

2022 Special Notice of Funding Opportunity to Address Unsheltered Homelessness Pre-App

Introduction

Through this Special NOFO, the U.S. Department of Housing and Urban Development (HUD) will award funding to communities to implement coordinated approaches -- grounded in Housing First and public health principles -- to reduce the prevalence of unsheltered homelessness, and improve services, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families.

This survey also serves as the letter of intent (LOI) to apply. Project staff must complete the following information and submit to the CoC by the deadline. Your project will not be eligible to apply in the FY2022 competition if you do not submit this form by the deadline.

Please note, the following project applications are ineligible for this Special NOFO:

- Acquisition of new property
- Rehabilitation of existing property
- New construction

* Required

Pre-application Survey

Please complete the proposed project overview and review each of the following ranking categories, marking those questions that apply to your project. Deadline to submit this survey is **August 26, 2022, by 3 p.m.** Complete one application for each renewal project. Please direct questions or concerns to Joseph Desenclos (Joseph.desenclos@co.ramsey.mn.us) or Loni Aadalen (loni.aadalen@co.ramsey.mn.us).

Please complete one pre-application survey for each project.

1. Agency Name *

2. Project/Program Name *

3. Primary Contact Name *

4. Primary Contact Email *

5. Primary Contact Phone *

6. Secondary Contact Name *

7. Secondary Contact Email *

8. Secondary Contact Phone *

9. Project Component *

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Joint Transitional Housing-Permanent Housing-Rapid Re-Housing (TH-PH-RRH)
- Support Services Only (SSO) Coordinated Entry
- Support Services Only (SSO) - Street Outreach
- Support Services Only (SSO) - Other
- Lead HMIS Agency Only - Homeless Management Information System (HMIS)

10. Proposed Project Start Date (Start data must be within calendar year 2023) *

Please input date (M/d/yyyy)



11. Proposed Project End Date (Must be 3 years from the proposed project start date) *

Please input date (M/d/yyyy)



12. Total Amount of Funding Requested for 3-Year Grant Period *

13. Target Population(s) – check all populations this project intends to target. *

- Youth (24 and under)
- Single Adults (25 or older)
- Families (one adult 18 or older with at least one dependent child)
- Domestic Violence or Trafficking Survivors

14. Please provide a description of your new project that includes the scope of services and alignment with HUD's Special Unsheltered NOFO Policy Priorities. (Word Count Range: Min. 300 - Max. 500 words) *

Bed and Unit Capacity (PSH, RRH, and Joint TH-PH-RRH Applicants ONLY)

*Please indicate the number of beds and units for targeted population(s).

15. Domestic Violence (only complete if targeting DV survivors)

Number of Beds

16. Domestic Violence (only complete if targeting DV survivors)

Number of Units

17. Single Adults

Number of Beds

18. Single Adults

Number of Units

19. **Families**

Number of Beds

20. **Families**

Number of Units

21. **Youth (only complete if targeting youth)**

Number of Beds

22. **Youth (only complete if targeting youth)**

Number of Units

Coordinated Entry, HMIS, Continuum of Care Participation, Best Practices, and Project Quality Thresholds

23. **Coordinated Entry Assessment and Referral ***

- The applicant does not agree to participate in the Coordinated Entry Assessment and Referral process.
- The applicant agrees to participate in Coordinated Entry Assessment and Referral process.

24. **Homeless Management Information System (HMIS) ***

- Applicant currently uses HMIS and intend to use HMIS for this new project.
- Applicant does not utilize HMIS but agrees to use HMIS if funded.
- Applicant does not utilize HMIS and does not intend to if funded. (Please note, this will affect your eligibility if not a VAWA funded agency.)

25. **Continuum of Care Participation, check all that apply. ***

- The applicant agrees to regularly attend CoC meetings and participate on a committee or workgroup.

The applicant agency agrees to provide project-level data to the CoC by: participating in the Point-in-Time Count; submitting program reports to the CoC; participating in CoC planning and gap analysis, and needs assessment; submitting required LAS, HIC, Pulse, and GIW reports by CoC deadlines; and giving the Local System Administrator administrative access to all your programs in the HIC or providing necessary waiver request to the CoC and submitting data in a timely manner.
- The applicant does not agree to regularly attend CoC meetings or participate in

26. **Services (TH, PSH, RRH, TH-PH-RRH combined, and SSO Street Outreach Applicants ONLY), please select all that apply. ***

- Applicant assures that case managers will systematically assist and support clients in completing applications for mainstream benefits.
- Applicant assures that transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or job when appropriate.
- Homeless assistance providers use a single application form for four or more mainstream programs.
- Applicant agrees that all referrals will come through Coordinated Entry and meet one of four of HUD's homeless definitions.

27. **HUD has placed emphasis on assessing how the best practice of Housing First is operationalized by homeless service providers during this years NOFO. Below is the Housing First Checklist for TH, PSH, RRH, and TH-PH-RRH combined Applicants ONLY. If your agency follows the principles of Housing First, please select all that apply. ***

- Are applicants for housing allowed to enter the program without income?
- Are applicants for housing allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
- Are applicants for housing allowed to enter the program even if they have criminal justice system involvement?

28. **Applicant incorporates other known best practices into the projects policies and practices (TH, PSH, RRH, TH-PH-RRH combined, and SSO Street Outreach Applicants ONLY), please select all that apply. ***

- Harm Reduction
- Client-Centered Engagement
- Trauma Informed Care
- Culturally specific services'

29. **Chronic Homeless Preference (PSH Projects ONLY) ***

- Applicant does NOT agree to give preference to the chronic homeless population when filling vacant unit.

30. **Project Quality Thresholds (PSH, RRH, TH-PH-RRH combined Applicants Only), please check all that apply. ***

- Type, scale, and location fit needs of participants.
- Type, scale and location of supportive services fits needs and transportation for participants.
- Participants are given individual and specific assistance to obtain mainstream benefits.
- Applicant has assessed that project is needed in geographic location.
- Participants helped to obtain and remain in PH.
- Participants are assisted to both increase income and live independently using mainstream housing and services.
- Applicant agrees that all referrals will come through Coordinated Entry and meet one of four of HUD's homeless definitions.
- Services and housing is accessible to amenities (grocery, pharmacies, etc.).
- Program/activities will be administered in most integrated setting appropriate for persons with disabilities. Persons with disabilities interact with person w/out disabilities.
- Applicant has the history/capacity to complete timely and accurate drawdowns, performance reports.

Coordination with Health Care Providers

31. **Does your agency currently coordinate with health care providers (i.e., clinics, hospitals, other non-profits that provide medical care)?**

*

- Yes
- No - **(Skip to Question #34)**
- Unsure - **(Skip to Question #34)**

32. **If you answered "yes" to questions #31, do you have a formal memorandum of understanding with the health care provider?** *

- Yes - please submit your formal memorandum of understanding with your NOFO application. **(Skip to question #34)**
- No
- Unsure - **(Skip to question #34)**

33. **If you answered "no" to question #32, would you be able to obtain a letter of commitment to either begin or continue your partnership with a health care provider for this new project that you could submit with your NOFO application?** *

- Yes - please submit your letter of commitment from the health care provider(s) with your NOFO application
- No
- Unsure

Coordination with the Public Housing Authority or other Housing Providers

34. **Does your agency currently coordinate with the Public Housing Authority (PHA) or other housing providers (including private landlords)? ***

- Yes
- No - **(Skip to question #37)**
- Unsure - **(Skip to question #37)**

35. **If you answered "yes" to question #34, do you have a formal memorandum of understanding with the PHA or housing provider? ***

- Yes - please submit your formal memorandum of understanding with your NOFO application. **(Skip to question #37)**
- No
- Unsure - **(Skip to question #37)**

36. **If you answered "no" to question #35, would you be able to obtain a letter of commitment to either begin or continue your partnership with the PHA or other housing providers for this new project that you could submit with your NOFO application? ***

- Yes - please submit your letter of commitment from the PHA or housing provider(s) with your NOFO application.
- No
- Unsure

Culturally Competent Services and Racial Equity

37. **Our organization conducts/provides cultural competency or racial equity training for all staff at least every three (3) years. ***

- Yes
- No
- Unsure

38. **Date of last cultural competency or racial equity staff training. ***

Please input date (M/d/yyyy)



39. **Our organization has staff that is reflective of the demographics (race, ethnicity, age, gender) of target population being served by the project. ***

- Yes
- No
- Unsure

40. **Describe how the project adequately identifies specific culturally-based needs of target population(s) served. (Word Count Range: 200- 300 words) ***

41. Describe how the project modifies services and support the cultural needs of target population(s). (Word Count Range: 200- 300 words)

*

42. Describe how your organization implements or plans to implement racial equity at the agency-level (i.e., cultural competency training, staffing, and working knowledge that is reflective of the population(s) served). (Word Count Range: 200- 300 words) *

Match Information

Please review the following examples for Sources of Contributions and Written Commitments listed below to answer the question at the bottom of the page.

Sources of Contributions:

- Community Development Block Grant (CDBG)
- United Way
- Fannie May
- Federal Home Loan Bank
- Local or State general revenue funds
- Mainstream housing programs
- Social service programs

Written Commitments:

- Must be documented on letterhead stationery
- Signed by an authorized representative
- Dated
- It needs to be provided at the time the grant is awarded by HUD

The match letter must contain the following

- Name of organization providing the contribution.
- Type of contribution and value of the contribution (i.e., minimum of 25% of total HUD grant amount).
- Name of the project and sponsor organization to which the contribution will be given.
- Date that the contribution will be available.

Written commitments are required for all project applicants. Commitment letters must be provided upon HUD's grant agreement execution.

WARNING: HUD will prosecute false claims and statements. Conviction may result in criminal and/or

43. **Please enter the percentage of cash match ***

44. **Please enter the total cash match ***

45. **Please list the source(s) of match ***

46. **Please enter the agencies Dun & Bradstreet (DUNS) number ***

47. **Please enter your Agency System for Award Management (SAM) number. ***

48. **Name of Agency Approved Signatory ***

49. **Title of Agency Approved Signatory ***

50. **Date ***

Please input date (M/d/yyyy)



51. **Signature ***

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

