



IOWA COUNCIL **on** HOMELESSNESS

2019 Iowa Balance of State (IA-501) Continuum of Care (CoC) Grantee Renewal Application

Instructions: Answer all questions that appear in the application, please be as complete as possible in your responses.

Deadline for submissions: JUNE 7, 2019 - 11:59PM

APPLICANT NAME AND INFORMATION

Organization Name:*

Renewal Project Name:*



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Grant Identifier: *

Project Type: *

Permanent Supportive Housing (PSH)

Rapid Rehousing (RRH)

Transitional Housing (TH)

Projected number of clients to be served in renewal grant period: *

Anticipated Renewal Amount: *

\$

Verify current registration in federal System for Award Management: *

Yes No

DUNS #: *



Address of Administrative Office:*

City

State

ZIP Code

Primary Contact Name:*

First Name

Last Name

Primary Contact Phone:*

Primary Contact Email:*

Secondary Contact Name:

First Name

Last Name



Secondary Contact Phone:

Secondary Contact Email:

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THRESHOLD ASSURANCES

Projects MUST meet ALL of these requirements to be eligible for renewal consideration.

**Has the project removed the following barriers to accessing housing and services?
Confirm that each barrier described does NOT exist and attach project policies that verify barrier does not exist.**

Required, Not Scored

Having too little or no income: *

BARRIER NOT a Barrier

Income Barrier Explanation: *

1000/1000

Having a criminal record with exceptions for state, and/or federal restrictions: *

BARRIER NOT a Barrier

Criminal Record Barrier Explanation: *



Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement):*

BARRIER NOT a Barrier

Fleeing Domestic Violence Barrier Explanation:*

1000/1000

Having (or not having) a previous address within Iowa:*

BARRIER NOT a Barrier

Residency Barrier Explanation:*

1000/1000

**Failure to comply with HUD's 2016 Gender Identity Rule:
(<https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/>)***

BARRIER NOT a Barrier

Gender Identity Rule Explanation:*

1000/1000

Failure to comply with Non-Discrimination and Equal Opportunity Requirements including assuring non-discrimination on the basis of age, race, creed, color, national origin, religion, sex/gender, sexual



BARRIER

NOT a Barrier

Non-Discrimination Explanation: *


1000/1000


Attach project Policies & Procedures to verify barrier statuses selected above: *

No file chosen

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(Highlight relevant sections in attached document)

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CONTINUUM OF CARE PARTICIPATION

Local Participation/Coordinated Entry

10 Points

1. a. What percentage of your clients served do you feel were referred through coordinated entry? Explain your response.*

1000/1000

1. b. Describe timeline/progress of Coordinated Entry in your region. Explain your project's participation in Coordinated Entry and the steps taken to support the Coordinated Entry process in the project's region.*

1000/1000

PLEASE PROVIDE DATES AND LOCATION OF YOUR PARTICIPATION.

ICH Participation

5 Points

2. Since January 2018, have representatives of your project attended at least three bimonthly meetings of the Iowa Council on Homelessness? Note that anyone can participate in Council meetings even if not a voting member. Posted meeting minutes must be available to verify attendance.*



1000/1000

PLEASE PROVIDE NAMES AND DATES OF ATTENDANCE.

Professional Development

10 Points

3. a. Describe professional development opportunities (conferences, meeting, trainings, webinars, etc.) related to Homelessness in which representatives of your project have participated within the last 12 months. *

1000/1000

PLEASE PROVIDE EMPLOYEE NAMES, DATES AND LOCATIONS.

3. b. From the mentioned above, list the top three (3) most useful experiences and describe how your project implemented information gained from them? *

1000/1000

Community Engagement and Education

20 Points

4. a. In the past year, describe your agency's activities/engagement/involvement with one or more local Public Housing Authorities (PHAs) about implementing a homeless admission preference in their



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1000/1000

PLEASE PROVIDE NAME OF ORGANIZATION, DATES AND EMPLOYEES ENGAGED IN THE ACTIVITIES.

4. a. Please attach documentation to verify, such as an email chain or meeting notes.

Choose File No file chosen

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4. b. In the past year, describe your agency's activities/engagement/involvement with local affordable housing providers (e.g. multifamily assisted housing owners, PHAs, Low Income Housing Tax Credit developments, or local low-income housing programs) about implementing a Move On strategy (Informational resource: <https://www.csh.org/wp-content/uploads/2016/07/Moving-On-Chapter-6-Final.pdf>):*

1000/1000

PLEASE PROVIDE NAME OF ORGANIZATION, DATES AND EMPLOYEES ENGAGED IN THE ACTIVITIES.

4. b. Please attach documentation to verify, such as an email chain or meeting notes.

Choose File No file chosen

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5. In the past year , to what extent has your agency taken steps locally to educate communities on the issues of homelessness: (e.g. decriminalization of homelessness engaging local policymakers, law enforcement, or business leaders; implementing community plan)?*

1000/1000

PLEASE PROVIDE NAME OF ORGANIZATION CONTACTED, DATES AND EMPLOYEES ENGAGED IN THE ACTIVITIES.

6. In the past year, to what extent has your agency taken steps locally to prevent the discharge of persons from local systems of care (foster care, health care, mental health care, correctional facilities) into homelessness?*



1000/1000

Point-in-Time Count

15 Points

7. a. Did your agency participate in the street (unsheltered) count in counties served by your project and how?*

1000/1000

7. b. Did your agency submit the PIT/HIC information for your projects by the set submission deadline? If not, why?*

1000/1000

[Click HERE](#) to review 2019 PIT submission timeliness for all projects.

CoC Annual Meeting Participation


5 Points




the meeting.*

1000/1000

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PROJECT MANAGEMENT

FOR THIS SECTION: Refer to the most recently completed grant year for which an APR was submitted.

Spending History

10 Points

9. a. Has this project completed its first grant full grant cycle? (i.e. 1st year renewal with end date after application date?)*

Yes

No

9. b. Project grant year end-date completed:*

Mar ▾ 01 ▾ 2018 ▾ 

9. c. Grant amount:*

\$

2.00

9. d. Total funds expended:*

\$

1.00

9. e. Funds remaining (unexpended funds):*

\$

1.00

9. f. Unexpended funds % (unexpended funds/grant amount):*



9. g. Your project had 5% or more of unexpended funds, please explain why funds were not expended. If this is a new grant explain you projected spend down date and if you are on track for full expenditure of funds. *

1000/1000

Annual Performance Report (APR)

5 Points

APR Sage Submission Requirement (days) *

90

APR Deadline in SAGE: *

May ▾ 30 ▾ 2018 ▾

Based on Project grant year-end date above

10. a. Date APR submitted to HUD in SAGE: *

▾ ▾ ▾ 

Date may be verified during scoring

10. b. Did your project meet the 90-day requirement? *

Yes No

10. c. If an extension was granted by HUD or SAGE was unavailable, describe. Must have written documentation available upon request. *

1000/1000



HUD Grant Monitoring

5 Points

11. a. Has HUD monitored the project within the past two years? *

 Yes
 No

(If no, STOP and award full 5 points.)

11. b. Have you received your official monitoring/finding report from the HUD field office? *

 Yes
 No

(If no, STOP and award full 5 points.)

11. c. Date of monitoring visit: *

11. d. Please attach HUD monitoring report/findings: *

 No file chosen

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11. e. How many findings of noncompliance were documented by HUD? *

(If greater than 3, stop and award NO points.)

11. f. How many findings of noncompliance have NOT been resolved within the required time frame? *

(If greater than zero, award NO points. If zero, award full 5 points.)

Housing First

20 Points

12. Does the project terminate participants from the project for any of the following reasons?

12. a. Failure to participate in supportive services and/or failure to make progress on a service plan: *



12. b. Loss of income or failure to improve income:* Yes No**12. c. Active substance abuse: *** Yes No**12. d. Any other activity not covered in a lease agreement typically found in the project's geographic area: *** Yes No**12. e. Ensure that every effort is made to help participants transition to other housing options when continuation in this project is jeopardized or about to expire? *** Yes No**12. f. Attach the project's written termination policy. The effective date must be evident on the policy.*** No file chosen

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Supportive Services

10 Points

13. a. Transportation assistance is provided to clients to attend mainstream benefit appointments, employment training, or jobs.* True False**13. b. At least semi-annual follow-ups are attempted with participants after project exit to ensure that mainstream benefits are received and renewed (and for RRH projects, to verify that housing stability is maintained) for a period of X years.*** True False**13. c. Annual interim reviews with current clients are being completed with 30 days of anniversary date to check on client well-being and update all relevant data including: income, disability status, health care, etc.***

13. d. Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency.*

True False

Grant Evaluation

5 Points

14. Did the number of clients served by your project achieve or exceed your estimated levels of service when you last applied/renewed this grant? Explain, success/difficulties.*

1000/1000

PLEASE PROVIDE ESTIMATES ALONG SIDE YOUR ACTUAL LEVELS FROM PERFORMANCE REPORT

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PROJECT PERFORMANCE/EVALUATION

Attach "2019 BOS CoC Renewal Application Report" from HMIS/DVIMS*

Choose File No file chosen

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Report is location in ART > Public Folder > Iowa Balance of State CoC

ALL DATA in this section will be pulled from your above attached performance report. (Your reporting period will be your last completed APR grant period.) You may add a narrative to any particular question in this section if you choose.

Timely Compliance

Under 14 days average data timeliness: 5 points

Over 14 days average data timeliness: 0 points

15. Does the agency maintain an average of 14 days or less between clients' project start and entry into HMIS?

OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Data Completeness



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- Less than 2% missing (null) values in ServicePoint (HMIS or DVIMS) (10 Points)
- Between 2% and 5% missing (null) values in ServicePoint (HMIS or DVIMS) (5 Points)
- Higher than 5% missing (null) values in ServicePoint (HMIS or DVIMS) (0 Points)

16. Does your agency maintain an average data completeness score of less than 2% missing data?

OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Prioritization of literally homeless or fleeing domestic violence (TH)

- 60% or higher entering from sources above (10 Points)
- 50% to 59% entering from the sources above (5 point)
- Under 50% entering from the sources above (0 Points)

17. TH: Does your project sufficiently prioritize literally homeless clients or those fleeing domestic violence?

OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Exit Destination Errors (TH)

- Under 15% Error Destination Rate: 15 points
- Over 15% Error Destination Rate: 0 points

20. TH: Is the total exit destination error less than 15%?



REPORT

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Income Increase - Leavers (TH)

≥35% = 10 points

34%-30% = 8 points

29%-25% = 6 points

24%-20% = 4 points

19%-15% = 2 point

<14%= 0 points

21. TH: Percentage of all adult participants who increased total income from entry to exit?**OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT**

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Successful Exits (TH)

≥60% = 15 Points

45 - 59% = 8 Points

<45% = 0 Points

22. TH: Percentage of exits to Permanent Housing?**OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT**

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

Chronic Population (TH)

≥8% = 5 Points

5 - 7% = 3 Points

<5% = 0 Points

23. TH: Chronic population served in project?

OPTIONAL NARRATIVE ONLY - DATA WILL BE PULLED FROM ATTACHED REPORT

1000/1000

COMPLETE FOR POTENTIAL PARTIAL POINTS CONSIDERATION

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BONUS QUESTION

10 Points

***Bonus - Describe any specific services provided by your project specifically for youth/mental health/substance abuse:**

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Optional; Not required

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