**FY2023 KS-507 Ks-BoS-CoC NOFO Project Application for**

If your CoC grants were recently consolidated, please submit one Project Info sheet for **each** prior CoC grant

**Rank and Review Process for New & Expansion Projects**

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name (as it appears on application)** |  |
| **UEI number** |  |

|  |  |  |
| --- | --- | --- |
| **Contact Name:** | **Phone:** | **Email:** |

**Project Status (should match the project application):**

**Please check one:**

New Project Application  Expansion Project Application

**Program Type (should match the project application):**

**Please check one:**

Permanent Supportive Housing  Rapid Re-Housing  Joint Transitional and PH-RRH

DV-Permanent Supportive Housing  DV-Rapid Re-Housing  DV-Joint Transitional and PH-RRH

**Agency prioritizes beds for persons experiencing chronic homelessness:**  Yes  No

**Percentage of agency’s beds dedicated for persons experiencing chronic homelessness**: **%**

**Does the project focus on serving one or more of the following priorities or hard to serve populations as stated in the project application?** **Check all that apply.**

|  |  |  |  |
| --- | --- | --- | --- |
| Veterans | Youth (18-24) | Families’ w/children | Chronic Homelessness |
| Significant Mental Health Need | Substance Abuse | Chronic Disease/HIV | Domestic Violence |

**If awarded; this agency commits to participation in Coordinated Entry system, use of the standardized assessment tool selected by** **CoC, and compliance with Coordinated Entry policies and procedures:**

Yes  No

**What proportion of your permanent housing referrals for CoC-funded grants will be received from the Coordinated Entry System?** %

***Service Delivery***

***\**Provide a detailed description of your project and the population(s) it seeks to serve. (Limit 5,000 characters)**

\***List five ways in which your organization has coordinated with other CoC members to better serve local residents experiencing homelessness and has responded to identified gaps or needs for service or housing*.***

***\**Describe how this project formally partners with healthcare systems to ensure equitable access to medical and behavioral health services that promote participants’ well-being and successful housing outcomes. (Limit 2,500 characters)**

***\**Describe how this project formally partners with permanent housing systems to ensure equitable access to permanent housing services that promote participants’ well-being and successful long term permanent housing outcomes. Describe any formal partnerships this project has with Public Housing Authorities or other housing organizations. (Limit 2,500 characters)**

***Providing Opportunities for Clients***

***\**Describe services offered “in-house” to project participants (i.e. case management, direct connection to health, benefits, employment, and varied forms of support). (Limit 2,500 characters)**

***\**Describe services offered to project participants through formal partnerships with other agencies or government programs. (Limit 2,500 characters)**

***Proposed Project’s Commitment to Equity***

***\**What are your organizational policies, procedures, and practices that help advance equitable service and access for** **marginalized populations for this project? Please list at least three examples. Attach copies of relevant policies & procedures if applicable. (Limit 2,500 characters)**

***\**In what ways does your agency ensure that traditionally marginalized populations can meaningfully participate in planning and implementation of this project? Examples include, but are not limited to: diversifying Board membership, creating opportunities for people with lived experience (or currently in your programming) to provide input/feedback, internal procurement policies seeking diverse applicants for available positions, etc. Please list at least three examples. (Limit 2,500 characters)**

***\**What are your organizational policies, procedures, and practices that ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation? (Limit 2,500 characters)**

***\**How does your organization include voices of people with lived experience of homelessness? (Limit 2,500 characters)**

***SSO-CE DV Project Only***

**\*What is the number of survivors that need housing or services:**

**\*What is the number of survivors your CoC is currently serving:**

**\* What is the Unmet Need:**

**\*Describe the following (Limit 2,500 characters)**

1. How your CoC calculated the number of DV survivors needing housing or services in question 4A- 3 element 1 and element 2; and
2. The data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3. If your CoC is unable to meet the needs of all survivors, please explain in your response all barriers to meeting those needs.

**\*Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project please describe(Limit 2,500 characters)**

1. The inadequacies of your CoC’s current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2. How the proposed project addresses inadequacies identified in element 1 of this question.

**\*Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project. Please describe how will the new project involve survivors: (Limit 2,500 characters)**

1. With a range of lived expertise; and

2. In policy and program development throughout the project’s operation.

***DV Bonus Housing Project Only (TH-RRH; RRH)***

**\*What is the applicant’s percentage-rate of housing placement for DV Survivors**

**\*What is the applicant’s percentage-rate of housing retention for DV Survivors**

**\*For the rate of housing placement and rate of housing retention of DV survivors reported in the previous question describe in the field below: (Limit 2,500 characters)** 1. How the project applicant calculated the rate of housing placement; 2. whether the rate for housing placement accounts for exits to safe housing destinations; 3. How the project applicant calculated the rate of housing retention; 4. The data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**\*Describe in the field below how the project applicant: (Limit 2,500 characters)** 1. Ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing; 2. Prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan; 3. Determined survivors’ supportive service’s needs; 4. Connected survivors to supportive services; and 5. Moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

**\*Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project’s operation. (Limit 2,500 characters)**

**\*Describe in the field below the project applicant’s experience in: (Limit 2,500 characters)** 1. Prioritizing placement and stabilization of survivors; 2. Placing survivors in permanent housing; 3. Placing and stabilizing survivors consistent with their preferences; and 4. Placing and stabilizing survivors consistent with their stated needs.

**\* Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by: (5,000 characters)** 1.Establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials; 2. Providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma; 3. Emphasizing survivors’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations; 4. Centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; 5. Providing a variety of opportunities for survivors’ connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and 6. Offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**\*Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs. (Limit 5,000 characters)**

**\*Describe in the field below how the project(s) will: (2,500 characters)** 1. Prioritize placement and stabilization of program participants; 2. Place program participants in permanent housing; 3. Place and stabilize program participants consistent with their preferences; and 4. Place and stabilize program participants consistent with their stated needs.

**\*Describe in the field below examples of how the new project(s) will: (5,000 characters)** 1. Establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials; 2. Provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; 3. Emphasize program participants’ strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations 4. Center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; 5. Provide a variety of opportunities for program participants’ connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and 6. Offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**\*Describe in the field below how the new project will involve survivors: (Limit 2,500 characters)** 1. With a range of lived expertise; and 2. In policy and program development throughout the project’s operation.

***Performance Measures***

**Project Effectiveness**

|  |  |  |
| --- | --- | --- |
| **Coordinated Entry** | Yes | No |
| 100% of entries to project from Coordinated Entry referrals  **On average, participants spend XX days from project entry to residentialmove-in.**  **On average, participants spend XX days from project entry to residentialmove-in.** |  |  |
| Compliance with CoC Written Rules |  |  |

**Equity Factors**

|  |  |  |
| --- | --- | --- |
| **Outcome (APR Q19a1, Q19a2)** | Yes | No |
| Agency has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions |  |  |
| Agency Board of Directors includes representation from more than one person with lived experience of homelessness |  |  |
| Agency has relational process for receiving and incorporating feedback from persons with lived experience of homelessness |  |  |
| Agency has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable and developed a plan to make those changes |  |  |
| Agency has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations |  |  |
| Agency has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes |  |  |
| Agency is working with HMIS System Administrators to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, age, and/or underserved populations |  |  |

***Proposed project’s commitment to a Housing First approach and to operating as a low-barrier project***

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Has this program’s organization committed to moving its participants into permanent housing quickly and made the policy and practice changes to do so? |  |  |
| **Screening/Eligibility Criteria for Participation:** |  |  |
| Are participants/Will participants be screened out of this program based on having no, too little or little income? |  |  |
| Are participants/Will participants be screened out of this program based on active or history of substance abuse? |  |  |
| Are participants/Will participants be screened out of this program based on having a criminal record with exceptions for state-mandated restrictions? |  |  |
| Are participants/Will participants be screened out of this program based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)? |  |  |
| **Reasons for Termination from Program:** |  |  |
| Will participants be terminated from the program for failure to participate in supportive services? |  |  |
| Are participants/Will participants be terminated from the program for failure to make progress on a service plan? |  |  |
| Are participants/Will participants be terminated from the program for loss of income or failure to improve income? |  |  |
| Are participants/Will participants be terminated from the program for domestic violence? |  |  |
| Are participants/Will participants be terminated from the program for any other activity not covered in a lease agreement typically found in the project's geographic area? If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

***Fiscal practices and cost effectiveness***

**\*Amount of HUD funding requested for upcoming FY2024**: **$ \_\_\_\_\_\_\_\_\_\_\_\_**

***Certification***

I certify (1) to the statements contained in this form (2) that the information throughout the application is true, complete, and accurate to the best of my knowledge and (3) all supporting documentation will be made available if selected for a site visit conducted by KS-507 Kansas Balance of State Continuum of Care.

Authorized representative name: Title:

Signature: Date:

**Please submit the following documents for each project application submitted for rank and review for the FY 2024 NOFO process to Eric Arganbright** [**earganbright@kshomeless.org**](mailto:earganbright@kshomeless.org)**. Applications and all necessary attachments are due by Friday September 20th at 12:00pm NOON.**

1. This Application
2. Match Letter
3. Most recent audit/financial review
4. Budget of Allowable Cost
5. All other needed/required attachments

**APLLICANT COMMENTS**