

Mahoning County Continuum of Care



Agency Component **2018**

**2018 Mahoning County
Homeless Continuum of Care
Pre-Application – Agency Component**

General Instructions

Each year, on behalf of The Mahoning County Homeless Continuum of Care carries out an evaluation of all agencies and projects applying for HUD Continuum of Care (CoC) NOFA Funds. In 2018, all agencies applying for HUD CoC NOFA Funds must submit a Pre-Application Instrument. This includes projects formerly classified as Supportive Housing Program (SHP), Shelter Plus Care (SPC), SHP and SPC programs fund Permanent Housing (PH), Transitional Housing (TH) and Supportive Service Only (SSO) programs.

The 2018 Pre-Application Instrument contains two (2) sections: The Agency Component and the Project Component. All agencies must submit **one** Agency Component (submit 2 copies), followed by Project Components **for each** project being submitted for funding (submit 2 copies). If you have any questions regarding any component, please contact Colleen Kosta at (330)746-7721 x407 or ckosta@helpnetworkneo.org .

Cover Page Information

Agency Information

Agency Name:

Associated HUD Project Names:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

**Project component must be filled out completely for each project listed.*

Primary Contact Information for Agency Component

Contact Name:

Contact Title:

**Contact Address
City, State, Zip:**

Contact Email:

Threshold Questions

Threshold questions must be answered affirmatively, if applicable, in order to be considered for funding. If the question is applicable, and if an agency cannot answer affirmatively, an explanatory letter must be submitted for review by the Evaluation Committee of the MCHCoC. The Committee may request additional information and will determine how the project will be ranked.

1. Does the agency agree to maintain the confidentiality of non-HMIS records pertaining to any individual or family who receives family violence prevention or treatment services with HUD CoC funding?

_____ yes _____ no _____ Not Applicable

2. Does the agency have a clean, independent financial audit completed within six (6) months of the end of the fiscal year? _____ yes _____ no

*Audit & Management Letter attached

A. Agency Certification Checklist

The certification checklist is a way for agencies to demonstrate compliance with the standards outlined by HUD and the CoC, without having to submit extensive documentation. The Certification Checklist must be completed and signed by an Authorized Representative of the agency.

**Note: CoC Staff may request supporting documentation to support a “yes” answer to any of these questions throughout the year.*

1. The agency has written documentation of staff rules and regulations that include:

- ✓ **Standards for employee professional conduct**
- ✓ **Job descriptions**
- ✓ **Job duties and responsibilities**
- ✓ **Emergency protocols**

_____ yes _____ no

2. Staff receives a copy of rules and regulations referenced in Question 1 upon hire. yes no
3. Staff receives periodic training on safety and evacuation procedures to ensure safety of staff and clients. yes no
4. The agency ensures that HUD-funded services are made available to all eligible persons, according to the agency's eligibility policies, and does not discriminate on the basis of marital or familial status, political or religious belief, ethnic group identification, medical condition, sexual orientation, military status, or physical/mental disability. yes no
5. The agency has internal controls to ensure that grant funds are being used appropriately; to control against waste, theft and inefficiency, to ensure accuracy and reliability of financial information, and to encourage compliance with policies. yes no
6. The agency has a system in place to accurately track grant matching as it is expended. yes no
7. The agency compares actual expenditures for the grants with the budgeted amounts (including the amounts budgeted for each eligible expenditure category) on a regular, on-going basis. yes no
8. The agency has cash management procedures in place to ensure that payment for project costs have already occurred, or will occur within 3 business days of the date of the deposit of grant funds. yes no
9. The agency has accounting procedures in place to ensure that expenditures are supported by appropriate documentation, including time and activity sheets for wages, and that program costs are eligible under the grant program. yes no
10. The agency has a system in place for maintaining its financial records relative to the grant for three (3) years from its last expenditure report to HUD, or until any litigation, claim, audit or other action involving the records has been resolved, whichever comes later. yes no
11. The agency has internal financial controls in place that ensure duties are divided, or segregated, among distinct staff persons to reduce the risk of error or inappropriate action. yes no
12. The agency has the following Human Resource Policies in place:
- Sexual Harassment yes no
 - Non-Discrimination yes no
 - Whistle Blower policies that protect against retaliation yes no
 - Employee Code of Conduct yes no

- **Employee and client grievance procedures** _____ yes _____ no
- **Confidentiality policies** _____ yes _____ no
- **Conflict of Interest Policy** _____ yes _____ no
- **Explanation of Employee Benefits** _____ yes _____ no
- **Employee expectations (work hours, calling off work, performance management and review, confidentiality, discipline and termination of employment)** _____ yes _____ no

Certification

By checking this box and entering the Authorized Representative name in the space below, I certify (1) to the statements contained in the list of certifications above and (2) that the information throughout the application is true, complete and accurate to the best of my knowledge.

Authorized Representative Signature (type name and title)

B. Agency Governance

It is the priority of the MCHCoC to ensure that all agencies operate under the highest quality of industry standards, and continually seek to improve, as they further the goal of ending homelessness. The following questions seek to assess CoC involvement, client leadership, advocacy and civic leadership, human resources, and continuous quality improvement. Questions in the Certification Checklist concerning human resource and fiscal policies are also related to this category.

1. Does someone from your agency participate as an active member of any of the following committees? _____ yes _____ no *If yes, please complete the chart below.*

√ For Yes	CoC Committee	Name of Member
	Continuum of Care	
	HMIS Advisory Committee	
	Membership Committee	
	Coordinated Assessment Committee	
	Project Connect Committee	
	Executive Board	
	NHHAW Committee	
	Performance & Outcome Committee	
	CoC Planning Committee	
	By-Laws Committee	
	Other:	

2. Does the agency encourage clients to participate in the day-to-day operations of the agency?

_____ **yes** _____ **no** *If yes, please complete the chart below.*

<input type="checkbox"/> For Yes	Activity
<input type="checkbox"/>	Weekly "house" or "floor" meetings
<input type="checkbox"/>	Elected resident councils
<input type="checkbox"/>	On-site employment opportunities for clients (not employment services)
<input type="checkbox"/>	Off-site group and/or individual feedback
<input type="checkbox"/>	Self-led, volunteer projects
<input type="checkbox"/>	Other:

3. Does the agency have standards or policies in place to ensure that continuous quality improvement processes are used to improve project operations? _____ **yes** _____ **no**

<input type="checkbox"/> For Yes	Continuous Quality Improvement Processes Used at Agency
<input type="checkbox"/>	Assessment of project performance
<input type="checkbox"/>	Data collection and monitoring
<input type="checkbox"/>	Scheduled review of participant charts
<input type="checkbox"/>	Correction plans if standards are not met
<input type="checkbox"/>	Established process for reporting outcomes and performance within the agency
<input type="checkbox"/>	Other:

4. Has all agency staff, who have been employed for at least one (1) year, participated in an evaluation process that occurs at least annually? _____ **yes** _____ **no**

**If yes, please include a copy of the written project staff evaluation procedures and applicable forms.*

5. Does the agency ensure all HUD project staff participate in supervision that occurs at least monthly? _____ **yes** _____ **no**

**Please include a statement of practice or copy of policy.*

6. Does the agency ensure all staff are trained on the agency's Code of Conduct?

_____ **yes** _____ **no**

If yes, please provide a one (1) paragraph narrative explanation in the space below:

7. Does the agency currently have a policy on Advocacy and Civil Engagement? (Bonus)

_____ **yes** _____ **no**

**If no, would the agency be interested in reviewing a template of such a policy? _____ yes _____ no*

8. Has any representative (i.e., client, staff, board, volunteer) of the agency participated in any advocacy / civic engagement activities in the last year? _____ yes _____ no

**If yes, please describe the activities and attach it with the application.*

C. Homeless Management Information System (HMIS) Implementation & Data Quality

HMIS implementation, participation and data quality are priorities for both the MCHCOC and HUD. By implementing a system-wide HMIS, the Mahoning County homeless system will be able to provide continuous and accurate information on persons served by homeless assistance programs including whether the number served are increasing or decreasing. Accurate and timely data assists with determining whether the current approaches to ending homelessness are appropriately designed. HMIS will also provide system-wide data which will assist the MCHCOC in measuring our success implementing the HEARTH Act and Housing First.

1. Does the agency exclusively serve victims of Domestic Violence? _____ yes _____ no

** If yes, please skip to Section D. Client Focus and Representation*

2. Does the agency currently have a policy or procedure in place to check HMIS data quality on at least a monthly basis? _____ yes _____ no

** If yes, attach a copy of the policy/procedure.*

3. Has the Mahoning County HMIS Code of Ethics been signed by all HMIS users at the agency?

_____ yes _____ no

4. Is the Standard Agency Privacy Posting displayed where clients can easily view the sign?

_____ yes _____ no

5. If the agency has a website, is the Standard Agency Privacy Practice Notice posted on the website? _____ yes _____ no _____ No website

**If yes, please include a link to the notice here:*

6. Does the agency have the Client Consent Packet available and require each client to sign the Consent Form (Release of Information) for all clients who are entered into HMIS?

_____ yes _____ no

7. Does the agency have a procedure for indicating when clients revoke their previous consent?

_____ yes _____ no

** If yes, please describe the policy in the space below.*

** If no, please describe how the agency plans to implement this over the next six (6) months in the space below.*

D. Client Focus and Representation

It is the priority of the MCHCOC to ensure that all services reflect the expressed needs of persons who are homeless. The MCHCOC believes that when clients are provided opportunities to contribute experiences and expertise related to assistance and services they need, projects and the Continuum are strengthened.

1. Does the agency's Board (or equivalent policy-making entity) currently have a member who is currently housed in project, who is homeless, or was previously homeless?

_____ **yes** _____ **no**

**If yes, please list the dates of their membership:*

2. Does the agency provide avenues for direct client input to the Board of Directors for the agency, including administering a client survey or having active membership on the Board (or equivalent policy-making entity)? _____ **yes** _____ **no**

3. Does the agency currently (or within the last year) employ clients or former clients of homeless services? _____ **yes** _____ **no**

4. Does the agency offer volunteer opportunities or other ways to engage clients or former clients in the community or within the agency? _____ **yes** _____ **no**

** If yes, provide one sentence containing up to three (3) examples of the ways the agency engages clients / former clients, in the space below:*

5. Does the agency regularly (at least annually) conduct a client satisfaction survey?

_____ **yes** _____ **no**

** If yes, move on to Question 6 * If no, skip to Section E. Leading Practices*

6. Can your agency demonstrate that it responds to the feedback received from client surveys?

_____ **yes** _____ **no**

2. Does your agency participate in HMIS for this project?

_____ **yes** _____ **no** _____ **DV Exclusive Agency**

Answer will be confirmed by timely participation in the Quarterly HMIS Data Quality Assessments administered by the MCHCOC HMIS Administrator. Agencies that exclusively serve victims of domestic violence are not required to participate in HMIS but must use a comparable database to capture HUD APR data.

3. Is the project operating consistently with MCHCOC Action Plan to End Homelessness?

_____Yes _____No

Narrative attached explaining the components of the project funding and how those are consistent with the MCHCoC Plan to End Homelessness Action Plan and the HEARTH Act.

4. Has the project been monitored by HUD within the last two (2) years?

_____Yes _____No

Attachment(s) included, if yes: (only one documented attachment is needed)

- *Audit notification letter from HUD*
- *HUD monitoring report*
- *All monitoring-related correspondence between the agency and HUD*