**2019 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/2019-continuum-of-care-funding-competition/**](http://hsh.sfgov.org/lhcb/2018-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 race, color, national origin, religion, sex, age, familial status or disability, sexual orientation or gender identity, in compliance with state and federal law and the 2019 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 LHCB Meetings did someone from your agency attend from January 2018 to the present? (Meetings include: Full LHCB meetings and LHCB Funding Committee meetings).

|  |  |
| --- | --- |
| **Name of Group/Meeting** | **Number of Meetings Attended** |
|  |  |
|  |  |

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.
3. **For DV Bonus Projects only**:
4. Please describe how the program is designed using best practices in addressing survivors of domestic violence, dating violence, sexual assault, or stalking, and demonstrate staff knowledge of VAWA regulations, safety planning, and creating links to survivor-specific networks and services.
5. Please describe how you will maintain confidential participant data in a comparable database to HMIS and your ability to produce de-identified information to the CoC.
6. Please describe your agency’s experience, or the experience of any partner agencies and how the program will use their expertise, in serving survivors of domestic violence, dating violence, sexual assault, or stalking, including the use of trauma-informed care.

**General Threshold Questions:**

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

1. Will your project participate in Coordinated Assessment? Yes\_\_\_\_ No\_\_\_\_
   1. If you’re an agency who has previously received CoC funding, are you currently participating and complying with Coordinated Entry, including taking referrals to housing only from Coordinated Entry?

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

1. When will your project be ready for occupancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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): \_\_\_\_\_\_\_\_\_\_
3. HUD promotes energy efficient housing.Will your project use Energy Star appliances?

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

**2019 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/2019-continuum-of-care-funding-competition/](http://hsh.sfgov.org/lhcb/2018-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

# 2019 DISABILITY ACCESS CHECKLIST

# (For New Projects)

An electronic version of the form is available at: [http://hsh.sfgov.org/lhcb/2019-continuum-of-care-funding-competition/](http://hsh.sfgov.org/lhcb/2018-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 |  |

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| --- |
| 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) |  |

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|  |

Other identified physical access issues:

|  |
| --- |
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## Communication Access

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

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

|  |
| --- |
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| --- | --- | --- | --- | --- | --- |
| 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.

**https://www.hudexchange.info/resources/documents/how-to-access-the-project-application.pdf**