**Attachment A**

- Pre-Application Form -

2022 Minneapolis/Hennepin County

Special NOFO to Address Unsheltered Homelessness

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  Joint Transitional – Rapid Rehousing  Support Services Only (SSO) |
|
|

**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. ***What is your organization doing to promote anti-racism practices/policies? (Please share strategies you’re working on as an organization to reduce racial inequities; policies and training offerings promoting anti-racism practices; and how staff, leadership and hiring practices prioritize diversifying your workforce)*** |

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

|  |
| --- |
| (Describe the organization’s experience as it relates to providing supportive services and housing for people experiencing homelessness (and unsheltered homelessness, specifically) and carrying-out the activities of this project.) |

**6. Project Description:**

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| --- |
| * 1. ***Describe the project 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 (include the number of FTEs that will be hired for this proposed project):***      * 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 NOFOs, CoC projects are expected to have 25% match and leverage at least 150% of the value of the HUD CoC Grant from other resources):***      * 1. ***Type of support services that will be provided and who will provide them (please identify any partnerships/collaborations); 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. ***Summarize some of your best practices in achieving and demonstrating successful outcomes in serving this population, specifically sharing successful outcomes in serving people experiencing unsheltered homelessness:*** |

**7. Project’s Alignment with System Performance Measures:**

|  |
| --- |
| 1. ***How will your project assist program participants to obtain and maintain permanent housing in a manner that fits their needs? How will you measure/monitor the rate at which program participants exit to permanent destinations, and/or retain their housing?***      1. ***How does the project specifically address/plan to reduce the length of time people remain homeless? How will you measure/monitor the length of time participants remain homeless, and the time from project entry to housing move-in?***      1. ***Data shows that individuals are most likely to return to homelessness within the first six months after exiting a program. What strategies/services will the project offer to assist households served with housing stability so that they do not re-enter homelessness? How will you monitor/measure returns to homelessness for participants of this project?***      1. ***Please describe the project’s specific plan to ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply, and which meet the needs of the program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce Office, Early Childhood Education, etc.). How will you monitor/measure participant’s connection to mainstream benefits and increases in employment, and non-employment, cash income?*** |

**8. Project Alignment with Community Plan:**

|  |
| --- |
| 1. ***Describe how your project aligns with the Hennepin County Community Plan for responding to unsheltered homelessness and quickly connecting participants to housing that meets their unique needs?***      1. ***How will this project reduce unsheltered homelessness in Hennepin County?***      1. ***Describe any outreach to persons and/or families in unsheltered locations, including plans on how the program will participate in the CoC’s Coordinated Entry system:***      1. ***What existing housing resources will your project leverage to support this project (e.g. provider partnerships, landlord relationships, etc.) and to what extent they will be involved in planning and implementation of services?***      1. ***How are people with living and lived experience included in the planning, monitoring, and refinement of project services and policies?***      1. ***What existing healthcare resources will your project leverage to support this program in providing holistic, person-centered care?***      1. ***Hennepin County has declared racism as a public health crisis and there is a disproportionate representation of BIPOC households experiencing unsheltered homelessness. Describe how your project will address historical disparities and advance equity by targeting historically marginalized, underserved communities, particularly unsheltered Black and/or Indigenous households.***      1. ***What culturally specific services do you provide and/or what partnerships with culturally specific organizations do you have to meet the needs of BIPOC households?***      1. ***Describe the proposed project’s strategy for identifying and providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.***      1. ***Recent analysis of homelessness data shows that people experiencing unsheltered homelessness report significantly greater health challenges and experiences of trauma and violence than their sheltered peers. 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. ***Housing First is a homeless assistance approach that prioritizes connecting people to experiencing homelessness to permanent housing as quickly as possible and does not have service participation requirements or preconditions, thus ending their homelessness and understands that the dignity and stability of housing provides a platform from which they can pursue personal goals and improve their quality of life. Describe your projects alignment with a Housing First model.*** ***If you have current projects, are they Housing First? If not, please explain***      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 (specifically noting if applicants would be denied for 1) having too little or no income; 2) active or history of substance use; 3) having a criminal record with exception for state-mandated restrictions; 4) history of victimization)? 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 agency’s current use of HMIS and any capacity needs you have to fully participate in HMIS providing data that is accurate, complete, up to date, and consistent with*** [***HUD/HMIS data standards***](https://www.hudexchange.info/resource/3824/hmis-data-dictionary/)***.*** |

**9. Target Homeless Population:**

*(This funding spans across three years. Please provide the number of households to be served in each of the three years of funding and the cumulative total that will be served across this three-year funding cycle).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Total served across 3 years |
| **Number of people or households program will serve (program capacity)** |  |  |  |  |

#### 10. Support Services: PSH & SSO/CES (Indicate types of supportive services to be provided across the three-year funding cycle (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 you selected yes, please share outcomes for projects of similar component type below for the most recently completed funding cycle (where applicable):   * Exits to permanent destinations: * Exits to, or retention in, permanent housing (PSH only): * Maintain/increase employment-income: * Maintain/increase non-employment cash income: * Other, please share and describe: |

**11. Housing Units: PSH/RRH/Joint Component**

*(This funding spans across three years. Please provide the number of beds/units in each of the three years of funding and the cumulative total that will be available across this three-year funding cycle).*

|  |  |  |
| --- | --- | --- |
| **Number of units by bedroom size rental assistance projects:** | | |
|  | **Number of units year 1** | **Number of beds year 1** |
| SRO (Single Room Occupancy) |  |  |
| 0 Br (efficiency) |  |  |
| 1 Br |  |  |
|  | **Number of units year 2** | **Number of beds year 2** |
| SRO (Single Room Occupancy) |  |  |
| 0 Br (efficiency) |  |  |
| 1 Br |  |  |
|  | **Number of units year 3** | **Number of beds year 3** |
| SRO (Single Room Occupancy) |  |  |
| 0 Br (efficiency) |  |  |
| 1 Br |  |  |
|  | **Number of units (cumulative across 3 years)** | **Number of beds (cumulative across 3 years)** |
| SRO (Single Room Occupancy) |  |  |
| 0 Br (efficiency) |  |  |
| 1 Br |  |  |

**12. Total Project Budget:**

*(This funding spans across three years. Please provide the budget totals for each of the three years of funding separately and the cumulative totals that will be needed across the three-year funding cycle).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1 Budget** | **Year 2 Budget** | **Year 3 Budget** | **Cumulative Budget Across 3-Year Cycle** |
| **Total Project Budget** | **$** | **$** | **$** | **$** |
| **Estimated HUD Request** | **$** | **$** | **$** | **$** |

**13. Budget and HUD Request Grant**

*(This funding spans across three years. Please provide the budget totals for each of the three years of funding separately and the cumulative totals that will be needed across the three-year funding cycle).*

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

**YEAR ONE BUDGET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 year one budget $** | $ | $ |  | $ | **100 %** |

**YEAR 2 BUDGET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 year two budget $** | $ | $ |  | $ | **100 %** |

**YEAR 3 BUDGET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 year three budget $** | $ | $ |  | $ | **100 %** |

**TOTAL CUMULATIVE 3-YEAR BUDGET REQUEST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 | $ | $ | 3 | $ |  |
|  |  |  |  |  |  |  |
| 2 | Supportive services 1 | $ | $ | 3 | $ |  |
| 3 | HMIS1 | $ | $ | 3 | $ |  |
| 4 | Project Administration2 | $ | $ | 3 | $ |  |
| 5 | **Total three year budget $** | $ | $ |  | $ | **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 3-year amounts for these funding activities. Following the 3-years, these funds may be available for renewal through the HUD CoC competition process.