

TX-503 Austin/Travis County CoC

Project Application

FY22 Special NOFO Competition

Published on: Wednesday, August 17, 2022

DEADLINE FOR SUBMISSION OF APPLICATIONS: Friday, September 16th, 2022 at 11:59pm CT

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Introduction

The Austin/Travis County Continuum of Care (CoC) is seeking project applications for inclusion in our Collaborative Application for the US Department of Housing and Urban Development's (HUD) Continuum of Care Special Notice of Funding Opportunities to Address Unsheltered and Rural Homelessness, also known as the Special NOFO.

All projects applying for funding through the Special NOFO Competition must complete this application.

The Austin/Travis County CoC encourages applications for projects that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds. It is recommended that applicants review the accompanying Scoring Guide as a reference of how answers will be reviewed and scored by the Special NOFO Independent Review Team (IRT).

As indicated by the Review, Scoring, and Ranking Policy, 100% of the scoring for all applications will be based upon the applicant's answers to the Local Competition Application and the *e-snaps* project application. New Projects will be scored based on alignment of local funding priorities, efforts to address racial disparities, utilization of best practices for the intervention type, and comparable cost per client by interventions of the type applied.

Please note that this application is based on the best information that is currently available, and ECHO staff may need to revise requirements described herein and/or request additional information based on additional guidance received from HUD and/or policy decisions made by Leadership Council. ECHO staff will disseminate all information about this funding opportunity as it becomes available.

To view the New Project Application Scoring Guide, as well as all required attachments for this application, please visit <https://www.austinecho.org/leading-system-change/continuum-of-care/> and navigate to the 2022 Special NOFO section. For any questions about accessing this application or any application documents, please contact NOFO@austinecho.org.

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

Select the proposed component type:

- Permanent Housing – Permanent Supportive Housing (PH-PSH)
- Permanent Housing – Rapid Rehousing (PH-RRH)
- Permanent Housing – Joint Transitional Housing/Rapid Rehousing (PH-TH/RRH)
- Supportive Services Only (SSO)
- HMIS

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 Google Forms. Attaching the *e-snaps* application in Google Forms will allow the IRT members to access the application materials and score applications electronically. Projects are expected to review all information entered in *e-snaps* before submitting and attaching the completed version in Google Forms. The version attached in Google Forms will be used to score project applications.

Question 1.1

Has the applicant attached a copy of the proposed project application entered in *e-snaps*?

- Yes
- No
- Other

Attachment:

- Project application entered in *e-snaps*

Question 1.2

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:

CoC Policies & Standards

Question 2.1 CoC Program Expectations

Please review and complete the CoC Program Expectations Form. Is the acknowledgement form attached?

- Yes, completed form is attached
- Other

Attach a signed copy that acknowledges the program will have sufficient internal controls to meet the expectations the grant start date.

Question 2.2 Housing First

Please describe plans or strategies in place for implementing Housing First at your agency, and how you will demonstrate performance in providing low-barrier and culturally-responsive services to individuals and families who have experienced unsheltered homelessness. (300-word limit).

Question 2.3 Addressing Racial and Ethnic Disparities

Describe how your organization demonstrates efforts to identify and reduce racial and ethnic disparities within your agency and service provision.

Proposed Project

Question 3.1 Project Description

Please provide a description of the proposed project. (500-word limit).

The description must be consistent with other parts of this application and identify:

- The target population including the total number of clients (single adults and/or families with children) to be served when the project is at full capacity.
- Number and type of units (e.g., scattered site or single site)
- The specific services that will be provided
- Expected outcomes

- Coordination with partners – please describe any partnerships or leverage used to expand service packages including capital funding, healthcare, housing vouchers, and/or housing subsidies
- Project timeline – when units are expected to be online and leased-up
- Cost per client for full service package (including all services and rental assistance)

Question 3.2 Performance Evaluation

Please describe any plans or policies for collecting and applying data on program performance to improve services. The description must include how client feedback will be used to inform improvements to service delivery and program operations, and how you will conduct ongoing evaluation of improvement efforts. (500-word limit).

Question 3.3 Mainstream Benefits

Please describe your specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply, and which meet their needs. (300-word limit).

Question 3.4 Meeting Needs of Unsheltered Clients

How will your organization support the unique needs of formerly unsheltered individuals who experienced chronic homelessness including those who have not traditionally engaged with supportive services, in transitioning into and sustaining permanent housing? Please describe any policies, programs, strategies, and/or methods of service delivery. (500-word limit).

Question 3.5 Project Staffing Plan

Provide an overview of the staffing plan using the tables below (you may add additional rows as necessary).

This information should match project details provided throughout the application, including information listed in *e-snaps*.

Project Staff Position 1	
Position Title	
Number of this Position as part of the project total	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	

Required Education/Experience	
Will Enter Information in HMIS or Comparable Database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding source to cover HMIS or comparable database utilization costs	<input type="checkbox"/> Supportive Service <input type="checkbox"/> HMIS

Project Staff Position 2

Position Title	
Number of this Position as part of the project total	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Will Enter Information in HMIS or Comparable Database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fund source to cover HMIS or comparable database utilization costs	<input type="checkbox"/> Supportive Service <input type="checkbox"/> HMIS

Project Staff Position 3

Position Title	
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Number of this Position as part of the project total	
Hours (FT/PT)	
% of Time on Project	
Position Responsibilities	
Required Education/Experience	
Will Enter Information in HMIS or Comparable Database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fund source to cover HMIS or comparable database utilization costs	<input type="checkbox"/> Supportive Service <input type="checkbox"/> HMIS