



2019 Iowa Balance of State (IA-501) Continuum of Care (CoC) New & DV Bonus Project Application

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

Deadline for submissions: [AUGUST 2nd, 2019 - 11:59PM](#)

APPLICANT NAME AND INFORMATION

Application Type:*

- New Permanent Supportive Housing (PSH)
- New Rapid Rehousing (RRH)
- New Joint Transitional Housing & Rapid Rehousing (TH/RRH)
- DV Bonus: Rapid Rehousing (DV RRH)



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DV Bonus: Joint Transitional Housing & Rapid Rehousing (DV TH/RRH)

DV Bonus: Coordinated Entry (DV SSO-CE)

Organization Name:*

Project Name*

Projected number of clients to be served by new project:*

Requested Funding Amount:*

\$

Currently registered in federal System for Award Management (SAM):*

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 CoC funding consideration.

**Has the project removed the following barriers to accessing housing and services?
Confirm that each barrier described will NOT exist and that the proposed project's policies will be drafted to reflect that fact.**

Required, Not Scored

Having too little or no income:*

BARRIER

NOT a Barrier

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

BARRIER

NOT a Barrier

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

BARRIER

NOT a Barrier

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

BARRIER

NOT a Barrier

**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



non-discrimination on the basis of age, race, creed, color, national origin, religion, sex/gender, sexual orientation, gender identity, and familial status and disability. *

BARRIER

NOT a Barrier

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CONTINUUM OF CARE PARTICIPATION

Local Participation/Coordinated Entry

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

1000/1000

PLEASE PROVIDE DATES AND LOCATION OF YOUR PARTICIPATION. (10 Points)

ICH Participation

2. Since January 2018, have representatives of your organization 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. (5 Points)

Professional Development



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

1000/1000


PLEASE PROVIDE EMPLOYEE NAMES, DATES AND LOCATIONS. (5 Points)


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

1000/1000

(5 Points)

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PROJECT MANAGEMENT/DESIGN

Agency Experience

4. Describe the agency's experience in effectively addressing homelessness, including permanent supportive housing and/or supportive services or prevention services for those experiencing or at risk of homelessness.*

1000/1000

(5 Points)

5. 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. (5 Points)

6. Describe the agency's experience in utilizing non-HUD funds to address homelessness from sources including federal, state, local governments and private funds such as United Way, community foundation and individual donors.*

1000/1000

(5 Points)



Agency/Project Structure

7. Describe your agency's basic organization and management structure as it relates to this proposed project. Include relationship of any sub-contractors: *

1000/1000

(5 Points)

8. a) Does your agency undergo annual audits by a CPA? *

Yes No

(0 Points if No)

8. b) Attach letter from your most recent audit. *

Choose File No File Chosen

File uploads may not work on some mobile devices.

(5 Points with attachment)

9. Briefly describe your agency's financial staffing and capacity: *

1000/1000

(5 Points)

10. Explain the current homelessness need that this project proposes to address and why and how this particular project is likely to reduce or eliminate this need. Cite available data relevant to the communities to be served and to the identified need. Describe any resources currently addressing this



For example, if the need addresses a particular subset of those experiencing/at risk of homelessness, (i.e. chronically homeless individuals), include information about the number of such individuals in the proposed service area. Indicate the number of units currently

2000/2000

(20 Points)

11. Briefly describe how clients will be assisted with obtaining and remaining in permanent housing: *

1000/1000

(5 Points)

12. List the Iowa counties intended to be served thru this project application: *

1000/1000

(5 Points)

13. Transportation assistance will be provided to clients to attend mainstream benefit appointments, employment training, or jobs. *

True

False

(5 Points)

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

True

False

(5 Points)



15. At least semi-annual follow-ups will be conducted with participants after project exit to ensure and verify that mainstream benefits are received and renewed (and for RRH projects, to ensure and verify that housing stability is maintained). *

 True False

(5 Points)

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HOUSING FIRST

16. Will the project terminate participants from the project for any of the following reasons?

(20 Points)

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

Yes No

16. b) Loss of income or failure to improve income: *

Yes No

16. c) Active substance abuse: *

Yes No

16. d) Any other activity not covered in a lease agreement typically found in the project's geographic area: *

Yes No

16. 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

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BUDGET

17. Budget request: Provide a summary budget for the proposed project. Include the amounts that will be requested in each relevant category, according to HUD's rules for the particular proposed project. Include the total budget request with a minimum of 25% match and admin costs not to exceed 7%.

For details regarding match requirements and other budgetary restrictions [CLICK HERE](#) to access the HUD 2019 Notice of Funding Availability (NOFA) document.

(10 Points)

<u>Line Item</u>	<u>CoC Request</u>	<u>Applicant Match</u>	<u>Total CoC Project Budget</u>
Rental Assistance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/> Calculated
Leasing	\$ <input type="text"/>	N/A	\$ <input type="text" value="0"/> Calculated
Supportive Services	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/> Calculated
Operating Costs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/> Calculated
HMIS	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/> Calculated
Budget Subtotal	\$ <input type="text" value="0"/> Calculated	\$ <input type="text" value="0"/> Calculated	\$ <input type="text" value="0"/> Calculated
Administration	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/> Calculated



Calculated

Calculated

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BONUS: UNDER-SERVED COUNTIES

18. The following counties are considered under-served as they are not covered by the self-defined service areas of any existing CoC grantee and possess no Permanent Housing projects on the most recently reported 2019 Housing Inventory:

Audubon, Buena Vista, Calhoun, Carroll, Cass, Cherokee, Clay, Crawford, Des Moines, Dickinson, Emmet, Fremont, Greene, Grundy, Hamilton, Hardin, Harrison, Henry, Humboldt, Ida, Kossuth, Lee, Louisa, Lyon, Mills, Monona, Montgomery, O'Brien, Osceola, Page, Palo Alto, Pocahontas, Plymouth, Sac, Shelby, Tama, Van Buren, Warren, Wright.

18. a) Will this project serve any of the under-served counties reported above?*



Yes No

(5 Points)

18. b) Which of the under-served counties will be served and how (i.e. on site staff, outreach, etc.)?*

1000/1000
(15 Points)

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