**Request for Proposals**

**Agencies to Apply for New Domestic Violence Bonus Projects in the**

**Ohio Balance of State Continuum of Care**

**Background**

In an effort to expand availability of critical resources and continue to work towards reducing homelessness, the Ohio Balance of State Continuum of Care (BoSCoC) is soliciting proposals to create new Rapid Re-housing (RRH), Joint Transitional Housing- Rapid Re-Housing (Joint TH-RR), and/or Coordinated Entry (SSO-CE) projects to serve eligible survivors of domestic violence, sexual assault, or dating violence (DV).

In 2019, HUD is making $50 million available in DV Bonus funds through the FY19 Continuum of Care (CoC) Program Competition, to create new projects serving survivors of DV. You can find the CoC Competition NOFA at <https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/> Ohio BoSCoC intends to apply for this DV Bonus funding via one or more project applications and, in total, is eligible to apply for approximately $1.6 million.

*DV Bonus Information*

Through the FY19 CoC Program Competition, the U.S. Department of Housing and Urban Development (HUD) will competitively fund projects providing housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking. HUD permits CoC’s to submit applications for three different project types, and while the greatest need in the Ohio BoSCoC is RRH, applicants may also apply for Joint TH-RRH and SSO-CE projects.

You can find more information about the FY2019 CoC Competition, including information about the DV Bonus here: <https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

You can find more information about the CoC Program here: <https://www.hudexchange.info/programs/coc/>

The following sections outline the process and timeline for submission of DV Bonus proposals, minimum requirements for eligible applicants, and requirements for proposals.

Any questions can be directed to Erica Mulryan, CoC Director, at [ericamulryan@cohhio.org](mailto:ericamulryan@cohhio.org) or 614.280.1984 ext 118.

**Eligible Applicants, Sub-recipients, and Partner Agencies**

To be eligible to respond to this RFP, applicants must meet the following requirements:

* Be a non-profit organization or unit of local government
* Have experience managing federal and/or state funds, and be in good standing with current funders
* Have experience administering publicly funded homeless assistance programs, including programs for survivors of DV
* Demonstrate experience with or the ability to utilize trauma-informed, victim-centered approaches to service provision
* Have direct experience working with DV survivors, or a demonstrated willingness to partner with or sub-grant to organizations with that experience, or to take steps to incorporate practices for serving DV survivors
* Be an active member of a local homeless planning region and/or local homeless coalition
  + As evidenced by participation in the following (list is not exhaustive):
    - Attending Homeless Planning Region and local homeless coalition meetings
    - Participating in annual Point-in-Time Count (PIT) and Housing Inventory Count (HIC)
* Participate in local Coordinated Entry systems/processes

If partner agencies or sub-recipients are included as part of the proposal to carry out the DV Bonus activities, those identified agencies must meet the following requirements:

* Be a non-profit organization
* Have experience managing public funds, and be in good standing with current funders
* Be an active member of a local homeless planning region and/or local homeless coalition
  + As evidenced by participation in the following (list is not exhaustive):
    - Attending Homeless Planning Region and local homeless coalition meetings
    - Participating in annual Point-in-Time Count (PIT) and Housing Inventory Count (HIC)
* Participate in local Coordinated Entry systems/processes,

**Priorities and Requirements for Proposals**

Eligible applicants may submit DV Bonus proposals that serve households with or without children (or both) and may propose to use the funding for eligible activities in any of the project types listed previously. Details about eligible activities and budgets funded by each project type can be found at <https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/#regulations>, <https://www.hudexchange.info/faqs/3250/what-is-a-joint-th-and-ph-rrh-component-project/>, and <https://www.hudexchange.info/news/snaps-in-focus-the-new-joint-transitional-housing-and-rapid-re-housing-component/>

The Ohio BoSCoC wants to expend DV Bonus funds in as large an area of the CoC as possible. To that end, applicants should consider developing projects that serve a multi-county service area, where possible. If the applicant is identifying partner agencies or sub-recipients as part of their plan to carry out the DV Bonus activities, Memoranda of Agreement or Understanding (MOAs or MOUs) must be submitted with the proposal to demonstrate that sub-recipient relationships or partnerships have been agreed upon and secured.

**Funding Request Limits and Requirements**

The Ohio BoSCoC may potentially access up to $1.6 million total in CoC Program DV Bonus funding. Since more than one project application may be submitted for these funds, applicants may submit proposals requesting funding of any amount up to the $1.6 million, as long as the request is at least $25,000.

The initial grant term must be for one year, although funding will be renewable if awarded.

Applicants must identify sources of match and include commitment letters with their proposal. Match sources may contribute cash or in-kind match, in any combination, but total match commitment must equal 25% of the total funding request. Details about match requirements can be found at: <https://www.hudexchange.info/programs/coc/toolkit/grant-administration/#match-requirements>

**Priorities and Process for Selection of Applicants**

When selecting applicants to carry out the DV Bonus project, the CoC Steering Committee and CoC Board will prioritize the following:

* Demonstrated ability to meet the eligibility criteria outlined above
* Demonstrated experience providing services to survivors of domestic violence, dating violence, sexual assault, and stalking, and/or the ability to ensure the provision of trauma-informed, client-centered services for survivors in a new project
* Demonstrated experience utilizing best practices to serve those experiencing homelessness, including survivors of domestic violence, dating violence, sexual assault, and stalking
* Identification of a multi-county service area, where possible, and a clearly articulated plan for how the project will be implemented across the service area

Upon receipt of proposals, the CoC team may follow up with applicants if there are questions or if additional information is needed.

Applicants selected to administer DV Bonus projects will be required to work with the CoC team to finalize project design and applications. As part of this, the CoC team may request modifications to budget targets to ensure appropriate distribution of funding. The CoC team also reserves the right to adjust project specifications and activities as needed.

Applicants selected to administer DV Bonus projects will be required to enter all client-level data into either HMIS or into a comparable database and provide regular reports on project performance to the CoC.

Applicant selected to administer DV Bonus projects will be required to complete new project applications in HUD’s *e-snaps* grant management system and are responsible for ensuring applications are successfully submitted. Project applications must be approved by the CoC team prior to submission in *e-snaps*. Upon successful submission of applications and award selections, HUD will contract directly with the applicants for all DV Bonus funding.

**Process and Timeline for Submission of Project Proposals**

Interested applicants must adhere to the following process and timeline when submitting project proposals:

|  |  |
| --- | --- |
| **Due Date** | **Activity** |
| July 19, 2019 | FY2019 CoC Competition Application Training Webinar |
| August 16, 2019 | Submit complete proposals to CoC staff via email   * [ohioboscoc@cohhio.org](mailto:ohioboscoc@cohhio.org) * [Scott.Gary@development.ohio.gov](mailto:Scott.Gary@development.ohio.gov) |
| August 28, 2019  (no later than) | Selected applicants notified   * CoC Team may request applicants to participate in meetings if there are questions or if additional information is needed to make selections * Required changes to project proposals may be communicated at this time |
| September 6, 2019 | Applicants submit approved project applications in e-snaps   * CoC staff will work with applicants directly to make any needed corrections |



**Ohio Balance of State Continuum of Care**

**2019 DV Bonus Project Proposal Form**

**Instructions**

Eligible applicants seeking DV Bonus funding must complete this Project Proposal Form.

Information about the DV Bonus, CoC Program, and the CoC Program interim rule can be found at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> or <https://www.hudexchange.info/programs/coc/>

<https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/>

Complete the Proposal Form for an initial 1-year grant term.

**Supplemental Submission Items**

*Sub-Recipient/Partner Agency Agreements*

Applicants working with one or more sub-recipients or partner agencies must provide a copy of the Memorandum of Understanding, Memorandum of Agreement, or similar document defining each party’s role and responsibilities in the administration and implementation of the project. Copies of these documents in PDF format (so that signatures are included) should be submitted with this proposal form.

**DV Bonus Project Proposal Forms must be emailed to CoC staff** **(ohioboscoc@cohhio.org)**

**By Friday, August 16, 2019**

**Ohio Balance of State Continuum of Care**

**DV RRH Project Proposal Form**

**CONTACT INFORMATION**

Provide contact information for the person(s) completing and submitting the Application.

1. **Contact Name:**

**Contact Organization Affiliation:**

**Contact email Address:**

**Contact Phone Number:**

**PROPOSED NEW PROJECT INFORMATION**

1. **Applicant:**
2. **Organization Type:**
3. **Sub-Recipient(s):**

Sub-recipient(s) are organizations that will be sub-granted some of the funding award as a means to help implement the proposed project. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

**\*Organization Type:**

\***Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **What county or counties does this project propose to serve?**
2. **Project Name:**
3. **Project Type**

1. **Grant Term:** 1 year
2. **Provide a general description of the project:**

The description must include the target population (ie, households with our without children, or both), type of housing to be provided and number of units, and proposed length of time participants will be served (maximum 3,000 characters).     

1. **What is the target population for this project?**

Target populations may include households with our without children who are survivors of domestic violence, sexual assault, or stalking.

1. **Describe how Housing First practices will be used in this project:**

For more information about Housing First, visit <http://www.endhomelessness.org/pages/housing_first>. If other best practices will be used, the description must identify which practices will be used and how the applicant/sponsor will ensure fidelity to the model (best practices may include Motivational Interviewing, Trauma-Informed Care, etc).

1. **Describe the extent to which the applicant organization and/or sub-recipients/partners have experience serving survivors of domestic violence, dating violence, sexual assault, or stalking. If applicant does not have past experience with this population, describe how the applicant will ensure clients are served with appropriate, specialized services**

The description must include specific details about how your agency has historically served the target population.

1. **Describe how the applicant organization and/or sub-recipients/partners will use trauma-informed, victim-centered approaches to service provision.**
2. **Describe the ability of the applicant organization and/or sub-recipients/partners to house survivors and meet safety outcomes.**
3. **a. If proposing a new RRH project, describe the current RRH resources available in the applicant’s proposed service area, how the applicant has historically accessed or provided those resources, and why the proposed project is necessary given current local RRH resources.**

**b. If proposing a new Joint TH-RRH project, describe the current emergency shelter and TH (DV shelter/TH especially) resources available in the applicant’s proposed service area, historical utilization of those resources, and why a new Joint TH-RRH is needed to meet a shelter gap. Also describe the current RRH resources available in the applicant’s proposed service area, how the applicant has historically accessed those resources, and why the proposed project is necessary given current local RRH resources.**

**c. If proposing a new SSO-CE project, describe the specific activities proposed in the project and the gap that exists related to CE given the Ohio BoSCoC’s development of CE Standards, Regional CE Plans, and ongoing training and TA.**

The descriptions for 15a or 15b must include discussion of current homeless program housing inventory in the proposed service area and identification of any gaps therein, explanation of utilization rates of existing local homeless services and their performance on key HUD outcomes (i.e., helping clients retain permanent housing and helping clients move from transitional housing to permanent housing), and recent Point-in-Time Count results.

1. **Describe how this project fits in with existing programs in the applicant’s (and sub-recipients/partners, if any) Ohio BoSCoC Homeless Planning Region:**

The description should include discussion of how this project will coordinate with existing projects in the region. The description must also describe how the proposed project will be incorporated into the Coordinated Entry process.

1. **Describe how the applicant (and sub-recipients/partners, if any) participates in the planning work of their Ohio BoSCoC Homeless Planning Region:**

The description must include discussion of the applicant’s participation in Homeless Planning Region committees/workgroups, if any, or local CoC groups. This should include identification of the level of involvement of the applicant and the role they play within each committee/workgroup identified.

**APPLICANT INFORMATION**

1. **Applicant:**

* **Employer/Taxpayer Identification Number (EIN/TIN):**      
  + Format: 12-3456789
* **Legal Name:**
* **Organization Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip / Postal Code:**

1. **Name and contact information of person at Applicant Agency to be contacted on matters involving this application:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

1. **Alternative Contact:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

1. **Is the applicant delinquent on any federal debt?**

* **If yes, explain:**

**SUB-RECIPIENT INFORMATION**

Sub-recipient(s) are organizations that will be sub-granted some of the funding award as a means to help implement the proposed project. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

1. **Sub-recipient:**

* **Employer/Taxpayer Identification Number (EIN/TIN):**
* **Legal Name:**
* **Organizational Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip Code:**
* **Is the sponsor a Faith-Based Organization?**
* **Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?**

*\*\*\* For the e-snaps application sub-recipients may need to attach proof of non-profit status. Please have this information ready prior to application submission to HUD.*

**Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **Name and contact information of person at Sub-recipient Agency to be contacted on matters involving this application:**

* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

**Experience of Project Applicant, Sub-RECIPIENT, and Partners**

Describe the specific type and length of relevant experience for the applicant, project sub-recipients (if any), and housing and supportive service providers involved in implementing the project.

1. **Describe the experience of the applicant and potential sub-recipients/partners (if any), in effectively utilizing federal funds and performing the activities proposed, given funding and time limitations:**
2. **Describe how the applicant and sub-recipients/partners (if any) will work together to implement and administer the proposed project. Describe the kind of formal agreements or arrangements that may be put into place:**
3. **Describe experience of applicant and sub-recipients/partners related to working with survivors of domestic violence, dating violence, sexual assault, or staking (6,000 characters max):**
4. **Describe the experience of the applicant and potential sub-recipients/partners in leveraging other Federal, State, local, and other private sector funds:**
5. **Describe applicable experience relating to the administration of rental assistance or leasing assistance. If not requesting leasing or rental assistance funds, applicant may skip this question. (3,000 characters max):**
6. **Are there any unresolved monitoring or audit findings on HUD grants, excluding ESG?** 
   * If yes, explain:
7. **Are there any unresolved monitoring or audit findings on ODSA funded grants?** 
   * If yes, explain:

**Type and Scale of Housing**

For each housing type in the project, enter the number of units, beds, and bedrooms that will be used to house the participants, at a point-in-time (a given night). If you plan to use multiple housing types, copy and paste this section and provide all required information as necessary for each housing type. If not proposing to provide housing, you may skip this section. Review the definitions below and ensure that information is entered for each housing type in the project.

**Definitions – Housing Types**

* **Clustered apartments**.  Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.
* **Scattered-site apartments (including efficiencies)**.  Each individual or family has a self-contained apartment that is dispersed throughout the community.
* **Single-family homes/townhouses/duplexes**.  Each individual or family has a self-contained, single-family home/townhouse/duplex that is dispersed throughout the community.

1. **Housing Type:**

* **Total number of each for Selected Housing Type**
* **Units:**
* **Beds:**
* **Bedrooms:**

**Project Participants**

In the following two tables indicate the households/persons to be served by the project as well as the number of persons, characteristics, and subpopulations within each household in the project. The numbers entered into the table should reflect the number of households and persons that the project can serve **at a point-in-time (any given day),** not over the course of a full year or the grant term. For example, if the proposed project will serve up to five families at one time, then you would enter ‘5’ into the *Total Number of Households* and provide estimates about the numbers of persons in those households, number of adults and children, number with disabilities, etc.

Cells in dark gray are not applicable and should not be filled in.

**Definitions and Instructions**

* **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.
* **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.

1. **Total Number of Households**

Indicate the total number of each type of household to be served at a point-in-time for the project, and the total persons of the various characteristics in those households.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Total Number of Households |  |  |  |  |
| **Characteristics** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Disabled Adults Over Age 24 |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |
| Accompanied Children Under age 18 |  |  |  |  |
| Unaccompanied Disabled Children Under age 18 |  |  |  |  |
| Unaccompanied Non-disabled Children Under age 18 |  |  |  |  |
| **Total Number of Adults Over Age 24** |  |  |  |  |
| **Total Number of Adults Ages 18-24** |  |  |  |  |
| **Total Number of Children Under Age 18** |  |  |  |  |
| **Total Persons** |  |  |  |  |

1. **Sub-populations**

Complete each of the following charts according to their respective household types. The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

The second chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Only complete charts applicable to the households you are proposing to serve. For example, if your project will only serve chronically homeless singles, then only complete the second chart for persons in households without children. You will not complete the first and third charts.

Persons can fall into multiple subpopulations. The total persons in each subpopulation doesn’t necessarily need to match the total persons you reported in #30.

**Definitions and Instructions**

* **Chronically Homeless Non-Veterans:** Enter the total number of persons who meet the HUD

definition of chronically homeless but who are not veterans.

* **Chronically Homeless Veterans:** Enter the total number of persons who meet the HUD definition

of chronically homeless and who are veterans

* **Non-Chronically Homeless Veterans:** Enter the total number of persons who are veterans but

who do not meet the HUD definition of chronically homeless.

* **Chronic Substance Abuse:** Enter the total number of persons who meet the definition for chronic

substance abuse.

* **Persons with HIV/AIDS:** Enter the total number of persons with HIV/AIDS
* **Severely Mentally Ill:** Enter the total number of persons who meet the definition of severely

mentally ill.

* **Victims of Domestic Violence:** Enter the total number of persons who are victims of domestic

violence.

In the "Total Persons" cells indicate the total number of each subpopulation.

Cells in dark gray are not applicable and should not be filled in.

**Persons in Households with at Least One Adult and One Child**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Children Under age 18 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**Persons in Households Without Children**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**EDUCATIONAL POLICIES**

1. **For projects serving families, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? Projects proposing to only serve households without children may skip this question.**
2. **For projects serving families, does the applicant/sponsor have policies to ensure that families with children are aware of their educational rights under McKinney-Vento and enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C or the Individuals with Disabilities Education Act, and McKinney-Vento education services?** **Projects proposing to only serve households without children may skip this question.**

*Information on the regulations concerning the Education for Homeless Children and Youth Program, Title VII-B of the McKinney-Vento Homeless Assistance Act may be found at:*

* *U.S. Dept. of Education Guidance: Education for Homeless Children and Youth Program -* [*http://www2.ed.gov/programs/homeless/guidance.pdf*](http://www2.ed.gov/programs/homeless/guidance.pdf)
* *U.S. Dept. of Education Guidance on Special Education and Homelessness -* [*http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf*](http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf)
* *U.S. Dept. of Education Guidance on McKinney-Vento Homeless Children and Youth Program Funds Made Available Under the American Recovery and Reinvestment Act of 2009 -* [*http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf*](http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf)
* *U.S. Dept. of Education Enrollment Guidelines -* [*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002\_register&docid=02-5737-filed.pdf*](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-5737-filed.pdf)
* *Ohio Department of Education McKinney-Vento Resources for Awareness -* [*http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897*](http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897)

**Project MATCH**

Indicate the type, source (government or private), and total amount of cash and in-kind contributions for which the project has a written commitment in hand at the time of proposal submission. If you do not have a written commitment in-hand, do not enter the contribution. Review HUD’s CoC Program Interim Final Rule at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> for details about match requirements.

Eligible match items may include any written commitments that will be used towards the match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time.

A written agreement/documentation of match should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant.

**Applicants must have match commitments equal to 25% of the total CoC Program funding requested.**

**Documentation of all match listed in the table below MUST be submitted along with this proposal form. All documentation should be emailed as PDFs, along with this proposal, and include signatures.**

Copy and paste the table below as necessary to account for all match sources. Each contribution should be detailed in its own table.

1. **Provide a summary of match funds for this project**

* **Total value of cash commitments:**
* **Total value of in –** **kind commitments:**
* **Total value of all commitments:**

|  |  |
| --- | --- |
| **Project Match Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Match Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

|  |  |
| --- | --- |
| **Project Match Detail** | |
| Select the Type of Contribution |  |
| Name the Source of the Contribution |  |
| Select Type of Source |  |
| Date of Written Commitment |  |
| Value of Written Commitment |  |

**Project Budgets**

See details below about the eligible activities and budgets associated with the eligible DV Bonus project types. Please note, applicants are not required to request funding for all eligible activities/budgets listed. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

**Rapid Re-Housing (RRH)**

* Rental Assistance
  + Short or medium-term tenant-based rental assistance
* Supportive Services
* HMIS (if applicable)
* Admin Costs

**Joint TH-RRH:**

* Leasing
  + Leasing of a structure or units for the transitional housing (TH) component
* Operating
  + Operating costs to provide TH
* Rental Assistance
  + Short or medium-term tenant-based rental assistance on behalf of program participants to pay for the Rapid Re-housing portion of the project
* Supportive Services
* HMIS (if applicable)
* Admin Costs

**Coordinated Entry (SSO-CE):**

* Supportive Services
* Admin Costs

**Project grant term:**

1. **Rental Assistance Budget**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Provide relevant rental assistance request information for all units you seek to assist with this new project. Enter the number of units for each size requested. Enter the appropriate FMR for each size of unit requested (use the link above). Enter the total number of months for which you are requesting rental assistance (should be 12 months). Multiply the number of units by FMR by number of months for each unit size to get the total request. Copy and paste this table to add additional FMR areas if serving more than one metro or non-metro area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |  | | | |  |

1. **Leasing Budget (Leased Units)**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area, but it may be LOWER than the local FMR. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

**\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Provide relevant leasing request information for all units you seek to assist with this new project. Enter the number of units for each size requested. Enter the appropriate FMR for each size of unit requested (use the link above), or, if requesting leasing amounts that are less than FMR, enter the funds requested for each unit. Enter the total number of months for which you are requesting leasing funds (should be 12 months). Multiply the number of units by FMR by number of months for each unit size to get the total request. Copy and paste this table to add additional FMR areas if serving more than one metro or non-metro area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR (or the funds requested per unit, if less than FMR)** |  | **Number**  **of Months** | **Total** |
| SRO |  | **X** |  | **X** | 12 |  |
| 0 Bedroom |  | **X** |  | **X** | 12 |  |
| 1 Bedroom |  | **X** |  | **X** | 12 |  |
| 2 Bedroom |  | **X** |  | **X** | 12 |  |
| 3 Bedroom |  | **X** |  | **X** | 12 |  |
| 4 Bedroom |  | **X** |  | **X** | 12 |  |
| 5 Bedroom |  | **X** |  | **X** | 12 |  |
| 6 Bedroom |  | **X** |  | **X** | 12 |  |
| **Total** |  |

1. **Leasing Budget (Leased Structure)**

If proposing to lease a structure that will house the TH units to be provided, provide information about the type of structure, estimates about the rent reasonableness of the structure, and the amount of leasing funds requested. Please note, applicants or sub-recipients/partners may not own the structure they are requesting leasing funds for.

1. **Operating Budget**

Enter the quantity and total dollar amount of funds requested for each operating cost in the project for each year of the grant term. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Operating Costs** | **Quantity**  (limit 200 characters) | **Request**  **Year 1** | **Total** |
| 1. Maintenance/Repair |  |  |  |
| 2. Property Taxes and Insurance |  |  |  |
| 3. Replacement Reserve |  |  |  |
| 4. Building Security |  |  |  |
| 5. Electricity, Gas, Water |  |  |  |
| 6. Furniture |  |  |  |
| 7. Equipment (lease, buy) |  |  |  |
| **8. Total funds requested** |  |  |  |

1. **Supportive Services Budget**

Enter the quantity and total dollar amount of funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>.

Complete the following budget fields detailing how funds will be used to provide supportive services to project participants. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CM 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800 or child care for 15 children x $50 week x 52 weeks/year = $39,000*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | **Quantity**  (limit 200 characters) | **Request**  **Year 1** | **Total** |
| 1. Assessment of Service Needs |  |  |  |
| 2. Assistance with Moving Costs |  |  |  |
| 3. Case Management |  |  |  |
| 4. Child Care |  |  |  |
| 5. Education Services |  |  |  |
| 6. Employment Assistance |  |  |  |
| 7. Food |  |  |  |
| 8. Housing/Counseling Services |  |  |  |
| 9. Legal Services |  |  |  |
| 10. Life Skills |  |  |  |
| 11. Mental Health Services |  |  |  |
| 12. Outpatient Services |  |  |  |
| 13. Outreach Services |  |  |  |
| 14. Substance Abuse Treatment Services |  |  |  |
| 15. Transportation |  |  |  |
| 16. Utility Deposits |  |  |  |
| **17. Total funds requested** |  |  |  |

1. **Summary Budget**

In the table below provide summary information about the total funding request and the cash/in-kind match for the total term of the project for each completed budget. Enter the appropriate amount of administrative costs for the project – no more than 10% of the CoC Program funds request (line #6).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities** | **Funds**  **Requested** | **Cash or In-kind Match** | **Total** | |
| 1. Rental Assistance |  |  |  | |
| 2. Leasing |  |  |  | |
| 3. Operating |  |  |  | |
| 4. Supportive Services |  |  |  | |
| 5. HMIS |  |  |  | |
| *6. Total Request (subtotal lines 1-5)* |  |  |  | |
| 7. Administrative Costs  (Up to 10% of line 6) |  |  |  | |
| **Total Request**  **(Total lines 6 & 7)** |  |  | |

1. **Evidence of Ohio BoSCoC Homeless Planning Region Support**

DV Bonus project proposals will need to be accompanied by a written statement of support from the applicable Ohio BoSCoC Homeless Planning Region representing the area(s) to be served by the proposed project. The written statement should be signed by the Homeless Planning Region Executive Committee chair and indicate how and why the region decided to support the project. This written statement should be submitted with the project proposal.