**Ohio Balance of State Continuum of Care**

**2020 New Project Proposal**

**Instructions for Completion and Submission of the Project Proposal**

Eligible organizations interested in applying for a new PSH, RRH, or Joint TH-RRH project must first submit a Project Proposal. Applicants must use this Project Proposal (PP) form.

When completing the PP, be sure to select only from the available options when a drop-down field appears next to a question. Please keep all narrative responses to a two-paragraph maximum. The complete PP should be no more than 15 pages in length.

Late PPs will not be accepted. Applicants submitting incomplete PPs may not be invited to submit a full Project Application.

**Eligible Project Conversion Projects and Applicants**

Current CoC-funded TH projects are eligible to apply for funding for a new project for purposes of converting their TH project to Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH). Only conversion to RRH for families and/or individuals or PSH dedicated to chronically homeless will be permitted. Applicants should strive to ensure that their proposed project conversions will serve at least as many households annually as their current CoC project.

Applicants applying for funds for a project conversion *may request no more in funding than they currently receive for their CoC project.* For example, if an applicant’s current TH project receives $100,000 in CoC Program funding annually, then they can request no more than $100,000 in funding for their project conversion.

**Eligible New CoC Projects and Applicants**

Non-profit organizations, currently CoC Program funded or not, are eligible to apply for funding for new RRH, PSH, or Joint TH-RRH projects in 2020.

**Eligible Activities and Funding Requests**

Applicants should only request funding for activities (leasing, rental assistance, etc.) that are eligible for that particular component type. For example, if an applicant wants to convert to a Rapid Re-housing project component, they can only request funding for rental assistance and supportive services; they cannot request funding for leasing or operations. Applicants should review the CoC Program Interim Final Rule, which can be found at <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>, to make sure they understand all program regulations and eligible costs and activities.

**Questions**

Any questions about the Ohio BoSCoC 2020 CoC Competition Plan and Timeline or this Project Proposal can be directed to Erica Mulryan at [ericamulryan@cohhio.org](mailto:ericamulryan@cohhio.org) or 614.280.1984 ext 118.

**The Project Proposal must be submitted via email**

**to** [**ohioboscoc@cohhio.org**](mailto:ericamulryan@cohhio.org) **and to** [**scott.gary@development.ohio.gov**](mailto:scott.gary@development.ohio.gov)**,**

**by *June 19, 2020***

**Ohio Balance of State Continuum of Care**

**2020 Project Proposal**

**CONTACT INFORMATION**

Provide contact information for the person(s) completing and submitting the Project Proposal and contact information for the person(s) who should receive feedback on the proposal.

**\*Contact Name:**

**\*Contact Organization Affiliation:**

**\*Contact email Address:**

**\*Contact Phone Number:**

**CURRENT COC PROJECT INFORMATION (not applicable to new CoC projects)**

**Recipient (i.e., the grantee):**

**Sub-Recipient(s):**

**Project Name:**

**Program Type:** Transitional Housing

**What county or counties does this project currently serve?**

**CoC Program funds received in most recent grant award:**

**PROPOSED PROJECT CONVERSION INFORMATION OR NEW PROJECT INFORMATION**

**Applicant:**

**\* Address:**

**\* City:**

**\* County:**

**\* State:**

**\* Zip Code:**

**Sub-Recipient(s):**

The project sub-recipient(s) may be the organization primarily carrying out the project, or may be other organizations providing significant support to the project participants. 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:**

**\* Address:**

**\* City:**

**\* County:**

**\* State:**

**\* Zip Code:**

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

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

**Project Name:**

**Program Type:**

**Proposed Service Area (list all counties):**

**Provide a brief general description of the project:**

The description must include the target population, type of program and housing to be provided, the number of units/beds to be provided, and proposed length of time participants will be served.

**PROJECT CONVERSIONS ONLY: Explain why project conversion is a more appropriate response to community need than renewing the existing CoC project.**

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

PSH projects – eligible target populations are chronically homeless individuals or families only.

RRH projects – all target populations are eligible.

Joint TH-RRH projects – all target populations are eligible.

**If proposing a PSH project, explain the process for determining chronically homeless status:**

**Describe how applicant will prioritize for assistance those with greatest needs and longest homeless histories:**

Description should include how the applicant work with existing providers to ensure the project appropriately prioritizes those with greatest needs and longest homeless histories, adheres to the PSH Order of Priority as outlined in the Ohio BoSCoC Homeless Program Standards (PSH projects only), and complies with Regional Coordinated Entry (CE) plans.

**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).

**Describe how this project meets community needs in its service area:**

The description 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.

For new PSH projects, use local annual homeless numbers provided by local providers’ Annual Performance Reports (APRs), and 2019 PIT Count data and Housing Inventory Count (HIC) information (found here: https://cohhio.org/boscoc/hicpit) to determine the number of PSH beds/units needed in the region and the breakdown by county.

**Describe how this project will be incorporated into the region’s Coordinated Entry (CE) system:**

The description must specifically address how the project will ensure it only serves clients who enter through the CE system and how it prioritizes those most in need.

**Describe how the applicant 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.

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

**Describe how the applicant and sub-recipients (if any) will work together to implement and administer the proposed project:**

Include descriptions of the kind of formal agreements or arrangements that may be put into place

**If applying for rental assistance, describe applicable experience relating to the administration of rental assistance:**

(if not applying for these funds, indicate “NA” in this section)

**PROVISION OF SERVICES TO PARTICIPANTS**

**Describe the outreach plan for the project:**

Include a description of how the project applicant and partner agencies will conduct outreach into all the service areas and build relationships with other community agencies in order to ensure that the project can reach capacity.

For new PSH projects, describe the plan to outreach, engage with, and ultimately house people living in places not meant for human habitation. This outreach plan should also be reflected in the description of plans to ensure incorporation of the new project into local/regional CE systems and processes.

**Describe how the project will address the specific case management needs of the persons to be served by this project:**

Include identification of specific partners, with particular emphasis on working with supportive services providers that can bill Medicaid for some of the services provided. Additionally, if the proposed project intends to partner with multiple services providers, describe how those partnerships will ensure ongoing access to services for program participants. If applicable, describe how partnerships with other social services providers will be put into place and maintained (i.e., MOUs between partners, informal referrals, etc.).

**Describe specifically how participants will be assisted to access employment and/or benefits for which they may be eligible (e.g., SSI/SSDI, Food Stamps, Medicaid):**

Include a description of how existing tools/programs such as the Ohio Benefit Bank or SSI Ohio will be used to assist participants. If not using OBB or SSI Ohio, explain why not.

**Type and Scale of Housing**

For each housing type in the project, enter the number of units 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. Review the definitions below and ensure that information is entered for each housing type in the project.

For new PSH projects, provide the number of units and bedrooms you expect to use in each county of the proposed service area.

**Definitions – Housing Types**

* **Single Room Occupancy (SRO) units**.  Each individual has private sleeping/living room with private kitchen and/or bath.
* **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.

**Housing Type:**

**\*** **Total number of each for Selected Housing Type**

**\* Units:**

**\* Bedrooms:**

**If proposing a Rapid Re-Housing project or Joint TH-RRH project, indicate the maximum length of rental assistance you propose to provide** (if proposing a PSH project, indicate “NA” in this section)**:**

**If proposing a Joint TH-RRH project, indicate the maximum length of stay you propose for both the TH portion of the project** (if proposing an RRH or PSH project, indicate “NA” in this section)**:**

**If proposing a Rapid Re-Housing Project, describe the method for determining the amount and duration of rental assistance that participants can receive** (if proposing a PSH project, indicate “NA” in this section)**:**

**PROJECT BUDGET**

In the following section provide information about the preliminary budget for the proposed project. Please note, no match or leveraged funds information is required as part of the preliminary budgets in this proposal. However, formal documentation of all sources and amounts of match and leverage will be required as part of the full New Project Application.

Only complete the budgets for which you are requesting funding. For example, if you are requesting funding for rental assistance, you cannot also request funding for operations. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

**Proposed project grant term:**

Project conversions may only request one-year of funding.

**From the list below, select the costs for which funding is being requested:**

**Leased units (PSH projects only)**

**Long-term rental assistance (PSH projects only)**

**Short/medium term rental assistance (RRH projects only)**

**Supportive services**

**Operations**

**\*Leased Units Budget** (PSH and Joint TH-RRH projects only)

Provide information about the number and size of units for which leasing assistance will be requested. Indicate what the current FMR is for each unit size for the project service area. Provide the total annual estimated leasing request.

**\*Long-term Rental Assistance Budget** (PSH projects only)

Provide information about the number and size of units for which rental assistance will be requested. Indicate what the current FMR is for each unit size for the project service area. Provide the total annual estimated rental assistance request.

**\*Short/Medium-term Rental Assistance Budget** (RRH and Joint TH-RRH projects only)

Provide information about the number and size of units for which rental assistance will be requested. Indicate what the current FMR is for each unit size for the project service area. Provide the total annual estimated rental assistance request as well as the total estimated rental assistance request for the initial grant term.

**\*Supportive Services Budget**

Identify the type and cost of services for which assistance will be requested. Provide the total annual estimated supportive services request. Remember, you are not required to request supportive services funds.

**\*Operations Budget**

Provide the total annual estimated operating costs. You are not required to request operating funds. Remember, you cannot request operating funds if you are requesting funds for rental assistance as well.

\* **Total Budget**

Using the table below, provide the total estimated annual funding request for each budget. The total estimated request should be a sum of the funding requests identified in each of the previous budgets.

|  |  |
| --- | --- |
| **Activities** | **TOTAL Request Year 1** |
| 1. Leased Units |  |
| 2. Long-term Rental Assistance |  |
| 3. Short/Medium-term Rental Assistance |  |
| 4. Supportive Services |  |
| 5. Operations |  |
| *6. Total Request*  *(Subtotal lines 1-5)* |  |
| 7. Administrative Costs  (Up to 10% of line 6) |  |
|  |  |
| **Total Request**  **(Total lines 6 & 7)** |  |

**OHIO BoScoC HOMELESS PLANNING REGION SUPPORT**

Applicants should describe the status of discussion with and support from their respective Homeless Planning Region(s) for this proposed project. If the narrative indicates that the Homeless Planning Region(s) is not supportive of the proposed project, this proposal may not be permitted to advance further. Additionally, if the narrative indicates that the applicant has not yet initiated discussion with their respective Homeless Planning Region(s), the proposal may not be seriously considered.

Either at the proposal or New Project Application stage, applicants must provide documentation indicating that their respective Ohio BoSCoC Homeless Planning Region supports the proposed project.

**Documentation of Support**

The letter of support should be signed by the chair of the Homeless Planning Region’s Executive Committee and include the following:

* Indication that the Homeless Planning Region Executive Committee, at minimum, has reviewed the proposed project and is in support of the project
* Indication that the applicant and sub-recipient (if any) organizations have been active in Homeless Planning Region planning efforts
* Indication that the Homeless Planning Region believes the proposed project meets local need

***The original signed letter of support should be scanned into a PDF and the PDF emailed along with the completed PP or New Project Application by the due date.***

A Homeless Planning Region should not provide written support for a proposed project if they do not believe the applicant has been involved in local planning efforts and/or if they do not believe the project meets local need.