

TX-503 Austin/Travis County CoC New Project Application CoC Bonus • DV Bonus • Expansion • Transition FY19 HUD Continuum of Care NOFA Competition

All projects applying for funding during the [FY19 Continuum of Care \(CoC\) NOFA Competition](#) through the process of creating a new project (e.g., New CoC Bonus funds, [DV Bonus fund](#), [Expansion funds](#), [Transition funds](#)) must complete this application. It is recommended that applicants review the accompanying Score Guide as a reference of how answers will be reviewed and scored by the CoC NOFA Independent Review Team (IRT). The total score for all new project proposals includes the quality of responses in the local application and e-snaps application. As indicated by the [Rank and Review Policy](#), this application will be 100% of the final Project Score used for the competition.

New/Bonus/Expansion/Transition funds are scored based on the Austin/Travis County local application that rate projects on their proposed application submitted in e-snaps and items specific to local funding priorities.

ECHO reserves the right to ask for additional information or to revisit the application requirements and scoring after the release of the 2019 NOFA from HUD.

Applicant Information

*Agency Name:

*Proposed Project Name:

*Proposed Grant Start Date:

*Proposed Grant End Date:

Primary Contact Information:

*Contact Name:

*Title:

*Email Address:

*Phone Number:

Secondary Contact Information:

*Contact Name:

*Title:

*Email Address:

*Phone Number:

Funding Request Type:

Which of the following types of funding is being requested:

- New CoC Bonus funding
- New Domestic Violence (DV) Bonus Funding
- New Expansion project
- New Transition project (transition existing eligible project to new project type)

Select the proposed component type

- Permanent Housing (PH)
 - Permanent Supportive Housing (PSH)
 - Rapid Re-Housing (RRH)
- Transitional Housing (TH)
- Joint TH & PH-RRH
- Supportive Services Only (SSO)
- HMIS (dedicated)

Attach Copy of E-SNAPS APPLICATION:

Complete the new project application in [e-snaps](#). Once the application is completed in e-snaps, applicants must save a copy of the e-snaps application and submit the copy of the HUD e-snaps application as an attachment in CommunityForce. Attaching the e-snaps application in CommunityForce will allow the IRT members to access the application materials and score applications electronically. Applicants are encouraged to review the [New Project Score Guide](#) for more information on the scoring criteria used by the IRT members and the specific questions that will be scored from both the e-snaps application and the additional community priority questions in CommunityForce. Projects are expected to review all information entered in e-snaps before submitting and attaching the completed version in CommunityForce. The version attached in CommunityForce will be used to score project applications. Revisions may be made only after the IRT members have reviewed and made recommendations.

For details on how to respond to questions, please review the e-snaps guides:

- [FY 2019 New Project Application Navigational Guide](#) (PDF)
- [FY 2019 New Project Application Detailed Instructions](#) (PDF)
- [Accessing the Project Application in e-snaps](#) (PDF)

Question 1.

Has the applicant attached a copy of the proposed project application entered in E-SNAPS?

- Yes
- No
- Other

Attachment required

Question 2.

Has the applicant entered and completed all required components in E-SNAPS for a successful application to HUD? Please review section 8B (Submission Summary) and explain any items that are not completed in the narrative box.

- Yes
- No
- Other

NARRATIVE BOX: (limit 200 words)

Local Funding Priorities

Question 1.

Local Funding Priority

Review the Austin/Travis County CoC Local Funding Priorities. Please check any and all items in which the proposed project meets the needs identified by our community.

Applications for any New/Bonus funds for the 2019 Continuum of Care NOFA, will include an equal prioritization for meeting one of the following three categories.

- Intervention Types
 - Permanent Supportive Housing
 - Transitional Housing/Rapid Rehousing Combination
 - Rapid Rehousing
- Support current Initiatives
 - End Youth Homelessness by 20202
 - Pay for Success – Ending Chronic Homelessness
- Sub-populations
 - Families
 - Persons w/ behavioral health needs
 - Elderly
 - Medically fragile
 - Youth
 - Chronic Homelessness

Describe how the proposed project will meet the needs of our community funding priorities. (300 word limit)

NARRATIVE BOX:

CoC Program Policies & Standards

Question 1

Addressing Racial and Ethnic Disparities

Describe how your agency demonstrates efforts and challenges to identify and reduce racial and ethnic disparities within the homeless system, service provisions and/or agency culture.

Question 2

If you are a Victim Service Provider – please only answer Question 2, part B. All other applicants, please only answer Question 2, part A

Part A: HMIS Participation

Describe the program's ability to collect data electronically and your agency's plan to participate in the Austin/Travis County CoC's Homeless Management Information System (HMIS)

Responses must address the following items:

- 1) Agency's history using the local HMIS database*
- 2) Staff responsible for reviewing data and submitting reports (required HUD reporting and reporting to HMIS lead)*
- 3) Current and/or future strategies to ensure data quality.*
- 4) Extent of participation in HMIS (e.g., staff that enter information in HMIS directly, use of reports, entering universal data standards, entering case notes).*
- 5) Information about current or planned equipment needed for program*

NARRATIVE BOX: (500-word limit)

Part B: Comparable Database:

Victim Service Providers prohibited from using HMIS will receive points based on use of a comparable database.

If the project will be exempt from entering into the local HMIS database, provide a response to the following items.

Please review HUD's [HMIS Comparable Database Decision Tree Guide](#). Based on the HUD guidance, is your agency required to enter data into a separate, comparable HMIS database?

- Yes
 No
 Other

If yes, please provide the name of the Comparable database and a brief description of how your agency ensures that the database vendor will meet HUD requirements and meet the standards of being comparable.

NARRATIVE BOX: (200-word limit)

Describe the program's ability to collect data electronically

Responses must address the following items:

- 1) Agency's history using a Comparable Database
- 2) Staff responsible for reviewing data and submitting reports
- 3) Current and/or future strategies to ensure data quality.
- 4) Extent of participation in reporting requirements for Victim Service Providers
- 5) Information about current or planned equipment needed for program

NARRATIVE BOX: (500-word limit)

Question 3

Required Policies Checklist

Please review and complete the [CoC Recordkeeping Acknowledgement](#). Is the acknowledgement form attached?

- Yes, completed form is attached
- No
- Other

Attach a signed copy that acknowledges the program will have appropriate policies established by the grant start date.

If No, indicate which items are not currently in place and how the agency plans on ensuring policies will be in compliance before the grant start date.

NARRATIVE BOX: (500-word limit)

Question 4

Project Staffing Plan

Provide an overview of the staffing plan with a brief narrative and complete the tables below. To document 5 or more staff members, please complete the [Supplemental Project Staffing Plan](#) and upload as an attachment in CommunityForce.

NARRATIVE BOX: (500-word limit)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate their percent of time on the project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.). This information should match project details provided throughout the application, including information listed in e-snaps.

Project Staff 1	
Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	

Name of Employee (note vacant if new position)	
Please specify who is responsible for the hiring and managing of the staff member (i.e., recipient, subrecipient, partner)	

Project Staff 2	
Position Title	Position Title
Hours (FT/PT)	Hours (FT/PT)
% of Time on Project	% of Time on Project
Position Responsibilities	Position Responsibilities
Required Education/Experience	Required Education/Experience
Name of Employee (note vacant if new position)	Name of Employee (note vacant if new position)

Project Staff 3	
Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	
Please specify who is responsible for the hiring and managing of the staff member (i.e., recipient, subrecipient, partner)	

Project Staff 4	
Position Title	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	
Please specify who is responsible for the hiring and managing of the staff member (i.e., recipient, subrecipient, partner)	