

Mahoning County Continuum of Care



Project Component
2018

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

One per project applying for funding

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 .

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Agency & Project Information

Agency Name:

Project Name:

**Project HUD Grant
Number (for 2015):**

Primary Contact Information for Project Component

Contact Name:

Contact Phone Number:

Contact Title:

**Contract Address +
City, State, Zip:**

Contact Email:

Address:

Secondary Contact Information for Project Component *(required)*

Contact Name:

Contact Email:

Address:

Other Contacts *(feel free to list names and emails of up to two (2) others you would like to receive information from The Mahoning County Homeless Continuum of Care about this project)*

Contact Name:

Contact Email Address:

Contact Name:

Contact Email Address:

Threshold Requirements

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 committee of the MCHCoC. The Committee may request additional information and will determine if the agency is eligible for a threshold waiver.

1. 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.

2. 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.

3. 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

4. Does the project agree to take measure to ensure that the address or location of any family violence shelter project in the Mahoning County Homeless CoC, that is assisted with HUD McKinney-Vento funds, will not be made public, except with written authorization of the person responsible for the operation of the project? _____yes _____no

A. Project Certification Checklist

The certification checklist is a way for agencies to demonstrate compliance with the standards outlined by HUD and the Mahoning County CoC, without having to submit the extensive documentation. Each question in this section corresponds with another section of the pre-application, as identified in the table below for your reference.

The certification checklist must be completed and signed by the Authorized Representative of the agency. E-signatures are acceptable. Note that CoC staff may request supporting documentation to support a "yes" answer to any of these questions throughout the year.

1. The project draws down funds from HUD's Line of Credit Control System (LOCCS) at least quarterly. _____yes _____no

2. The project has access to specialized resources for clients in the project to meet the unique needs of clients with psychosocial barriers (i.e., substance use counseling, psychiatric services).
_____yes _____no

3. Clients are oriented to emergency evacuation procedures related to the project facilities.
_____yes _____no

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Must be completed annually. One per project applying for funding

4. The project and its facilities meet the ADA requirements for accessibility that were in place at the time the project was awarded, including making reasonable accommodations to the building, common areas, living areas and bathrooms.
_____yes _____no _____not applicable

(Note that the ADA requirements were updated in 2010 but agencies are only required to comply with the standards in place at the time the project began or at the time any of the units were rehabbed.)

5. The project has direct access or linkage to specialized resources for clients in the project to meet the unique needs of clients with physical disabilities (i.e., large print materials, audio-taped materials). _____yes _____no

6. The project has direct access or linkage to specialized resources for clients in the project to meet the unique needs of clients with communication barriers (i.e., interpreter, bilingual materials, Braille materials, Text Telephone – TTY/TDD). ___yes ___no

7. The project has a tracking system in place that tracks the status of the award through the technical submission, grant agreement, development activities, start of operations, amendments, end of operations and renewal. The tracking system also communicates dates of submission of APRs, audits and required monitoring remedies/sanctions.
_____yes _____no

8. Has the agency provided required information to the CoC on a timely basis?
_____yes _____no

9. The agency will provide a minimum of 25% match/leverage for all HUD funds, as listed in the match and leverage table for this project; the agency is able to provide documentation of each resource committed. _____yes _____no

Certification

- By checking this box and entering the Authorized Representative's 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. Project Operations

It is the priority of the Mahoning County CoC to ensure that all projects operate under the highest quality of industry standards, are meeting HUD requirements, providing staff with professional development opportunities and seeking to continually improve the operations of the project.

1. Does the project conduct regular Housing Quality Standards/Health and Safety Inspections (at the facility where services are provided)? _____yes _____no

If yes, attach the following:

- *Inspection form for the project*
- *A narrative describing: the frequency with which inspections occur; title(s) of who conducts the inspections; provide one (1) current example of a housing quality or health and safety problem the project experienced and how it was remedied.*

2. What percentage of the project staff attended Professional Development Trainings (other than Diversity Trainings) within the last calendar year? _____%

Please list topics of staff Development Trainings attended by staff:

3. What percentage of project staff participated in Diversity Training (which may include topics such as race, cultural, religion, sexual orientation, gender, or age) within the last calendar year? _____%

Please list topics of Diversity Trainings attended by staff:

5. Has the project used the results of evaluations or audits within the past two (2) years to improve project operations (this may include past Evaluation Instruments or HMIS data quality reports)?

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

If yes, please provide a 1-2 paragraph narrative in the space below giving detailed examples of how the results were used:

C. 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 the assistance and services that they need, projects and the Continuum are strengthened.

1. Will your agency be participating in the 2018 Client Feedback Survey? _____ yes _____ no

2. Does the project have written eligibility criteria that are provided to clients? _____ yes _____ no
**If yes, please attach the eligibility criteria*

3. Does the project have a written notice that is posted/distributed to clients, and that the rights of each client, which, at minimum, addresses and clearly describes each of the following items listed below:

- *Confidentiality*
- *Non-discriminatory practices*
- *Right to refuse services and have consequences, if any, explained*
- *Prohibition of conflict of interest or code of ethics (as relates to client/staff relationships)*
- *Redress and grievance process*

4. Please provide a copy of the program’s termination of assistance and appeal policy.

D. Please provide a summary of the project. Concisely describe your project with number of units, type of housing, number and target population to be served, and types of housing (scattered site, multi-unit, etc).