction. A 5-point reduction will be applied to any project that fails to submit either the electronic or paper copy of the application by the application deadline. Incomplete applications cannot be cured for Priority Panel scoring, but, if selected for funding by the Priority Panel, must be corrected prior to HUD submission.
* Priority Panel members are trained, as appropriate, and receive applications. Panelists review applications.
* LHCB staff and HomeBase review project applications and provide technical feedback. DHSH/LHCB staff determines whether project thresholds are met.
* If an agency has a grant for a program that it would like to transfer to another program in the agency, perhaps because the original project is not meeting HUD performance expectations or is no longer as needed in the community, that agency may “reallocate to itself.”
  + Agencies considering this option should consult with DHSH and/or HomeBase, as grant amendment may be a better option. There are some requirements involved in changing a program via reallocation, including the populations that must be served under the 2017 NOFA.
  + In the competition, only that agency may apply for the earmarked funding as long as the reallocated project application is reasonably strong and is compliant with HUD requirements. The reallocated project application will be scored with the other new projects. The application must score at least on a comparable level with the other new project applications.
    - If the application is reasonably strong, an extra 5 points (parallel to the bonus points for renewal permanent housing) will be added to the final score and the project will be placed in rank order with the renewal projects. The project may be in Tier 1 or Tier 2, depending on its score.
    - If the application is not reasonably strong, the Panel may use the funding for another new project, rank the new project at the bottom of Tier 2, or suggest the agency revert to the old program.
* Priority Panel meets to review and discuss applications together, identify technical assistance needs, and to continue to individually score them. Priority Panel members then finalize individual scores. Scores are added and applications are ranked and placed into either Tier 1 or Tier 2.
  + Renewal projects that are for permanent supportive housing for leasing, rental assistance, or operations will receive 4 bonus points in scoring and will be ranked, and placed in Tiers, with that preference.
  + Renewal projects that are for permanent supportive housing for leasing, rental assistance, or operations and commit all turnover units to housing chronically homeless individuals or families will receive 1 bonus point in scoring and will be ranked, and placed in Tiers, with that preference.
  + Renewal projects that do not yet have performance data for a full year of operation will be held harmless and awarded full points on all scoring factors that cannot be evaluated.
    - First-time renewal housing projects that propose to apply for fewer than 90% of the units in their original New Project application will not be held harmless, and will receive two-thirds points on all scoring factors that cannot be evaluated.
  + Renewal HMIS and Support Services for Coordinated Entry projects will be ranked at the bottom of Tier 1.
  + New HMIS and Support Services for Coordinated Entry project applications will be ranked at the top of Tier 2.
  + If the HUD tier rules allow for projects to “straddle” the tiers, i.e. to fall partially in Tier 1 and partially in Tier 2, then the top-scoring non-HMIS, non-Coordinated Entry project in Tier 2 will be moved to straddle the tiers.
  + New projects will be scored and ranked based on the New Project Scoring Tool.
    - The San Francisco CoC prioritizes projects with established track records in enhancing system performance. To promote system performance by increasing housing stability, preventing returns to homelessness, and shortening episodes of homelessness, new projects that are not “reallocating to themselves” will not be ranked above projects that meet community performance benchmarks for housing stability or increase in income.
    - Except that new projects may be ranked above other projects in Tier 2 according to their scores, to encourage reallocation based on performance.
  + The Priority Panel may also identify projects that should be reallocated, in whole or in part, in favor of a new project. Before making a reallocation recommendation, the Panel must review the project’s past performance for the prior three years.
    - The Panel must review the following materials:
      * The project’s current year performance assessment and application materials,
      * The project’s position on the Panel’s preliminary ranked list for the current year,
      * The San Francisco CoC Priority Listing for the prior two years, and
      * The Project Evaluation Reports compiled by HomeBase for the prior two years.
* Preliminary scoring results are delivered to applicants with a reminder about the appeals process.
* All applicants that are eligible to appeal will receive all Priority Panelist scores in advance of the appeals deadline. Projects facing reallocation will have additional appeal rights (see separate Appeals Policy for more detail). In addition, Priority Panel score sheets will be made available upon written request after the competition closes on September 28, 2017. All applicants can also report any discrepancies in their score sheet, although this is not considered an official appeal.
  + If a panelist assigns a score, for any scoring factor, that is *lower* than the project’s pre-scored points for that factor, that panelist will be asked to explain their decision. Relevant Priority Panel comments on that factor will be provided along with the project’s Priority Panel score sheet.
* Appeals, if any, are reviewed by the Appeals Panel of non-conflicted LHCB Members.
* LHCB meets to consider and approve a final CoC ranked funding list. If any renewal project does not apply for funding or is identified by the Priority Panel as in need of reallocation, that funding may be reallocated to a new project. **The LHCB will make all final decisions about reallocating funding from any project.**
* If funding becomes available after approval of the final ranked list, through reallocation or budget corrections, LHCB staff will offer the excess funding to new project applicants in order of project ranking.
* Projects will submit copies of letters or documentation for all match resources listed in their application.
* Applications will be submitted with the city-wide application and applicants will be invited to attend the 2017 NOFA Debrief.

The process is welcoming to persons with disabilities, persons who have experienced homelessness, and persons with limited English proficiency. If you need any accommodations, please contact Charles Minor at [Charles.Minor@sfgov.org](mailto:charles.minor@sfgov.org) or 415-355-5209.

**2017 McKinney-Vento Continuum of Care Homeless Assistance Grants**

**APPEALS POLICY and PROCESS**

Applicants may appeal if: (1) the project is not funded or receives less funding than the amount in the application; (2) the project is ranked in Tier 2 of the CoC application (in which the applicants funding may be at risk); or (3) the project falls into the bottom portion of Tier 1, as described below. All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered, unless the project is facing reallocation. Omissions to the application cannot be appealed. The decision of the Appeal Committee will be final.

The Appeal Committee will be made up of three (3) members of the Local Homeless Coordinating Board**,** along with one non-voting representative from the Priority Panel. The voting members will not have participated on the original Priority Panel or have a conflict of interest with any of the agencies applying for McKinney funding. The role of the Appeal Committee is to read and review only those areas of the application that are being appealed.

**PROCESS**

* A preliminary ranked CoC Program funding list is posted.
* Each agency will have one (1) business day to request copies of their score sheets, including relevant panel comments. Programs will contact HomeBase at [sfNOFA@homebaseccc.org](mailto:sf@homebaseccc.org) to request score sheets. Once requested, score sheets will be emailed to programs.
* Eligible Appeals: Any project that is 1) not funded or receives less funding than the amount in the application; 2) a renewal project that is ranked in Tier 2 of the CoC application (in which the applicant’s funding may be at risk); or 3) falls into the bottom portion of Tier 1 that equals the Tier 2 amount may appeal the application’s score based on their score sheets. The preliminary CoC Program project funding list will indicate which applications fall into these categories at the time it is posted.
* Any sponsor agency may report any discrepancies in their score sheet to Charles Minor at (415) 355-5209 for the purpose of avoiding such errors in scoring in future years, and such report will not constitute an appeal.
* Any and all appeals must be received in writing within the two (2) and a half business-day appeal period; therefore, all written appeals for applications that are eligible to appeal at the time the preliminary McKinney project priority list is posted must be received by **12:00 p.m. on September 6, 2017 via email.**
* All notices of appeal must be submitted electronically to HomeBase at [sfNOFA@homebaseccc.org](mailto:sf@homebaseccc.org) **AND** Charles Minor at [Charles.Minor@sfgov.org](mailto:charles.minor@sfgov.org). Please note that appeals sent only to [Charles.Minor@sfgov.org](mailto:charles.minor@sfgov.org) will not be considered.
* The notice of appeal must include a written statement specifying in detail each and every one of the grounds asserted for the appeal. The appeal must be signed by an individual authorized to represent the sponsor agency (i.e., Executive Director) and must include (highlight and/or cite) the specific sections of the application on which the appeal is based. The appealing agency must specify facts and evidence sufficient for the Appeal Committee to determine the validity of the appeal. That is, the notice of appeal must have attached the specific areas of the application being appealed and must also clearly explain why the information provided is adequate to gain additional points.
* If a program is facing reallocation, in part or in whole, the appealing agency may submit a more robust appeal. These appeals can include any information the agency feels is relevant, whether or not it was included in the project’s original application. The program will also be given the opportunity to make a brief in-person presentation to the Appeal Committee.
* The Appeal Committee will review and evaluate all notices of appeal and decide whether or not the appeal has any validity based on the appeal policy.
* All valid appeals will be read, reviewed and evaluated by the Appeal Committee.
* The Appeal Committee will hear any in-person presentations by projects facing reallocation. The appealing agency can send up to two staff members to the presentation. The presentation is limited to 5 minutes. Following the presentation, the Appeal Committee will have the opportunity to ask questions of the appealing agency. The results of the in-person presentation will not have an effect on the project’s rank; it can only be used to reverse a decision to reallocate funds. The decision of the Appeal Committee will be released after deliberation.
* Appeal Committee deliberates.
* Agencies will receive, in writing, the decision of the Appeal Committee within 2 business days.
* Appeals Panel List is submitted for consideration and approval by LHCB.

##### 2017 McKinney-Vento Continuum of Care Homeless Assistance Grants

**2017 NEW PROJECT SCORING TOOL**

**THRESHOLD CRITERIA**

**(Required but not scored. If “no” for any threshold criteria, the project is ineligible.)**

| **Item** | **Maximum Available Score** |
| --- | --- |
| **HMIS Implementation: Projects that do not participate, or have not agreed to participate, are not eligible for funding, unless it is a victim-service agency, serving survivors of domestic violence, or a legal services agency.** Project has agreed to participate in the DHSH-administered HMIS and has signed a local Certification of Intent to participate. | N/A |
| **Coordinated Assessment**: Projects that have not agreed to participate in Coordinated Assessment, when it is available for the program type, are not eligible for funding, unless the project is a victim-service agency or serving survivors of domestic violence. | N/A |
| **Eligible Applicant**: Applicant and subrecipient (if any) are eligible. Eligible project applicants for the CoC Program are nonprofit organizations, States, local governments, and instrumentalities of State and local governments. | N/A |
| **Project qualifies as HUD CoC Permanent Housing** | N/A |
| **Project can meet HUD Timeliness Standards:** Project has secured or will secure proof of site control, match, environmental review, and the documentation of financial feasibility within 12 months of the announcement of the award. | N/A |
| **Target Populations:**  The population to be served must meet CoC program eligibility requirements, and the project application must clearly establish eligibility of project applicants. | N/A |
| **Amount of Request:** The LHCB retains the right to request that new applicants adjust the amount of their requests. | N/A |
| **Ineligible Activities for New Projects:** In order to best optimize the McKinney-Vento Continuum of Care funds, the LHCB has determined that new projects shall not request funds for construction, rehabilitation, or acquisition. | N/A |
| **Masterleased Units:** If units are masterleased, lease is for at least 10 years. | N/A |
| **CoC Strategic Plan Compliance:** Project aligns with the San Francisco CoC Strategic Plan. | N/A |
| **HMIS Budget:** Project has allocated at least 1% of its budget to HMIS, to support San Francisco’s HMIS implementation (if applicable). | N/A |
| **Equal Access:** The project ensures equal access for program participants regardless of sexual orientation or gender identify, in compliance with federal law and the 2017 CoC Program NOFA. | N/A |
| **Training and Technical Assistance:** All projects must agree to be responsive to training and technical assistance from the Collaborative Applicant and the Local Homeless Coordinating Board (LHCB). | N/A |
| **Substantially Changed Systems:** All projects agree to inform LHCB and Collaborative Applicant if they have key personnel changes or substantially changed systems (such as changes to client admissions criteria). | N/A |
| **Recent Financial Statement:** Projects must provide an up to date (within last 21 months) audited financial statement, and single audit (if applicable) | N/A |

**SCORED CRITERIA**

| Item | | **Maximum Available Score** |
| --- | --- | --- |
| 1 | Program Description | **23** |
| 1a | Program design includes provision of appropriate supportive services and type, scale, and location of the supportive services fit the needs of the program participants and the mode of transportation to those services. Program participants are helped to obtain and remain in permanent housing in a manner that fits their needs. | 10 |
| 1b | Housing where participants will reside is fully described, accessible and appropriate to the program design proposed, and type, scale, and location of the housing fit the needs of the program participants. | 4 |
| 1c | Linkages to other services or agencies are described. | 4 |
| 1d | Program will use a “housing first” approach, offering assistance without preconditions (such as sobriety) and rapid placement/stabilization in permanent housing. | 5 |
| 2 | Mainstream Resources | **5** |
| 2a | Program has policies and procedures that screen all clients for eligibility for mainstream resources and assist them in accessing mainstream resources, and the specific plan for ensuring clients will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants. Participants are assisted to both increase their incomes and live independently using mainstream housing and service programs in a manner that fits their needs. | 3 |
| 2b | Program conducts or provides access to training for staff on available mainstream resources for which clients may qualify. | 2 |
| 3 | Project Population | **6** |
| 3a | Population to be served is all chronically homeless or another high priority population, and process for identifying clients is compatible with Coordinated Assessment and other community values.  For new Rapid Re-Housing projects, other high priority populations include:   * Households with children and transitional age youth coming directly from the streets, emergency shelters, or other places not meant for human habitation, and * Persons fleeing domestic violence or trafficking. | 6 |

|  |  |  |
| --- | --- | --- |
| 4 | Agency Background/Capacity | **31** |
| 4a | Agency has successfully 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. Agency has prior experience:Providing homeless housing or services;Administering rental assistance; orAs a landlord or property management entity.If recipient of prior HUD Continuum of Care Grant, project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s), as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings. **For Rapid Re-Housing projects:** Applications for Rapid Re-Housing from providers specializing in serving families, single adults, and unaccompanied youth are encouraged. These applicants may not have experience providing Rapid Re-Housing or administering a permanent housing project. If an applicant cannot demonstrate adequate experience as described above, the applicant may identify a consultant or partner agency with the necessary experience. The applicant should describe the consultant or partner agency’s experience, as outlined above, and indicate how they will partner with the applicant. The relationship with the consulting or partner agency need not be long term, but should be of a reasonable duration to supplement the applicant agency’s own expertise. \*This factor will be evaluated and pre-scored by San Francisco Human Services Agency or HomeBase staff. | For Permanent Supportive Housing**\***:  10  For Rapid Re-Housing**\***:  15 Points |
| 4b | Other housing programs operated by the sponsor have at least 80% of project participants that achieve housing stability in an operating year, by remaining in permanent housing or exiting to permanent housing. | 5 pts.\* >90%  4 pts. 85-89.9%  3 pts. 80-84.9%  2 pts. 75-79.9%  1 pts. 70-74.9%  0 pts <70% |
| 4c | Agency/Collaborative participates in Continuum of Care Planning Meetings.(*If agency/collaborative representative attended more than 12 planning meetings in past year award full points.)* | 5 pts.\* >12  4 pts. 10-12  3 pts. 7-9  2 pts. 4-6  1 pts. 1-3  0 pts. 0 |
| 4d | For new Permanent Supportive Housing projects: Agency has identified a site for the proposed project. | 5 |
| 4e | Agency has been responsive to outstanding or pending HUD monitoring findings, HSA findings, City-wide joint fiscal monitoring findings, financial audit findings, and has no other indication of major capacity issues. Agency must provide an up to date (within last 21 months) audited financial statement, and single audit (if applicable) to document these criteria   * Projects that do not provide requested documentation of audit(s) and/or monitoring receive 0 points. | *No outstanding findings*: 6pts  *Outstanding findings*: 3pts  *Requested documentation not provided*: 0pts |
| 5 | Housing | **5** |
| 5a | Housing project to be funded applies to new units in owned or leased housing (and not re-program existing affordable housing units as housing for a McKinney eligible population) and grant funding requested is to be used for housing activities (leasing, rental assistance, operations) instead of supportive services. | 5 |
| 6 | Budget and Cost Effectiveness | **10** |
| 6a | Budgeted staff and expenses are adequate to support the proposed program and cost-effective. | 4 |
| 6b | Budget is clearly articulated, with no unnecessary or unexplained items. | 1 |
| 6c | A 25% match is required for all grant funds, except leasing funds. | **Match**:  5 pts. >25%  4 pts. 20-24.9%  3 pts. 15-19.9%  2 pts. 10-14.9%  1 pts. 5-9.9%  0 pts. 0-4.9% |
| 7 | **Cultural Competency** | **10** |
| 7a | Program includes involvement of clientele in designing and operating the program, and the program has written policies regarding client participation that align with HEARTH. | 2 |
| 7b | Method of service delivery described includes culture-specific/sensitive elements, including that for programs serving children the program has policies and procedures that ensure educational needs are met. Program has the most integrated setting appropriate to meet the needs of qualified persons with disabilities. This means that programs or activities must be offered in a setting that enables individuals with disabilities to interact with persons without disabilities to the fullest extent possible. | 2 |
| 7c | Program design is intentionally inclusive of and accessible to all eligible clients and amenities (e.g., grocery stores, pharmacies, etc.) are accessible in the community. | 2 |
| 7d | Program materials reflect cultural competency. | 2 |
| 7e | Program has written policies regarding client confidentiality, especially for special populations such as survivors of domestic violence. | 2 |
| 8 | **Disability Access Checklist** | **5** |
| 8a | Program will be physically accessible to persons with disabilities. | 1 |
| 8b | Program will provide communications that are accessible to persons with disabilities. | 1 |
| 8c | Program demonstrates a plan for programmatic accessibility. | 2 |
| 8d | Program has a plan for informing participants of their rights under the ADA. | 1 |
| 9 | **Community Priority for Permanent Housing** | **6** |
| 9a | If program is “reallocating to itself” to create Permanent Supportive Housing or Rapid Re-Housing using **leasing, rental assistance, or operations funds**, award full points. | 5 |
| 9b | If the program commits ***all*** units made available through turnover to housing chronically homeless individuals or families, award full points. | 1 |
| **Total:** | | **101** |

**2017 McKinney-Vento Continuum of Care Homeless Assistance Grants**

**2017 NEW PROJECT SCORING TOOL**

**THRESHOLD CRITERIA**

**(Required but not scored. If “no” for any threshold criteria, the project is ineligible.)**

**2017 McKinney-Vento Continuum of Care Homeless Assistance Grants**

**NEW PROJECT SUBMISSION CHECKLIST**

|  |
| --- |
| APPLICANT NAME: |
| PROJECT NAME: |

ON OR BEFORE 12:00 P.M. ON August 14, 2017:

Hand deliver items listed below to Charles Minor at 1360 Mission St. *AND*

Email a copy of the documents requested below (PDF format preferred) to: [sfnofa@homebaseccc.org](mailto:sfnofa@homebaseccc.org).

NOTE: Please place a sheet of colored paper between each requested document, in the physical copy. All physical copies must be double-sided and *collated!*

|  |  |  |  |
| --- | --- | --- | --- |
| **Copies Enclosed** | **Emailed** |  | **Number of copies** |
| ⬜ | ⬜ | This Proposal Submission Checklist | 1 copy ***and*** email |
| ⬜ | ⬜ | HUD Project Application | 1 copy ***and*** email |
| ⬜ | ⬜ | Local Project Narrative | 1 copy ***and*** email |
| ⬜ | ⬜ | Cultural Competency Narrative and attachments | 1 copy ***and*** email |
| ⬜ | ⬜ | Disability Access Checklist and attachments | 1 copy ***and*** email |
| ⬜ | ⬜ | 2880 Applicant/Recipient Disclosure/Update Report **(leave signature line blank)** | 1 copy ***and*** email |
| ⬜ | ⬜ | Most recent audited financial statement (if not already provided in connection with a renewal project) | 1 copy ***and*** email |
| ⬜ | ⬜ | Documentation of match resources | 1 original (w/signature) **&** email |
| ⬜ | ⬜ | Documentation of sponsor eligibility | 1 copy ***and*** email |

|  |
| --- |
| Contact person’s name: |
| Phone: |
| E-mail: |
| FAX: |

For Department use only: DATE received: \_\_\_\_\_\_\_\_\_\_\_ TIME received: \_\_\_\_\_\_\_\_\_\_\_

Application received by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.** |
|  |  |
|  |  |
|  |  |

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).

|  |  |
| --- | --- |
| **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

**2017 Cultural Competency Narrative**

**(for new projects)**

Please answer the following questions on this document in no more than two pages, single-spaced, 12 point, Times New Roman font, one inch margins. An electronic version of the form is available at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>. You will be able to type into that form.

## Describe the ways in which your current and former clients are involved in the design and operation of the program. Be specific, e.g., advisory board, alumni advisors, resident meetings, regular formal feedback, etc. Please be sure to attach any written policies regarding client participation (to align with HEARTH).

## How does your method of service delivery take into account the particular characteristics of the clients you will house and serve? For programs serving children in the program, please include information about how you ensure that educational needs of children are met (to align with HEARTH). For persons with disabilities, provide examples of what programs or activities are offered to enable individuals with disabilities to interact with persons without disabilities. Please be sure to attach any written policies you have on this issue.

## How do clients find out about the program?

## Program design is intentionally inclusive of and accessible to all eligible clients and amenities (e.g. grocery stores, pharmacies, etc.) are accessible in the community.

## What do clients need in order to enroll in the program? What are the reasons clients are not accepted into the program? Do you document turnaways? Do you maintain waiting lists? Describe.

## Describe the neighborhood and building where the program is located. How do clients get to the program? (e.g., MUNI access.)

## Attach the following:

* Outreach materials
* Eligibility criteria
* Rules of the program
* Expulsion criteria
* Denial of Service Policy
* Grievance/complaint procedure
* Client feedback procedures in place
* Client confidentiality, especially for special populations such as survivors of domestic violence
* Attach any other related policies, especially related to:
  + Client involvement in program design and operation
  + Meeting children’s educational needs
  + Meeting the need of individuals with disabilities

# 2017 DISABILITY ACCESS CHECKLIST

# (For New Projects)

An electronic version of the form is available at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>. You will be able to type into that form.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | | |
| Name of Department or Agency |  | | | Name of Program or Service | | | | |
|  | | | | | | | | |
|  | | | | | |  | |  |
| Address | | | | | |  | | Phone |
|  | | | | | | | | |
|  | |  |  | |  | |  | |
| Contact Person (ADA Coordinator) | |  | Phone | |  | | E-mail | |
|  | | | | | | | | |
|  | | | | | | |  | |
| Funding Agency | | | | | | |  | |
| This grant is intended for activities at: |  | | | This grant will fund a: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | New site |  |  | New program or service |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Existing site |  |  | Existing program or service |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Rehabilitation of existing site | |  |  | Multiple programs or services |
| Address of program site: | | |  | | | |

**Please answer the following questions *as they apply* *to the program for which you are applying for funding*.**

**Physical Access**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you had professional review of architectural accessibility of your site? | | | | Yes |  |  | No |  | |
| If yes, what was the date of the review? | |  |  | | | | | | |
| Who conducted the review? |  | | | | | | | |  |

The following are major areas for review. If the professional review found any problems, please indicate. Please list additional items at the bottom.

|  |
| --- |
| 1. The program or service is wheelchair accessible for: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Paths of travel | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Restrooms | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Areas where services are provided | Yes |  |  | No |  |

|  |
| --- |
|  |
|  |

|  |
| --- |
| 2. Signage for people with vision-impairments: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| In elevators | Yes |  |  | No |  | Not applicable (no elevators) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Marking paths of travel | Yes |  |  | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  |
|  | | | | | | |  |
| 3. If you provide transportation, is it accessible? | Yes |  |  | No |  | Not applicable (not provided) |  |

|  |
| --- |
|  |
|  |

Other identified physical access issues:

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

## Communication Access

|  |
| --- |
| 1. Program materials are available in: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Large print |  |  | Braille |  |  | Cassette |  |  | Computer disk |  |  | Other |  |

|  |
| --- |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2. Sign language interpretation is available if needed: | Yes |  |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. The program has a TTY machine: | Yes |  |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide the number: |  |
| If no, please explain how you communicate with hearing impaired people by phone. | |
|  | |

## Programmatic Access **(the answers to the following questions should not exceed three pages (six pages for collaborative projects), single spaced, 12 point, Times New Roman font.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How do you notify your clients of their rights under disability rights laws? (If you are a new project applicant, please attach any sample language.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. How do you train your staff on their obligations under the ADA, the Fair Housing Amendments Act, and other disability rights laws? (If you are a new project applicant, please attach outlines of any trainings and any relevant materials.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Do you have a reasonable accommodation policy? (If yes, and you are a new project applicant, please attach.) | | | | | | Yes | | |  | |  | | No | |  |  |
|  | | | | | | | | | | | | | | | | |
| 1. We are interested in learning how you have provided, or would provide, reasonable accommodations to clients with a variety of disabilities. If you have actually encountered any of the following situations, please let us know. | | | | | | | | | | | | | | | | |
| 1. What would you do with a client with a hearing impairment who needs your services? How would you communicate on the phone and in person? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What would you do with a client who is blind? How would you provide her with information that is usually given in writing? How would that person collect information or documentation for you? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What would you do with a client who arrived at your door in a wheelchair or who had mobility impairments that made it difficult to get to your office? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What would you do with a client who appears to have a cognitive impairment that made it difficult for him to understand instructions or remember appointments? How would you provide services? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What would you do with a client who appears to have a psychiatric impairment that made her paranoid and reluctant to reveal required information? How would you provide services? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What would you do with a client who appears to have a psychiatric impairment that made him argumentative? How would you provide services? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. What percentage of your clients would you estimate have disabilities? | | | | | | | |  | | | | % | | | | |
| Please allocate: physical disabilities | |  | % |  | mental disabilities | | | | |  | | | | % | | |
| 1. What steps do you take to ensure that eligibility criteria do not screen out people with disabilities? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Do you have a grievance procedure? (If yes, and you are a new project applicant, please attach.) | | | | | | Yes | | |  | |  | | No | |  |  |
|  | | | | | | | | | | | | | | | | |
| Verified by: |  | | | | | |  | |  | | | | | | | |
|  | Executive Director | | | | | |  | | Date | | | | | | | |

## Attachments:

* Sample language for how you notify clients of their rights under disability rights laws (item 1 under Programmatic Access).
* Outlines of ADA and Fair Housing trainings and any other relevant materials (item 2 under Programmatic Access).
* Reasonable accommodation policy (item 3 under Programmatic Access).
* Grievance procedure (item 7 under Programmatic Access).
* Any other related materials that you wish to attach.

**Trouble downloading? Contact Charles Minor at 415-355-5209 or** [Charles.minor@sfgov.org](mailto:charles.minor@sfgov.org)**.**

**2017 McKinney-Vento Continuum of Care Homeless Assistance Grants**

**LOCAL NEW APPLICATION MATERIALS**

**WHERE TO GET THE DOCUMENTS YOU MAY NEED**

**Timeline:** Please refer to the Submission Checklist (**page 13**) and the Timeline (separate document) to see when these documents are due.

**Recipients:** For more information about where to find the Applicant Documents please see the Technical Assistance (TA) Handbook for New Projects.

**1. Project Application**

Details to new applicant training instructions: <https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/>

Adding and Deleting Registrants in e-snaps: <https://www.hudexchange.info/resources/documents/Adding-Deleting-Registrants.pdf>

Training Modules can be found at: <https://www.hudexchange.info/programs/e-snaps/guides/coc-program-competition-resources/>

**2.** **Local Project Narrative (for New Projects)**

Available above (**page 14**) or online at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>

**3. Cultural Competency Narrative and Attachments for New Project Applicants**

Available above (**page 17**) or online at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>

**4**. **Disability Access Checklist and Attachments for New Project Applicants**

Available above (**page 18**) or online at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>

1. **HUD 2880 – Applicant/Recipient Disclosure/Update Report**

Available at: <https://portal.hud.gov/hudportal/documents/huddoc?id=2880.pdf>

1. **Most recent audited financial statement**

**7. Match letters**

You create these using the format provided in Technical Assistance (TA) Handbook for New Projects packet or found at: <http://hsh.sfgov.org/lhcb/2017-continuum-of-care-funding-competition/>.

**8. Documentation of Eligibility**

***What is it?***

Private Nonprofit Status

* A copy of the IRS ruling providing tax-exempt status under section 501(c)(3) of the IRS Code; **or**
* Documentation showing that the applicant/sponsor is a certified United Way agency;

Public Nonprofit Status, aka Community Mental Health Centers

A letter or other document from an authorized official stating that the organization is a public nonprofit organization.

**Trouble downloading?**

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