**Attachment A**

- Pre-Application Form -

2023 Minneapolis/Hennepin County

Continuum of Care Homeless Assistance Program

Date pre-application received:

(completed by Hennepin County)

**1. Project Information:**

|  |  |
| --- | --- |
| **Project Name** |       |
| **Project Address**  |  |
| **City**  |       |
| **County** | Hennepin County |
| **Continuum of Care Region** | MN – 500 Minneapolis/Hennepin County |

**2. Applicant Information:**

|  |  |
| --- | --- |
| Applicant Name |       |
| Contact Person/Title |       |
| Address (city/zip code) |       |
| Phone  |       |
| FAX # |       |
| Email Address |       |
| DUNS number |  |
| Employer/Taxpayer ID # |  |
| Check Type of Applicant ***(to check box- double left-click on box then click default value ‘checked’)***  | Nonprofit [ ]  Unit of government [ ]  Public Housing Agency [ ]  other [ ] , please explain |
| Project partner/sub-grantee, if applicable |       |
| Others (List development and/or service partners)  |       |

**3. Funding Type Requested:**

|  |
| --- |
|  [ ]  Permanent Supportive Housing[ ]  Rapid Rehousing  [ ]  Rapid Rehousing (DV Bonus)  |
|
|

**4. Organizational Capacity of Applicant:**

|  |
| --- |
| 1. ***Organization’s Mission or Purpose Statement (or attach):***

1. ***Governing Board members, experience, expertise, and affiliations (or attach):***

1. ***Does the Board include at least one member who is homeless or formerly homeless? If not, describe plan and timeline to include someone in the future:***

1. ***Policies and procedures to address potential conflicts of interest of Governing Board members (or attach):***

1. ***Organization and Project’s staff, education, expertise, and experience (or attach):***

1. ***In what ways does your organization target services to historically marginalized and underserved communities?***

1. ***What is your organization doing to promote diversity, equity and inclusion practices/policies? How do your organization’s policies and training offerings reflect an agenda for promoting diversity, equity, and inclusion practices?***

1. ***What strategies to reduce racial inequities are you currently working on as an organization?***

1. ***How do your staff, leadership, and hiring practices reflect a priority to diversify your workforce?***

1. ***In what ways are people with lived experience included in the planning, implementation, and improvement of the proposed project and others at your agency?***

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**5. Experience of Applicant, Sub-grantee, and Partners**

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| --- |
| 1. ***Describe experience as it relates to providing supportive services and housing for people experiencing homelessness and carrying-out the activities of this project.***

1. ***Who are your designated partners for this project? Who will be providing services? Who manages the property, if applicable, and please describe the property management experience related to providing housing for homeless/unsheltered individuals. What other partners are involved in implementing this project?***

1. ***In what ways have you used program data and research to inform decision-making and service provision with other projects in your portfolio?***

1. ***Do you have current projects that have historically left unspent funds? If yes, please explain why:***

1. ***If you have current projects, are they Housing First? If not, please explain***

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**6. Project Description: Permanent Supportive Housing (new) / RRH (New and DV Bonus)**

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| --- |
| 1. ***Describe the housing proposal concept and proposed use of funds:***

1. ***Describe target population(s), subpopulations (if any), and number of housing units/beds the project will provide:***

1. ***Type of support services that will be provided and who will provide them; include any description of the proposed project’s housing first and trauma-informed service delivery approach, including low-barrier access to the housing and services:***

1. ***In what ways do this project incorporate research-based and evidence-based best practices?***

1. ***How will your project assist program participants to obtain and maintain permanent housing that fits their needs?***

1. ***How will your project reduce the length of time people remain homeless and quickly connect participants to housing?***

1. ***How will your project assist participants with housing stability beyond program exit, ensuring they do not re-enter homelessness?***

1. ***How will your project connect participants with mainstream health, social services, and other programs for which they are eligible to apply and which meet the needs of program participants?***

1. ***How will your project connect participants with mainstream employment opportunities and/or education and training to increase ability to gain employment?***

1. ***Summarize some of your best practices in achieving and demonstrating successful outcomes in serving this population:***

1. ***Outreach to persons and/or families in shelter or on the streets, including plans on how the program will participate in the CoC’s Coordinated Entry system (indicate percent of persons who will come from shelter, streets, or transitional housing):***

1. ***Describe how your organization’s mission aligns with this project.***

1. ***What culturally specific services do you provide and/or what partnerships with culturally specific organizations do you have to meet the unique cultural and racial needs of participants served by this project?***

1. ***How will you respond to individuals for whom English is not their native language?***

1. ***Please describe any services provided by your project to address mental health and/or chemical health.***

1. ***In what ways does your program incorporate trauma responsive principles, principles of healing and harm reduction, and understanding of historical trauma to better serve the community of participants?***

1. ***Please describe the ways in which your project’s tenant selection criteria align with the principles of a Housing First model. For what reasons would an applicant be denied from your program? What efforts has your organization made to ensure access to housing for all that are referred to your program, including for those who face the most challenging barriers to housing?***

1. ***Describe your plan for participation in HMIS, including who will report data into HMIS, frequency of data entry, how you will align with HUD/HMIS data standards, and how you will ensure data quality.***

1. ***What data will you use to better understand service delivery and outcomes in this project? Please describe your data analysis plan.***

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**7. Plan for Implementation**

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| --- |
| 1. ***Are there other funds that could be used in place of those requested (i.e. Targeted Case Management, Housing Stabilization, ARMHS etc..)?***

     1. ***Identify potential cash and in-kind resources that this project can leverage beyond the required match, and your organization’s plans for leveraging these resources (****Under the CoC Program Interim Rule and the recent NOFAs, CoC projects are expected to have 25% match and leverage at least 150% of the value of the HUD CoC Grant from other resources****). Please indicate status of each additional funding that can be leveraged for this project (e.g. applied for funding; secured funding; etc.):***

1. ***Please describe the current status of this project. Where is the project at in development? How high of a priority is this project in your current portfolio of work?***

1. ***Describe the plan for this project to be fully implemented by the project start date in 2024? How confident are you that this project will be able to be up and running by the project start date?***

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**8. Target Homeless Population:**

|  |  |
| --- | --- |
| **Number of people or households program will serve (program capacity)** |       |
|       |  |

#### 9. Support Services: PSH and RRH (Indicate types of supportive services to be provided - check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Name of Primary Service Provider** | **Funding** **Source** | **$ Amount Secured at this time** |
| [ ]  Outreach |       |       |       |
| [ ]  Case management |       |       |       |
| [ ]  Life skills (outside of case management) |       |       |       |
| [ ]  Job training |       |       |       |
| [ ]  Alcohol and Drug Abuse Services |       |       |       |
| [ ]  Mental Health and Counseling Services |       |       |       |
| [ ]  HIV/AIDS Services |       |       |       |
| [ ]  Health Related & Home Health Services |       |       |       |
| [ ]  Education and Instruction |       |       |       |
| [ ]  Employment Services |       |       |       |
| [ ]  Budgeting and Financial Management |       |       |       |
| [ ]  Transportation |       |       |       |
| [ ]  Other (specify \*) |       |       |       |
| Describe experience of applicant and/or service provider in serving this population. |

|  |
| --- |
| Do you currently report measurable outcomes for clients in your other housing or service programs? [ ]  Yes [ ]  No. If yes, check method for reporting outcomes: [ ]  HUD- APR, [ ]  Hennepin County contract requirement, [ ]  State agency contract requirement, [ ]  Other- please describe:      If yes, please describe the outcomes of other, similar projects. |

**10. Housing Units: PSH or RRH (DV Bonus)**

|  |
| --- |
| **Number of units by bedroom size rental assistance projects:** |
|  | **Number of units** | **Number of beds** |
| SRO (Single Room Occupancy) |  |  |
| 0 Br (efficiency) |  |  |
| 1 Br |  |  |

**11. Total Project Budget:**

|  |  |
| --- | --- |
| **Total Project Budget** | **$** |
| **Estimated HUD Request** | **$** |

**12. Budget and HUD Request Grant**

**Complete all applicable components. To estimate budget, use budget charts in Attachment B:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | HUD Budget Summary**Type of Expenditure** | **$ Total HUD request** | **Budgeted Match & other resources** | **Number of Years HUD funding3** | **$ Project Total** | **HUD Request as Percent of Total** |
|  | a. | b. | **c.** | d. | e. | f. |
|  |  |  |  |  |  |  |
| 1 | Rental Assistance1 | $      | $      | 1 | $      |       |
|  |  |  |  |  |  |  |
| 2 | Supportive services 1 | $      | $      | 1 | $      |       |
| 3 | HMIS1 | $      | $      | 1 | $      |       |
| 4 | Project Administration2 | $      | $      | 1 | $      |       |
| 5 | **Total $** | $      | $      |  | $      | **100 %** |

1. Match required - 25% of HUD award.

2. Applicants can request up to 10% of HUD award for administrative costs. See “CoC Program Interim Rule- Section 578.59” (<https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/>) for a list of eligible expenditures under this category.

3. We are asking for only 1 year amounts for these funding activities, in case the only available new funding is from a reallocation from our annual renewal demand (ARD) amount. If there is other new funding available, we may be able to provide initial funding for up to 5 years for rental assistance and up to 3 years for the other activities.