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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:

[ ]  Permanent Supportive Housing

[x]  Rapid Re-Housing

|  |
| --- |
| **Agency Profile** |
| Legal Name of Agency | Good Samaritan Ministries |
| Project Name | **Community Housing Partnership - 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: | 8/3/2018 |
| 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.

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.

Good Samaritan Ministries (GSM) has a long history of operating Rapid Re-housing (RRH) projects, including administering short-term rental assistance under HPRP funding in 2010-11, and MSHD ESG Rapid Re-housing and Prevention programs since 2011, and the Community Housing Partnership program that transferred from a Transitional Housing program to a Rapid Re-housing program in July 2017. Rapid Re-housing programs have shown to be a cost effective way of ending homelessness that has been promoted by HUD since 2009 (HUD Rapid Re-housing Brief, July 2014).

The CHP Rapid Re-housing program utilizes a housing first model to quickly rehousing low-income, homeless individuals and families in Ottawa County, while providing rental assistance and supportive services to promote permanent housing stability.

The main activities completed through this program are the following:

* Screen homeless households for eligibility based on HUD regulations and utilizing our County’s chosen housing assessment tool – the VI-SPDAT
* Offer housing search services
* Provide home maintenance education
* Distribute financial assistance for program participants
* Deliver consistent case management services that includes the creation of a unique housing plan that addresses barriers that led to homelessness
* Link program participants with trained volunteers for support
* Coordinate with new and longstanding community partners, such as churches, local businesses, non-profits and landlords to quickly house homeless households, and link them with quality support to encourage stability after programming ends

**Similar to last year, GSM continues to fully leverage the HUD RRH funding to compliment the structure put in place by MSHDA ESG funding.** MSHDA ESG funds Good Samaritan Ministries as the Housing Assessment and Resource Agency (HARA). Over the course of a year, the HARA receives approximately 5,000 crisis housing phone calls from area residents seeking housing search support, homeless shelter connections, housing voucher questions, financial assistance for rent, tenant landlord communication recommendations, fair housing questions, or eviction prevention services. As one of the main access points for housing services, and a leader in the County’s coordinated entry efforts, **GSM is able to assess and prioritize households to quickly connect them with appropriate community resources, including Rapid Re-housing funding.** Through the Homeless Management Information System (HMIS), HARA intake staff are able to share information directly with case managers, while following strict HMIS privacy procedures that can help shorten timeframes for households entering programming.

**Three main CHP program goals:**

1. **Re-house at least 22 households within 30 days of program entry**
2. **80% of households exit program to permanent housing**
3. **70% of household adults retain or increase income from any source during program participation**

In an effort to continue the work of ending homelessness in Ottawa County, GSM is asking for **$336,804 in** **renewal funding** for the Community Housing Partnership (CHP) program, which is the amount HUD awarded the program for 2018-19.

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

N/A

1. 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? [ ] Yes [x] No

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

This program serves all four categories listed below, and does not limit services to one specific population or geographic location. **We prioritize households based on current CoC objectives.** In 2017-18, the CHP program planned to serve 22 households. We actually served 42 households, and 29 of those households reported they had a domestic violence history or were currently fleeing domestic violence, 4 households were listed as chronic under HMIS reporting, and 5 head of households were youth.

|  |  |
| --- | --- |
| 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)? **Current average between entry and housing is 17 days.**

 [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 |  | Applicant | As Needed |
| Case Management |  | Applicant | Daily |
| Child Care |  | Applicant | As Needed |
| Education Services |  | Applicant | Daily |
| Employment Assistance or Job Training |  | Applicant | As Needed |
| Food |  | Applicant | As Needed |
| Housing Search/Counseling Services |  | Applicant | Daily |
| Legal Services |  | Non-Partner | As Needed |
| Life Skills Training |  | Applicant | Daily |
| Mental Health Services |  | Partner | As Needed |
| Outpatient Health Services |  | Non-Partner | As Needed |
| Outreach Services |  | Partner | As Needed |
| Substance Abuse Treatment Services |  | Partner | As Needed |
| Transportation |  | Applicant | 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: 12

Total Beds: 34

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? 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? 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** | 19 | 3 | 0 | 22 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | 16 | 2 |  | 18 |
| Adults ages 18-24 | 3 | 1 | 4 |
| Accompanied children under 18 | 40 |  | 0 | 40 |
| Unaccompanied children under age 18 |  | 0 | 0 |
| Total Persons | 59 | 3 | 0 | 62 |

**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 | **33 adults** |
| **Actual %** | Enter the actual achieved percent for the project performance | **78%** |

**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 | **120 Persons**  |
| **Actual %** | Enter the actual achieved percent for the project performance | **96%** |

**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 | Not PSH |
| **Actual %** | Enter the actual achieved percent for the project performance | Not PSH |

|  |  |
| --- | --- |
| **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 | Not PSH |
| **Actual %** | Enter the actual achieved percent for the project performance | Not PSH |

**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 – CHP Renewal**

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 | $133,572 | $33,393 | $166,965 | 40% |
| Supportive Services | $172,763 | $43,191 | $215,954 | 51% |
| 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%) | $30,469 | $7,617 | $38,086 | 9% |
|  |  |
| **Total Project Cost** | $336,804 | $84,201 | $421,005 | 100% |

1. Supportive Services Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Costs** |  | **Quantity and Description** | **Annual Assistance Requested** |
| Assessment of service needs | Client Services Coordinator wage & fringe (38 hrs/wk) | $23,766 |
| Assistance with moving costs | Client moving costs | $400 |
| Case management | Case Manager wage & fringe (36 hrs/wk); Volunteer Coordinator wage & fringe (32 hrs/wk) | $55,865 |
| Child Care |  |  |
| Education Services | Maintenance Educator wage & fringe (30 hr/wk) | $19,049 |
| Employment Assistance |  |  |
| Food | Click here to enter text. | Click here to enter text. |
| Housing Counseling | Housing Services Director wage & fringe (30 hr/wk); Property & Database Coordinator wage & fringe (20 hrs/wk) | $47,958 |
| Legal Services |  | Click here to enter text. | Click here to enter text. |
| Life Skills | Mediation services | $800 |
| Mental Health Services | Client evaluation and counseling fees  | $400 |
| 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 | Bus passes | $40 |
| Utility Deposits | Payment of deposits and arrearages for tenant-responsible utilities | $3,600 |
| Operating Costs | Office supplies, postage, technology, telephone, travel, seminars, office rent, custodial, leased equipment | $20,885 |
|  |
| **Total Annual Assistance Requested** |  | $172,763 |

**Sources of Leverage**

1. Leverage Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Contributor** | **Date of Commitment** | **Value of Commitment** |
| Cash Match | Program Income | July 2018 | $32,000.00 |
| Cash Match | Individuals/business donations | July 2018 | $22,201.00 |
| Cash Match | Greater Ottawa County United Way | September 2017 | $30,000.00 |
| Leverage | MSHDA/ESG (HARA Services) | October 2018 | $156,149.00 |
| Leverage | Department of Health and Human Services (food assistance) | July 2018 | $57,024.00 |
| Leverage | Community Action House (store) | February 2018 | $6,000.00 |
| Leverage  | Michigan’s Campaign to End Homelessness AmeriCorps Program  | October 2018 | $16,560.00 |
| Leverage | Home Free West Michigan (transportation and distribution of home items) | August 2018 | $15,000.00 |
| 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 1644 hours) | July 2018 | $39,308.04 |
| Leverage | Homeless Prevention Endowment Grant | July 2018 | $4,651.00 |

**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).