



2020 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: JULY 2nd, 2020 - 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)
- DV Bonus: Joint Transitional Housing & Rapid Rehousing (DV TH/RRH)

Organization Name:

Project Name

Is this application replacing a previously funded project that has been voluntary reallocated?

Yes No

Reallocated 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 #:

Do you currently utilize or plan to utilize either the HMIS or DVIMS databases for this project?

Yes No

HMIS - Homeless Management Information System, DVIMS - Domestic Violence Information Management System

Address of Administrative Office:

Address Line 1

Address Line 2

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:

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

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 orientation, gender identity, and familial status and disability.

BARRIER

NOT a Barrier

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 2019, 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)



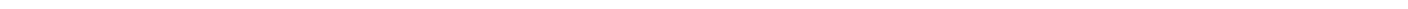
PROJECT MANAGEMENT/DESIGN

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)

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

1000/1000

(5 Points)

12. # of Iowa counties intended to be served thru this project application:

(10 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)

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

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>
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Rental Assistance	\$		\$
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\$
0

Calculated

Leasing \$

N/A \$ **0**

Calculated

Supportive Services \$

\$

\$
0

Calculated

Operating Costs \$

\$

\$
0

Calculated

HMIS \$

\$

\$
0

Calculated

Budget Subtotal \$ **0**

\$ **0**

Calculated

Calculated

\$
0

Calculated

Administration

\$

\$

\$

Calculated

BUDGET GRAND TOTAL

\$

Calculated

\$

\$

Calculated

Calculated

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 2020 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

(10 Points)

DV BONUS SUPPLEMENTAL

A. i) Describe the domestic violence survivors unmet need for housing or services in the CoC's geographic area.

250/250
(15 Points)

A. ii) What data source was used for the calculations and how was the data was collected?

250/250
(5 Points)

B. i) Anticipated Rate of Housing Placement of DV Survivors–Percentage:

(5 Points)

B. ii) Anticipated Rate of Housing Retention of DV Survivors–Percentage:

(5 Points)

B. iii) How was the rate of housing placement and rate of housing retention reported above calculated?

250/250

B. iii) What data source was used for the rate of housing placement and rate of housing retention reported above?

250/250

C. i) Describe how your project will ensure DV survivors experiencing homelessness are assisted to quickly move into permanent housing.

2000/2000

(5 Points)

D. i) Describe how project will ensure the safety of DV survivors experiencing homelessness:

(a) training staff on safety planning; (b) adjusting intake space to better ensure a private conversation; (c) conducting separate interviews/intake with each member of a couple; (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance; (e) maintaining

1500/1500

(10 Points)

D. ii) How will you measure your ability to ensure the safety of DV survivors?

500/500

(5 Points)

E. i) Describe your agency's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors:

500/500
(5 Points)

E. ii) Describe how the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors:

a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual

3500/3500
(10 Points)

F. Describe how your agency will meet services needs and ensured DV survivors experiencing homelessness are assisted to quickly move into permanent housing while addressing their safety needs:

Including: - Child Custody - Legal Services - Criminal History - Bad Credit History - Education - Job Training - Employment - Physical/Mental Healthcare - Drug and Alcohol Treatment - Childcare

2000/2000
(10 Points)

ATTACHMENTS & SUBMISSION VALIDATION

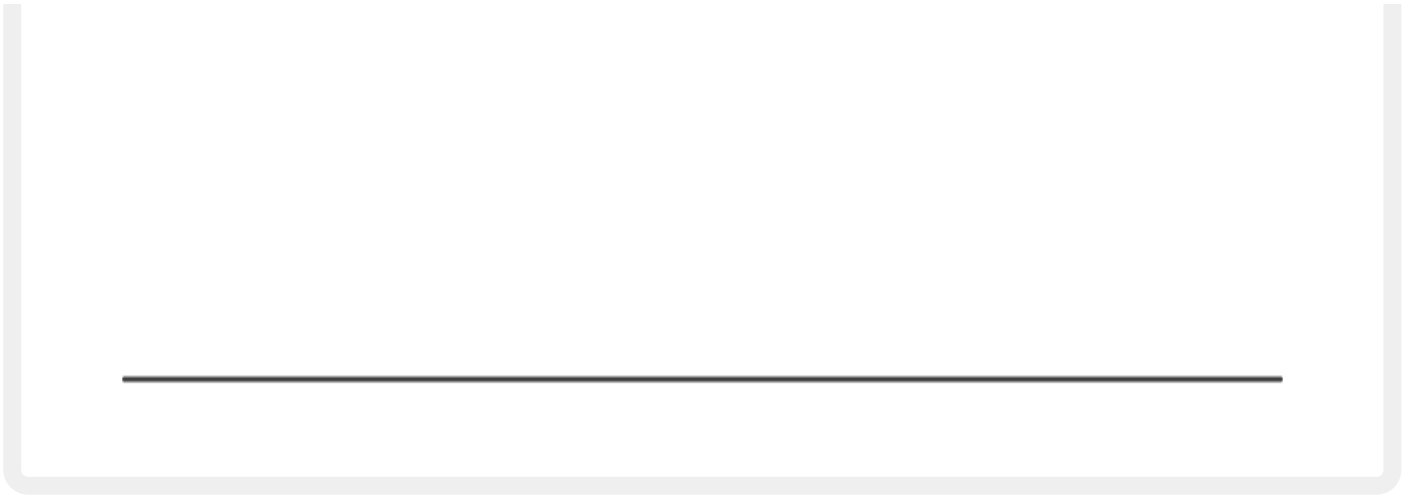
8. b) Attach letter from your most recent audit.

No File Chosen

File uploads may not work on some mobile devices.

(5 Points with attachment)

I hereby verify the accuracy and validity of this submission of Iowa Balance of State CoC new project application: *



Use your mouse or finger to draw your signature above

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