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**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:

[x]  Permanent Supportive Housing

[ ]  Rapid Re-Housing

|  |
| --- |
| **Agency Profile** |
| Legal Name of Agency | Good Samaritan Ministries |
| Project Name | **Permanent Supportive Housing - GSM** |
| Contact Person | Linda Jacobs |
| Title | Executive Director |
| Address | 513 E. 8th Street, Suite 25, Holland MI 49423  |
| E-Mail | ljacobs@goodsamministries.com |
| Phone | 616-392-7159 |

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: Linda Jacobs | Title: Executive Director |
| Date of Executive Director Authorization: | 8/2/2018 |
| Date of Anticipated ED Authorization: | Done |

**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?

 [x]  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 [x] 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 [x]  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?

 [x]  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 [x]  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.

In 2015, the Lakeshore Housing Alliance reallocated an HMIS project in order to direct funds to one of HUD’s and our local CoC’s identified priority areas: Ending Chronic Homelessness. **Permanent Supportive Housing (PSH) projects are one of the most effective and efficient ways to end homelessness for this specialized population** *(Housing First in Permanent Supportive Housing HUD Policy Brief, July 2014)* due to long-term financial assistance and ongoing supportive services.

In order to qualify for our renewal PSH funding, households must have a documented disability and meet the federal definition of chronic homelessness, which broadly means the household has been living unsheltered for over a year or has had four (4) occurrences of homelessness over the past three (3) years, all totaling one year of homelessness. PSH eligible households typically cycle in and out of crisis services including jails, emergency rooms, inpatient services, and psychiatric facilities, which is not only detrimental to the individual’s health and well-being, but it is costly to the public. PSH families are typically the highest vulnerability with multiple barriers to finding and maintaining housing including substance abuse, severe mental illness, physical disabilities, and cognitive impairments. They are also usually marked by a long history of lacking positive social and familial supports. Offering affordable housing and financial assistance helps keep the population housed, which allows more consistency in healthcare, access to preventative care, and also avoids unnecessary interactions with public crisis services.

Good Samaritan Ministries (GSM) applied for and received the Permanent Supportive Housing funding through reallocation (approximately $38,000) in 2015. The project was set up to serve five (5) households that qualified for rent-a-room rates. GSM has successfully operated this program for the past three (3) years, however, we have learned a considerable amount of new information through extensive staff training and directly from the population, that helps us determine how to provide better services. In particular, the need for different housing configurations apart from rent-a-rooms is one such area. It has been determined this type of housing is not best suited for high-vulnerability populations because of increased potential for conflict and safety concerns. In order to address the fact that rent-a-rooms are not suited to this population, we have been screening chronic households and transferring them to the larger Community Mental Health PSH programs in order to meet program numbers. Having to change programming is not the best practice for long-term outcomes, which is why we again are asking for expansion using the potential bonus dollars (further outlined in next question).

GSM continues to work on improving programming, and to work towards best practices. **In 2017 our PSH program was monitored by HUD and GSM received commendation for exemplary practices in match documentation.** HUD noted our financial tracking systems were **“a sound way to track match and ensure that the required amount is being expended.”** HUD requested use of both our financial match tracking system and our policy and procedure manual to share as a best practices with other communities.

Last year we requested additional funding for expansion of this program, and the request was approved. However, our County did not receive the bonus funding, and therefore we did not receive the funding for expansion. We are essentially asking again for our request for renewal and for expansion to be accepted so that we can increase the bed number in our County for PSH households.

GSM requests **$35,056 in renewal funding** and **$61,035 in bonus dollars** for program expansion in order to serve 8 households in larger units with long-term rental assistance and supportive services.

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

As described above, the rent ceiling of the current PSH grant only allows for rent-a-room configurations, which does not allow us to serve qualifying families, and is not the best unit configuration for this vulnerable group of individuals. We are asking that expansion dollars be designated as PSH DedicatedPLUS, a PSH initiative that helps allow PSH programs to serve persons with the longest histories of homelessness, and those with the most severe service needs *(Office of Special Needs Assistance Programs, HUD, 2018).* DedicatedPlus allows more room for us to serve participants that meet the definition of chronically homeless, but for whom adequate third party documentation is not available. This past year we met with a chronic youth and it took us five months to gather paper documentation from the needed locations to qualify him as chronic, even though we had all of the verbal explanations from service providers that clearly indicated chronicity. The expansion of the original bonus grant will allow us to serve at least 8 households in units that are more adequately aligned with participant’s needs and which allow us the opportunity to serve chronic families, which is lacking in our County’s current bed counts/configurations. As outlined in HMIS data reports, Good Samaritan Ministries has demonstrated over the past year a clear ability to quickly rehouse homeless households in thirty days or less, and to serve more households than our grants have required. This proven ability to complete grant requirements and meet outcomes despite the multiple barriers is another reason we are seeking expansion dollars.
2. Does your project participate in a CoC Coordinated entry process?

 [x]  Yes [ ] No

If no, please explain.

Click here to enter text.

1. Does your project have a specific population focus? [x] Yes [ ] No

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

|  |  |
| --- | --- |
| Chronic Homeless |  [x]  |
| 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)?

 [x]  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 |[x]
| Active history of substance abuse |[x]
| Having a criminal record with exceptions for state=mandated restrictions. |[x]
| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement. |[x]
| 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 |[x]
| Failure to make progress on a service plan |[x]
| Loss of income or failure to improve income |[x]
| Being a victim of domestic violence |[x]
| Any other activity not covered in a lease agreement typically found in Ottawa County |[x]
| None of the above |[ ]

1. Does the project follow Housing First? [x] 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? [x]  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?

[x]  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 | Daily |
| Assistance with Moving Costs |  | Non-Partner | As Needed |
| Case Management |  | Applicant | Daily |
| Child Care |  | Non-Partner | As Needed |
| Education Services |  | Non-Partner | As Needed |
| Employment Assistance or Job Training |  | Non-Partner | As Needed |
| Food |  | Non-Partner | As Needed |
| Housing Search/Counseling Services |  | Applicant | Daily |
| Legal Services |  | Non-Partner | As Needed |
| Life Skills Training |  | Applicant | Monthly |
| Mental Health Services |  | Partner | As Needed |
| Outpatient Health Services |  | Non-Partner | As Needed |
| Outreach Services |  | Partner | As Needed |
| Substance Abuse Treatment Services |  | Non-Partner | As Needed |
| Transportation |  | Non-Partner | As Needed |
| Utility Deposits |  | Applicant | Weekly |
| Operating Costs |  | Applicant | As Needed |

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

**Housing Type**

1. Total Units: 5 current renewal Total Units with bonus: 8

Total Beds: 7 current renewal Total Beds with bonus: 11

Total Dedicated Chronic Beds: 7

Total Prioritized Chronic Beds: All

1. How many of the beds not dedicated for chronically homeless will likely become available through turnover in the FY 2018 operating year? 0
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? All

**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**  | 1  | 4  | 0 | 5  |
| **Total Number of Households with Bonus (Expansion)** | 4 | 4 | 0 | 8 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 1  | 3  |  | 4 |
| Adults ages 18-24 | 0  | 1  | 1 |
| Accompanied children under 18 | 0 |  | 0 | 0 |
| Unaccompanied children under age 18 |  | 0 | 0 |
| Total Persons | 1 | 4 | 0 | 5 |

**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 | 6 |
| **Actual %** | Enter the actual achieved percent for the project performance | 100% |

**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 | See Above |
| **Actual %** | Enter the actual achieved percent for the project performance | See Above |

**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 | N/A for this program |
| **Actual %** | Enter the actual achieved percent for the project performance | N/A for this program |

**Measure 2.B – Successful Retention of Permanent Housing (Permanent Supportive Housing)**

|  |  |
| --- | --- |
| **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% |

|  |  |
| --- | --- |
| **Metrics** | Length of stay in permanent housing |
| **Income Measure** | The percent of participants who remained housed in permanent housing for at least 6 months in the most recently completed operating year.  |
| **Actual # Served** | Enter the target percent that was submitted on the project’s e-snaps application for the most recently completed operating year | 85% |
| **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?

[x]  Yes [ ] No

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

[x] Yes [ ] No

**Project Budget (RENEWAL)**

1. Total Units Requested: 5 Single Room Occupancy Units
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 | $25,272 | $6,318 | $31,590 | 72% |
| Supportive Services | $7,379 | $1,845 | $9,224 | 21% |
| 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%) | $2,405 | $601 | $3,006 | 7% |
|  |  |
| **Total Project Cost** | $35,056 | $8,764 | $43,820 | 100% |

1. Supportive Services Renewal 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 | Case Manager wage & fringe (9 hrs/wk) | 7,379 |
| Child Care | Click here to enter text. | Click here to enter text. |
| Employment Assistance | Click here to enter text. | Click here to enter text. |
| Food | Click here to enter text. | Click here to enter text. |
| 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 | Click here to enter text. | Click here to enter text. |
| Utility Deposits | Click here to enter text. | Click here to enter text. |
| Operating Costs | Click here to enter text. | Click here to enter text. |
|  |
| **Total Annual Assistance Requested** |  | $7,379 |

**Project Budget (BONUS/EXPANSION)**

1. Total Units Requested: 3 New Units (2, 3, or 4 bedroom units)
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 | $40,056 | $10,014 | $50,070 | 66% |
| Supportive Services | $15,430 | $3,858 | $19,288 | 25% |
| 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 10%) | $5,549 | $1,387 | $6,936 | 9% |
|  |  |
| **Total Project Cost** | $61,035 | $15,259 | $76,294 | 100% |

1. Supportive Services Budget (Bonus/Expansion)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | Client moving costs | $300 |
| Case management | Case Manager wage & fringe (13 hrs/wk) | 10,790 |
| Child Care | Click here to enter text. | Click here to enter text. |
| Employment Assistance | Click here to enter text. | Click here to enter text. |
| Food | Click here to enter text. | Click here to enter text. |
| 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 | Client evaluation and counseling fees | $500 |
| 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 | Client evaluation and counseling fees | $300 |
| Transportation | Bus passes | $100 |
| Utility Deposits | Payment of deposits and arrearages for tenant-responsible utilities | $800 |
| Operating Costs | Office supplies, postage, technology, telephone, travel, seminars, office rent, custodial, leased equipment | $2,640 |
|  |
| **Total Annual Assistance Requested** |  | $15,430 |

**Sources of Leverage (Renewal and Expansion)**

1. Leverage Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Contributor** | **Date of Commitment** | **Value of Commitment** |
| Cash Match | Program income | July 2019 | $20,000.00 |
| Cash Match | Individuals/business donations | July 2019 | $4,023.00 |
| Leverage | Department of Health and Human Services (food assistance) | July 2018 | $10,368.00 |
| Leverage | Home Free West Michigan (transportation and distribution of home items) | August 2018 | $3,000.00 |
| Leverage | Good Samaritan Ministries (Staff Impact Campaign/In-kind contributions directly from staff) | July 2018 | $9,401.00 |
| Leverage | Good Samaritan Ministries (volunteer hours) ($23.91 x 325 hours)  | July 2018 | $7,770.75 |
| Leverage | MSHDA/ESG (HARA Services) | October 2018 | $156,149.00 |

**Required Documentation**

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

[x]  Line of Credit Control System (LOCCS) report showing drawdowns and final balance.

[x]  ART > Public Folder > Data Quality > UDE Completeness and Null Data Reports 0252 > Data Completeness Report Card (EE) – v15 (if applicable).