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| **ROCC CoC NEW APPLICATION** | | | | | | | | | | | | | |
| ***Application due no later than September 26, 2024, by 5:00 p.m. to meet HUD Requirements*** | | | | | | | | | | | | | |
| **Agency Name:** | | Click here to enter text. | | | | | | **Agency Type:** | | | Choose an item. | | |
| **Address:** | | Click here to enter text. | | | | | | | | | | | |
| **Primary Contact Name:** | | Click here to enter text. | | | | | | **Secondary Contact Name:** | | | Click here to enter text. | | |
| **Primary Contact Email:** | | Click here to enter text. | | | | | | **Secondary Contact Email:** | | | Click here to enter text. | | |
| **Fiscal Contact Name:** | | Click here to enter text. | | | | | | **HMIS Contact Name:** | | | Click here to enter text. | | |
| **Fiscal Contact Email:** | | Click here to enter text. | | | | | | **HMIS Contact Email:** | | | Click here to enter text. | | |
| **SAM Registration Active Date:** | | | | Click to enter a date. | | | | **UEI (Unique Entity Identifier) Number:** | | | | Click here to enter text. | |
| **Project Name:** | | Click here to enter text. | | | | | | **Application Type:** | | | Choose an item. | | |
| **New Application Training Date:** | | | | Click to enter a date. | | | | **Who Attended New Application Training:** | | | | Click here to enter text. | |
| **Is this the only COC project in the county served?**  *Note: To ensure that projects are provided across counties, one point is included if the project is the only one in the county.*  *If the program is not, one point is deducted from the applicant's total score. Use Dropdown.* | | | | | | | | | | | | Choose an item. | |
| **Total Grant Amount Requested:** | | | | | | | | | | | | Click here to enter text. | |
| **Provide a brief description of your project, detailing who it serves and how it achieves its objectives:** | | | | | Click or tap here to enter text. | | | | | | | | |
| **SECTION 1: THRESHOLD REQUIREMENTS** | | | | | | | | | | | | | |
| *These factors are required, but not scored. If the project indicates “no” for any threshold criteria, it is ineligible for CoC funding.* | | | | | | | | | | | | | |
| 1. | Eligible Applicant: Non-profit organizations, States, local governments, and instrumentalities of state and local governments. | | | | | | | | | | | Choose an item. | |
| 2. | Eligible New Project Type: If the project is a new project in 2024, it is either:   1. Permanent supportive housing, serving only chronically homeless individuals and families OR 2. Rapid Rehousing, serving individuals, families, or unaccompanied youth who come directly from streets, shelters, or are fleeing domestic violence or otherwise meet the criteria of paragraph (4) of the definition of homelessness [(https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/)](file:///C:\Users\Amber%20Freeman\Documents\(https:\www.hudexchange.info\homelessness-assistance\coc-esg-virtual-binders\coc-esg-homeless-eligibility\four-categories\)) OR 3. Supportive Services Only - may include street outreach, housing project or housing structure specific, coordinated entry, or stand-alone supportive services. 4. DV Bonus projects which requires that the funds be dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking. | | | | | | | | | | | Choose an item. | |
| 3. | **HMIS Implementation Agreement: Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence, or a legal services agency. Please attach the signed ROCC 2024-25 Agency HMIS Participation Agreement.** | | | | | | | | | | | Choose an item. | |
| 4. | Coordinated Entry Agreement: Projects are required to participate in Coordinated Entry when it is available for the project type. Project types include Outreach, Emergency Shelters, and Rapid Re-Housing Programs. **Please attach the signed ROCC 2024-25 Coordinated Entry Agreement. Select N/A if the project type is not one of those listed.** | | | | | | | | | | | Choose an item. | |
|  | | | | | | | | | | | | | |
| **SECTION 2: PROPOSAL DOCUMENTATION** | | | | | | | | | | | | | |
| 1. | Application Proposal | | | | | | | | | | | | Choose an item. |
| 2. | Draft Budget – Include Staff, Non-Employee Costs, HMIS costs, Administrative Expenses | | | | | | | | | | | | Choose an item. |
| 3. | Other Supporting Documents | | | | | | | | | | | | Choose an item. |
| Click here to enter text. | | | Click to enter a date. | | | Click here to enter text. | | | Click to enter a date. | Click here to enter text. | | | Click to enter a date. |
| Agency Director | | | Date | | | CoC Project Manager | | | Date | CoC Staff/Writer | | | Date |
| **Section 3: Application Questions Narrative** | | | | | | | | | | | | | |
| *Please respond concisely to each section below in narrative format.* | | | | | | | | | | | | | |
| **CoC PARTICIPATION (TOTAL Points 5):** | | | | | | | | | | | | | |
| 1. | Is the agency an active CoC Participant? If so, describe how the agency currently participates in the CoC. If not, describe what steps you will take to participate and describe specifically how you will participate. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **PROJECT DETAILS (TOTAL Points 45) -** *Each section breaks out the points available.* | | | | | | | | | | | | | |
| 1. | Does the project address an unmet need determined by utilizing CoC/regional priorities, by data analyses, and with local input. Please provide a copy of the agency's current Community Needs Assessment and brief description of the need based on that. If a Community Needs Assessment is not available, provide specific information documenting gaps/needs as determined by local community. Include any documents referenced in the description of need. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | Describe the project using the following:  Population and Eligibility:   1. Population to be served: Specify the target population (e.g., low-income families, homeless individuals, veterans). 2. Eligibility Requirements: Outline the criteria for eligibility (e.g., income level, residency status, specific needs).   Prioritization Method:   1. Describe the process for prioritizing eligible individuals (e.g., first-come, first-served, needs-based assessment, vulnerability index).   Expected Assistance:   1. Individuals: Estimate the number of individuals to be assisted annually. 2. Households: Estimate the number of households to be assisted annually.   Addressing Severe Barriers:   1. Detail any specific components designed to overcome significant barriers to housing and services (e.g., mental health support, substance abuse treatment, etc.) *\* See examples at the bottom* | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 3. | How has or will the project address racial disparities affecting individuals and families experiencing homelessness? Please respond to the following.   1. Experience the agency has promoting racial equity. 2. Ways you have analyzed whether racial disparities are present in current projects and the results. 3. Plans for ongoing evaluation of your processes, policies, and procedures for racial equity. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 4. | Describe current or new staffing positions that support the project, including what supportive services will be provided and expected time spent on those services. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 5. | Explain how the project was designed. The project must show steps taken to include involvement of clients in designing and operating the project. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 6. | What relationships do you have to other service providers in your community serving the same population? List those agencies and services provided. Letters of recommendations highly recommended. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **Project Outcomes (20 Points):** *In each of the following, describe strategies used or that will be used to:* | | | | | | | | | | | | | |
| 1. | Decrease the length of time people remain homeless once they enter your agency. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | Increase the success of those that have secured housing can remain housed after exiting the project. Describe your housing stability plan used to assist clients and provide examples. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 3. | Ensure that those exiting to permanent housing remain permanently housed after 6-months, 12-months, and 24-months. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 4. | Increase access to employment income and access other non-cash sources of income such as SSDI, TANF, etc. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 5. | Secure landlords and property owners who may currently have available housing and/or will remain engaged when housing becomes available. Who does this? What is the plan? Provide an example of success. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **Project Readiness (5 Points)** | | | | | | | | | | | | | |
| 1. | When will the project start? What steps are necessary to start the project on the start date and/or provide a detailed plan on steps necessary and the timeframe to be fully operating the project? | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **AGENCY INFORMATION (25 Points):** | | | | | | | | | | | | | |
| **Data Quality / HMIS Participation (5 Points):** | | | | | | | | | | | | | |
| 1. | Explain how the agency currently uses data to determine effectiveness of a project whether using HMIS or not. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | Explain the agency's active data quality improvement plan. Provide an example of how this plan is used currently. What did you do, discover, and change during the improvement plan process? | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **Past Performance (10 Points)** | | | | | | | | | | | | | |
| 1. | Provide an example of a similar project that demonstrates the agency's capability to manage this project effectively. For instance, if the project involves tenant relocation, highlight the agency's previous experience with similar relocation efforts. Include backup information, including the data, showing the success of the similar project. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | What was the total grant amount for the similar project, and how much of it was spent? Clarify whether the entire grant was utilized by the end of the project year. If not, provide an explanation. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| **Agency Experience / Risk (10 Points):** | | | | | | | | | | | | | |
| 1. | Give an example of another federally funded grant at the agency or provide an explanation of another grant funded project that has similar federal guidelines. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | Described the agency's financial procedure for managing grants. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 3. | Explain the qualifications and experience of agency staff managing the operations and fiscal. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 4. | How has the agency handled federal or other major grants of similar size without difficulty or problems in the past 5 years? Explain. | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 5. | Attach a copy of the Completed Fiscal Assessment Form - Final. | | | | | | | | | | | | |
| Yes No | | | | | | | | | | | | | |
| **VULNERABLE POPULATIONS SERVED (May provide bonus points.)** | | | | | | | | | | | | | |
| *Provide an explanation if the project provides assistance to vulnerable populations such as those listed below.* | | | | | | | | | | | | | |
| 1. | Chronically Homeless | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 2. | Disabling Condition | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 3. | Families with Children | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 4. | Unaccompanied Youth | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 5. | Places not meant for Habitation | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
| 6. | Persons Fleeing Domestic Violence | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **REQUIRED DOCUMENTS TO ATTACH TO THE APPLICATION PROPOSAL**  *(Subtract 1/2 point for each missing document.)* | | | | | | | | | | | | | |
| All forms listed below can be found on the ROCC Website <https://oregonbos.org/hud/competition>  **Signed ROCC 2024-25 Coordinated Entry Agreement**  **Signed ROCC 2024-25 HMIS Agency Participation Agreement**  **Completed Housing-First-Assessment - TOOL**  **Completed Fiscal Assessment Form – Final** | | | | | | | Community Needs Assessment  Copy of Snaps Application  Agency Diversity, Equity, and Inclusion Statement  Agency Domestic Violence Safety Plan  Agency Board roster highlighting individuals with lived homeless experience.  Agency Staff Training Requirements  Project Budget Draft. *Include staff, non-employee costs, and other expenses related to the project* | | | | | | |
| *Examples of severe barriers include:*   * *High utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities.* * *History of victimization/abuse including domestic abuse, sexual assault, and childhood abuse* * *Length of time homeless* * *Low income* * *No income* * *Only project of its kind in their CoC’s geographic area serving a special homeless population/subpopulation* * *Risk of continued homelessness* * *Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health disparities regardless of the type of disability, which require a significant level of support to maintain permanent housing (focusing on the level of support needed not disability type)* * *Substance abuse – current or past* * *Unsheltered homelessness – especially youth and children* * *Vulnerability to illness or death* * *Vulnerability to victimization, including physical assault, trafficking, or sex work* | | | | | | | | | | | | | |