****

**2018 COC PROGRAM COMPETITION**

**RENEWAL PROJECT APPLICATION**

*All projects requesting renewal must demonstrate minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.*

Check One:

☐ Permanent Supportive Housing

☒ Rapid Re-Housing

|  |
| --- |
| **Agency Profile** |
| Legal Name of Agency | Center for Women in Transition |
| Project Name | Ottawa DV PH-RRH1 |
| Contact Person | Teresa Schraudt |
| Title | Grants and Statistics Coordinator |
| Address | 411 Butternut Drive, Holland, MI 49424 |
| E-Mail | teresas@cwitmi.org |
| Phone | 616-494-1752 |

Authorized Representative:

I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency’s board of directors as of the date indicated.

|  |  |
| --- | --- |
| Name: Beth Larsen | Title: Executive Director |
| Date of Executive Director Authorization: | 8/3/2018 |
| Date of Anticipated ED Authorization: | 8/3/2018 |

**Recipient Performance**

1. Has the applicant successfully submitted on time the previous year (ending 6/30/2017) Annual Progress Report related to this renewal project?

 ☒ Yes ☐No

If no, please explain.

Click here to enter text.

1. Does the recipient have any unresolved HUD monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

 ☐Yes ☒No

If yes, please explain.

Click here to enter text.

1. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2017 application?

☐Yes ☒No

If yes, please explain.

1. Once funds became available did the recipient maintain consistent Quarterly Drawdowns for the most recent grant term related to this renewal project?

 ☒ Yes ☐ No

If no, please explain.

 Click here to enter text.

1. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? ☐ Yes ☒ No

If yes, please explain.

Click here to enter text.

**Project Description**

1. Provide a description that addresses the entire scope of the proposed project.

Center for Women in Transition’s Rapid Rehousing program empowers victims and survivors of domestic violence facing homelessness to rebuild their lives by providing client-centered advocacy and safe, affordable housing. We use a scattered site housing model with units leased on the open market throughout our service area. Case management and supportive services are available to single adults and adults with children who meet HUD’s definition of homelessness due to domestic violence: “An individual who is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situation related to violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing”. Program participants are assisted in locating their own rental unit that fits the unique needs of the individual or family: security of the building, proximity to public transportation, household size, accessibility of the unit, and household income are all taken into consideration. Rent reasonableness is determined by evaluating each unit to other comparable rentals in the area. The agency arranges a HQS inspection of each rental unit before the move in date and again the following year. The agency enters into formal agreements with the landlord/management company and the program participant. The program participant signs their own lease with the landlord/management company. Monthly rent and security deposits for each unit are paid directly to the landlord/management company using HUD grant funds and capped at current Fair Market Rent maximums. Participants pay a co-pay equal to 30% of their adjusted income. Supportive services are voluntary and predominantly home-based. Participants establish and work on goals related to safety, budgeting, education, employment, health, self-sufficiency and long-term housing stability. The goal is to have each participant transition in place (i.e., remain in the rental unit after their program participation ends). Program participation can last up to 24 months. Supportive Housing Advocates provide domestic violence education, emotional support, transportation, and connections to mainstream services. Housing stability and progress toward goals, as established on a written service plan, is reviewed on an ongoing basis. Program eligibility is reviewed and satisfaction surveys are distributed at six month intervals. Contacts are made in the form of home visits, phone calls, at one of our office locations or at other service provider locations depending on the participant’s needs (doctor’s office, court, Michigan Works office, DHHS, school, etc.). We support program participants in meeting the educational needs of their children by working closely with local homeless liaisons and Head Start programs and ensuring that children are enrolled in school and connected with early childhood programs. We participate in the annual Point in Time Count and gather HMIS data points in our VAWA-approved client database.

1. If applicable, justify the expansion of this project.

Click here to enter text.

1. Does your project participate in a CoC Coordinated entry process?

 ☒ Yes ☐No

If no, please explain.

Click here to enter text.

1. Does your project have a specific population focus? ☒Yes ☐No

If yes, please identify. (Select all that apply)

|  |  |
| --- | --- |
| Chronic Homeless |  ☐ |
| Veterans | ☐ |
| Youth | ☐ |
| Domestic Violence | ☒ |

**Housing First**

*Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.*

1. Does the project quickly move participants into permanent housing (within 30 days of program acceptance)?

 ☒ Yes ☐No ☐ NA

If no, please explain.

Click here to enter text.

1. Does the project ensure that participants are not screened out based on the following items? Select all that apply. *By checking the first four boxes this project will be considered* ***low barrier.***

|  |  |
| --- | --- |
| Having little or no income | ☒ |
| Active history of substance abuse | ☒ |
| Having a criminal record with exceptions for state=mandated restrictions. | ☒ |
| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement. | ☒ |
| None of the above | ☐ |

1. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

|  |  |
| --- | --- |
| Failure to participate in supportive services | ☒ |
| Failure to make progress on a service plan | ☒ |
| Loss of income or failure to improve income | ☒ |
| Being a victim of domestic violence | ☒ |
| Any other activity not covered in a lease agreement typically found in Ottawa County | ☒ |
| None of the above | ☐ |

1. Does the project follow Housing First? ☒Yes ☐No

If no, please explain.

 Click here to enter text.

**Supportive Service for Participants**

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? ☒ Yes ☐No

If no, please explain.

 Click here to enter text.

1. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

☒ Yes ☐No ☐ N/A

If no, please explain.

Click here to enter text.

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed and how often they will be provided.

**Provider**: enter one of the following:

* “Applicant” to indicate that the applicant will provide the service;
* “Sub-recipient” to indicate a provider that is a sub-recipient of CoC funds;
* “Partner” to indicate that an organization that is not the recipient or subrecipient of CoC Program funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service; or
* “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to program participants.

**Frequency**: Select the most common interval of time for which the service is accessible to program participants. If two frequencies are equally common, choose the interval with the highest frequency.

* Daily
* Weekly
* Monthly
* Annually
* As needed

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** |  | **Provider** | **Frequency** |
| Assessment of Service Needs |  | Applicant | As Needed |
| Assistance with Moving Costs |  | Applicant | As Needed |
| Case Management |  | Applicant | As Needed |
| Child Care |  | Applicant | As Needed |
| Education Services |  | Non-Partner | As Needed |
| Employment Assistance or Job Training |  | Applicant | As Needed |
| Food |  | Applicant | As Needed |
| Housing Search/Counseling Services |  | Non-Partner | As Needed |
| Legal Services |  | Applicant | As Needed |
| Life Skills Training |  | Applicant | As Needed |
| Mental Health Services |  | Non-Partner | As Needed |
| Outpatient Health Services |  | Non-Partner | As Needed |
| Outreach Services |  | Applicant | As Needed |
| Substance Abuse Treatment Services |  | Non-Partner | As Needed |
| Transportation |  | Applicant | As Needed |
| Utility Deposits |  | Applicant | As Needed |
| Operating Costs |  |  |  |

1. Please identify whether the project includes the following activities:
2. Transportation assistance to clients to attend mainstream benefit appointments, employment training or jobs? ☒ Yes ☐ No
3. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? ☒ Yes ☐No

**Housing Type**

1. Total Units: 12

Total Beds: 32

Total Dedicated Chronic Beds: 0

Total Prioritized Chronic Beds: 0

1. How many of the beds not dedicated for chronically homeless will likely become available through turnover in the FY 2018 operating year? 13
2. How many of the beds listed in question 2 will be prioritized for use by the chronically homeless in the FY 2018 operating year? 0

**Project Participants**

1. Please complete the tables below with the household characteristics. In each non-shaded field list the number of households or persons served at maximum capacity. The numbers should reflect a single point in time at maximum capacity and NOT the number served over the course of a year or grant term.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households**  | **HH with at least 1 adult and 1 child** | **Adult households w/o children** | **Households with only children** | **Total** |
| **Total Number of Households** | 9 | 3 | 0 | 12 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Persons in HH w/ at least 1 adult and 1 child** | **Adult persons in HH w/o children** | **Persons in HH’s with only children** | **Total** |
| Adults over age 24 | 6 | 3 |  | 9 |
| Adults ages 18-24 | 3 | 0 | 3 |
| Accompanied children under 18 | 20 |  | 0 | 20 |
| Unaccompanied children under age 18 |  | 0 | 0 |
| Total Persons | 29 | 3 | 0 | 32 |

**Performance Standards**

**Measure 1 – Employment and Income Growth for Homeless Persons in CoC Program-funded Projects**

Answer only ONE Income Measure

|  |  |
| --- | --- |
| **Metrics** | Earned income during the reporting period (stayers and leavers) |
| **Income Measure** | Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit |
| **Actual # served** | Enter the actual number served during the most recently completed operating year | 5\* |
| **Actual %** | Enter the actual achieved percent for the project performance | 100% |

\*Three of the eight persons in the program during the grant year were not in the programs long enough to reach the required time period for anniversary update reporting.

**OR**

|  |  |
| --- | --- |
| **Metrics** | Earned income during the reporting period (stayers and leavers) |
| **Income Measure** | Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit |
| **Actual # served** | Enter the actual number served during the most recently completed operating year | NA |
| **Actual %** | Enter the actual achieved percent for the project performance | NA |

**Measure 2.A – Successful Placement in Permanent Housing (Transitional Housing and Rapid – ReHousing)**

|  |  |
| --- | --- |
| **Metrics** | Exit to or retention of permanent housing |
| **Income Measure** | Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year. |
| **Actual # served** | Enter the actual number served during the most recently completed operating year | 8 |
| **Actual %** | Enter the actual achieved percent for the project performance | 100% |

**HMIS Data Quality**

Projects will be scored based on the project’s participation in HMIS. For victim service providers, an HMIS comparable database must be used for all persons served for each grant and should be able to generate an Annual Performance Report.

1. Did the applicant submit an HMIS 625 ART (APR) report or comparable report for victim service providers for the same time frame as the most recently submitted APR?

☒ Yes ☐No

1. Are at least 90% of the Universal Data Elements (UDE’s) complete?

☒Yes ☐No We do not collect social security numbers and because our project is entirely within one geo-code, we do not record client location.

**Project Budget**

1. Total Units Requested: 12
2. Rental Assistance Budget

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** |  | **Requested Funds** | **Other Funding** | **Total Project Costs** | **% of Total Budget** |
| Acquisition | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| New Construction | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rehabilitation | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Leasing | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rental Assistance | 78,864 | 19,716 | 98,580 | 71 |
| Supportive Services | 26,965 | 6,741 | 33,706 | 24 |
| Operating Costs | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| HMIS | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Project Administration (limited to 7%) | 5,235 | 1,309 | 6,544 | 5 |
|  |  |
| **Total Project Cost** | 111,064 | 27,766 | 138,830 | 100 |

1. Supportive Services Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** |  | **Quantity and Description** | **Annual Assistance Requested** |
| Assessment of service needs | Click here to enter text. | Click here to enter text. |
| Assistance with moving costs | Click here to enter text. | Click here to enter text. |
| Case management | .40 FTE case manager wages & fringe benefits ($19,755) + .08 FTE program supervision wages & fringe benefits ($5,125) | 24,880 |
| Child Care | 2 instances @ $200 each | 400 |
| Employment Assistance | Click here to enter text. | Click here to enter text. |
| Food | 5 instances @ $37 each | 185 |
| Housing Counseling | Click here to enter text. | Click here to enter text. |
| Legal Services |  | Click here to enter text. | Click here to enter text. |
| Life Skills | Click here to enter text. | Click here to enter text. |
| Mental Health Services | Click here to enter text. | Click here to enter text. |
| Outpatient Health Services | Click here to enter text. | Click here to enter text. |
| Outreach Services | Click here to enter text. | Click here to enter text. |
| Substance Abuse Treatment Services | Click here to enter text. | Click here to enter text. |
| Transportation | Car repairs, bus tokens, gas cards, vehicle insurance, etc. @ $100 per client | 1,200 |
| Utility Deposits | 3 instances @ $100 each | 300 |
| Operating Costs | Click here to enter text. | Click here to enter text. |
|  |
| **Total Annual Assistance Requested** |  | 26,965 |

**Sources of Leverage**

1. Leverage Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Contributor** | **Date of Commitment** | **Value of Commitment** |
| Cash | MI Dept of Health & Human Services: Transitional Housing | 8/11/2017 | 167,916 |
| Cash | Greater Ottawa County United Way | 5/19/2017 | 8,160 |
| Cash | Agency funds: contributions & fundraising | 10/1/2018 | 19,264 |
| Inkind | Agency funds: donated household supplies, clothing, furniture, etc. | 10/1/2018 | 16,420 |
| Inkind | Ottawa County Dept of Health & Human Services | 7/2/2018 | 195,120 |

**Required Documentation**

☒ Annual Progress Report (or other structured outcome report for non-HMIS participating agencies) of the project’s most recent completed contract year. If a full year has not yet been completed for the project, attach an APR with the end date of 9/25/2016. *APR for year ending 6/30/17 attached as most recent year ending is not due or completed yet.*

☐ HUD Monitoring Letter (if applicable) and communication indicating resolution of issues or on-going follow-up. *Not applicable*

☒ Line of Credit Control System (LOCCS) report showing drawdowns and final balance.

☒ ART > Public Folder > Data Quality > UDE Completeness and Null Data Reports 0252 > Data Completeness Report Card (EE) – v15 if applicable. *Compareable attached*