

Continuum of Care Homeless Assistance Application

PART 1 Agency Information—Renewal Applications Only

Agency Name:

Project Name:

Executive Director (ED):
ED Mailing Address:
ED Phone Number:
ED Fax Number:
ED E-mail Address:

Board President (BP):
BP Mailing Address:
BP Phone Number:
BP Fax Number:
BP E-mail Address:

Financial Officer (FO):
FO Mailing Address:
FO Phone Number:
FO Fax Number:
FO E-mail Address:

What day does your Agency's Fiscal Year start?

What year was your last Annual Financial audit?

What year was your last Single Financial Audit?

Where is your agency's administrative office located? Within the city limits
 Unincorporated county

What is the physical address of your office?

List all counties that your Agency serves:

PART 2 Program Information—Renewal Applications Only

Your project is a RENEWAL if it is currently receiving federal homeless funding and has been given a federal project identification number (i.e. ID16B101003).

If your project is a renewal project, do you plan to change any part of your program during the next program year?

- Yes
 No

If yes, please explain:

Number of homeless persons to whom your organization provided housing during your most recently **completed** program year:

HUD is placing greater emphasis on, and providing funding preferences to, projects that serve chronically homeless individuals. A chronically homeless person is an unaccompanied homeless **individual** (not a family) with a disabling condition who has either been continuously homeless for more than a year or has had at least 4 episodes of homelessness in the past three years.

Number of **chronically** homeless individuals your organization provided housing to during your most recently **completed** program year (data provided will be verified by Service Point):

How many housing units will this funding support?

How many bedrooms will this funding support?

How many beds will this funding support?

How many beds will you set aside for **chronically** homeless persons?

Would your organization be willing to amend its current grant to serve more chronically homeless individuals?

- Yes
 No

If you answered “no” to the question above, your program may receive reduced funding. If you answered “yes” to the question above, you are giving IHFA the authority to amend your grant as necessary to meet HUD’s chronic homelessness requirement.

In order to meet HUD’s requirement that homeless programs focus on housing-and-operations-related activities, IHFA considers for funding projects that allocate 74% or more of their federal homeless dollars to housing and operations. Projects that request more in supportive services may not receive funding priority and may not be considered for federal funding.

What percentage (%) of your last HUD housing grant was used for supportive services? **Should be 26% or less.**

What percentage (%) of your last HUD housing grant was used for housing & operations related expenses? **Should be 74% or greater.**

If supportive services are not 26% or less, would your organization be willing to amend its current grant to provide more funding to operations-related expenses? Yes No

If you answered “no” to the question above, your program may receive reduced funding. If you answered “yes” to the question above, you are giving IHFA the authority to amend your grant as necessary to meet HUD’s chronic homelessness requirement.

PART 3 Performance Information—Renewal Applications Only

Please answer the following questions about your most recently completed program year. You must provide a number response for each and check the box that most accurately describes the reliability of your answer.

How many homeless persons received some type of benefit from mainstream resources as a result of your organization’s case management activities?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
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How many homeless persons received benefits for six (6) months or more from mainstream resources as a result of your organization’s case management activities?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
--	---

How many homeless persons left your program still receiving some type of benefits from mainstream resources and are able to access mainstream resources on their own?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
--	---

How many homeless persons received life skills training to increase their income?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
--	---

How many homeless persons had improved employment conditions after six (6) months?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
--	---

How many homeless persons left your program with increased earnings?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers
--	---

How many homeless persons entered transitional housing from an emergency shelter?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers for year end
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How many homeless persons in transitional housing paid a greater portion of the rent at the end of the tenancy than they did in the beginning?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers for year end
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How many homeless persons will leave transitional housing for permanent housing?

	<input type="checkbox"/> Exact numbers <input type="checkbox"/> Approximate numbers for year end
--	--

Was your organization successful in meeting the goals and objectives in the logic model you completed in May 2007?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

PART 5 Program Requirements—All Applicants

Your organization is required to provide homelessness information to the Idaho Homeless Management Information System (HMIS) through ServicePoint. Does your organization need Technical Assistance to understand or implement this requirement?

-
- Yes
-
-
- No

Your organization is required to participate in the regularly scheduled unsheltered homeless count for your region. Does your organization need Technical Assistance to understand or implement this requirement?

-
- Yes
-
-
- No

Your organization is required to participate in the Energy Star program. Does your organization need Technical Assistance to understand or implement this requirement?

-
- Yes
-
-
- No

www.energystar.gov

What percentage of appliances in your homeless programs are Energy Star?

-
- Less than 25%,
-
- 26-50%,
-
- 51-75%,
-
- more than 75%,
-
- none

Your organization is required to comply with HUD's discharge protocol. Does your organization need Technical Assistance to understand or implement this requirement?

-
- Yes
-
-
- No

Your organization is required to comply with HUD's requirement to coordinate with mainstream resources. Does your organization need Technical Assistance to understand or implement this requirement?

-
- Yes
-
-
- No

PART 6 Strategy to eliminate and prevent homelessness—Renewal Applications Only

Please indicate your organization’s efforts to eliminate and prevent homelessness by checking “yes” or “no” for each statement:

<input type="checkbox"/> Yes	My organization has discussed chronic homelessness with local elected officials in addition to discussion in our coalition meetings.
<input type="checkbox"/> No	

If “yes” to the previous question, please identify the elected official(s):

<input type="checkbox"/> Yes	My organization has requested assistance from local government in locating chronically homeless persons.
<input type="checkbox"/> No	

If “yes” to the previous question, please explain the types of assistance provided:

<input type="checkbox"/> Yes	My organization has created a public information campaign to make the public aware of Chronic homelessness in our community.
<input type="checkbox"/> No	

If “yes” to the previous question, briefly explain your media campaign:

<input type="checkbox"/> Yes	Can your organization regularly generate reports showing the unmet housing need for both homeless families and chronically homeless individuals?
<input type="checkbox"/> No	

<input type="checkbox"/> Yes	Can your organization accurately identify the number of unsheltered chronically homeless persons in your community (or region)?
<input type="checkbox"/> No	

<input type="checkbox"/> Yes	Can your organization leverage other community resources to assist in addressing Chronic Homelessness?
<input type="checkbox"/> No	

Special Project Certification

Coordination and Integration of Mainstream Programs

I hereby certify that our organization will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including, but no limited to: Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Food Stamps, SSI, Workforce Investment Act and Veterans Health Care programs.

Authorized Signatures:

Project Sponsor's Executive Director

Date

Project Sponsor's Board President

Date

Special Project Certification

Program Income Utilization

I hereby certify that our organization will report to IHFA any program income generated through tenant rent and use of any program income to: 1) offset the amount of the federal award; 2) fund eligible activities as allowable by law, or 3) to match programs as required by law.

Authorized Signatures:

Project Sponsor's Executive Director

Date

Project Sponsor's Board President

Date

Special Project Certification

Board of Directors role in Project Compliance

As a member of the Board of Directors of _____, I authorize the Executive Director to apply for federal funding from the United States Department of Housing and Urban Development (HUD) through Idaho Housing and Finance Association (IHFA), and to execute contracts between this organization and IHFA for the distribution of federal funding. As a member of the Board of Directors, I will regularly and routinely monitor this organization for federal program compliance.

Board of Directors - Member Signatures:

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date

2008 Continuum of Care Form

Board of Directors

Organization Name _____

1) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

2) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

3) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

4) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

5) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

Board of Directors (Cont.) Organization Name _____

6) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

7) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

8) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

9) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

10) Board Member's Name _____ Profession/Experience _____
Address _____ City _____ Zip Code _____
Phone # _____ Fax # _____ E-mail _____
Member Since: _____ Term of Membership: _____

RESOLUTION NO. _____

BY THE CITY COUNCIL: <OR>

BY THE BOARD OF COMMISSIONERS: JONES, SMITH, etal.

A RESOLUTION TO PUBLICLY SUPPORT THE MISSION AND OBJECTIVES OF THE ABC HOMELESS SHELTER AND TO ALLOW THIS DECLARATION OF PUBLIC SUPPORT TO BE USED BY THE ABC HOMELESS SHELTER TO SATISFY AN APPLICATION REQUIREMENT FOR FEDERAL FUNDING AND TO SUPPORT HOUSING FOR LOW-INCOME HOMELESS PERSONS IN THE CITY OF _____; AUTHORIZING THE MAYOR AND CITY CLERK TO MAKE SUCH DECLARATION FOR, AND ON BEHALF OF, THE CITY OF POCA TELLO AND ITS OFFICERS.

WHEREAS, the ABC Homeless Shelter provides a valuable and necessary service to the residents of the City of _____ and the surrounding communities and Counties by providing housing and services to homeless and indigent persons: and

WHEREAS, the ABC Homeless Shelter is in good standing with the City of _____ and is in compliance with all applicable City Codes <OR> County Ordinances.

NOW, THEREFORE BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF _____, IDAHO:

Section 1: That the Mayor and City Clerk be, and they hereby are, declaring public support for the ABC Homeless Shelter.

ADOPTED by the Council of the City of _____, Idaho this ____ day of _____, 2008.

APPROVED by the Mayor of the City of _____, Idaho this ____ day of _____.

APPROVED:

Mayor

ATTESTED:

City Clerk

Special Project Certification

Homeless Management Information System (HMIS) Compliance

I hereby certify that our organization will comply with all HMIS requirements as mandated by the United States Congress under the HUD Appropriations Act HR_2620 and as directed by the United States Department of Housing and Urban Development (HUD). Furthermore, we will ensure that the organization will, at a minimum, enter the data elements required by the Data Standards for all clients on a consistent and timely manner.

Authorized Signatures:

Project Sponsor's Executive Director

Project Sponsor's Board President