



2012 CONTINUUM OF CARE PROGRAM APPLICATION FOR THE 2013-2014 PROGRAM YEAR

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING
976 OSOS STREET ♦ ROOM 200 ♦ SAN LUIS OBISPO ♦ CALIFORNIA 93408 ♦ (805) 781-5600
Promoting the Wise Use of Land ♦ Helping to Build Great Communities

Applications can be mailed to Morgan Torell, Planner III, Department of Planning and Building, 976 Osos Street, Room 300, San Luis Obispo, CA., 93408 or hand delivered to Morgan Torell at 1035 Palm Street, Room 370, San Luis Obispo, CA., faxed to (805) 781-5624, or e-mailed to mtorell@co.slo.ca.us. **The application deadline is 5:00 P.M., Tuesday, December 4th, 2012.** Applications must be received by the County prior to close of the business day. **POSTMARKED DATED MAIL RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.**

1. Project Applicant Name: _____

2. Project contact information:
Prefix:___ First Name: _____ Middle Initial: ___ Last Name: _____
Suffix: _____
Title: _____
Email Address: _____
Phone Number: _____ Fax Number: _____

3. Project Applicant's DUNS Number: _____

4. Project Name: _____

5. Project Type (please check)
 New (Permanent Housing Bonus project) Renewal

Are you proposing to reallocate funds from an existing project to a new project?
 Yes No

6. Project Component:
 Permanent Supportive Housing Transitional Housing
 Supportive Services Only

7. Program Type and Term:
___ 1 Year Term ___ 3 year term (for acquisition/rehabilitation/new construction only)
 Permanent Supportive Housing – Permanent Housing Bonus
 Permanent Supportive Housing – Renewal Project
 Permanent Supportive Housing – Reallocation from an existing project to a new project
 Transitional Housing – Renewal Project
 Supportive Services Only – Renewal Project

8. Provide a general description of the project as if the project is operating at full operational capacity. The description must identify the target population and address the specific housing activities, including any housing development activities. (Max 3000 characters)

a. Provide a clear and concise picture of the community/target population(s) to be served:

b. Description of each activities to be undertaken (i.e. supportive services, operations, leasing, etc):

c. Quantified performance measures and timelines for completion of tasks to reach performance measures (please only include performance measures related to client outcomes):

i. **Housing Measure:** _____% of clients will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Additional Measure(s):

ii. **Income Measure:** _____% of clients age 18 and older who maintained or increased their income (from all sources) as of the end of the operating year or program exit.

OR

_____ % persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.

iii. **Additional Measure(s):**

9. Please check the type of proposed housing for this project:
- Barracks** (Individual or family sleeps in a large room with multiple beds.)
 - Dormitory, shared or private room** (Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.)
 - Shared Housing** (Up to 8 individuals or 4 families share a self-contained housing unit)
 - Single Room Occupancy (SRO) units** (Each individual has private sleeping/living room which may contain a private kitchen and/or bath, or shared, dormitory style facilities.)
 - Clustered apartments** (Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.)
 - Scattered Site Apartments** (Each individual or family has a self-contained apartment that is dispersed throughout the community.)
 - Single family homes/townhouses/duplexes**

10. Indicate the address of each site for which funding is requested to house participants and where services will be provided to the target population. Any location for which leasing funds is requested are prohibited from being owned by the applicant, sponsor, or a parent organization of either.

Location Name _____
 Location Street Address _____
 City _____
 Zip _____

Location Name _____
 Location Street Address _____
 City _____
 Zip _____

11. **Indicate number of units, bedrooms, and beds for each housing type in the project:**
 Report the number of units, bedrooms, and beds available at a point-in-time and used for housing participants in this project.
- a. Units:** Enter the total number of units available at a point-in-time in the selected housing type and used for housing project participants. _____
 - b. Bedrooms:** Enter the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants. _____
 - c. Beds:** Enter the total number of beds available at a point-in-time in the selected housing type and used for housing project participants. _____

12. **For new Permanent Housing Projects: More than 16 persons living in one structure.** Select 'Yes' or 'No' to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with CoC funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.
- Yes
 - No

13. **Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?**

Any project applicant requesting funds to provide housing or services to families must indicate in the application whether or not the project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle B of the McKinney-Vento Act (<http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Homeless/McKinneyVentoText.pdf>), and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects not requesting funds to serve children or youth should select the 'Not applicable' response to these questions.

- Yes
- No
- Not applicable

14. **Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?**

Any project applicant requesting funds to provide housing or services to families must indicate in the application whether or not a staff person has been designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. *Projects not requesting funds to serve children or youth should select the 'Not applicable' response to these questions.*

- Yes
- No
- Not applicable

15. **Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.** Applicants not in compliance with Federal education assurances must provide an adequate description of the reason(s) for noncompliance, as well as document a corrective action plan. Failure to comply with Federal education assurances may result in Federal sanctions, and significantly reduce the chances of receiving funding through the CoC competition.

16. **Describe how participants will be assisted to obtain and remain in permanent housing.**

The narrative must document plans to move participants from the streets, emergency shelters, and transitional housing into permanent housing, and plans to ensure that participants stabilize in permanent housing. A good response will acknowledge the needs of target population and plan to address those needs, including the current and proposed case management activities, and the availability and accessibility of supportive services, including primary health services, mental health services, educational services, employment services, life skills, and child care services, if applicable. If participants will be housed in leased units, the narrative must also indicate how units will be located and how your agency will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should also be detailed.

17. **Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently (i.e. access to mainstream benefits).**

The description must address needs of the target population and required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream benefit systems. The narrative must specifically indicate how service delivery plans and requested funds cause participants to become employed; how the plans and requested funds cause participants to be able to access SSI, SSDI, or other mainstream services; and how the plans and requested funds contribute to participants becoming more independent.

18. **Specify the frequency of supportive services to be provided to project participants.** Check all supportive services and frequency of services that will be available to participants, using the funds requested through the application, and funds from other sources. **NOTE: Case management is the only eligible supportive services activity for a permanent supportive housing bonus grant.**

Supportive Service	Check Frequency		
Outreach	Daily	Weekly	Monthly
Case Management	Daily	Weekly	Monthly
Life Skills	Daily	Weekly	Monthly
Job Training	Daily	Weekly	Monthly
Substance Abuse Services	Daily	Weekly	Monthly
Mental Health and Counseling	Daily	Weekly	Monthly
HIV/AIDS Services	Daily	Weekly	Monthly
Health/Home Health Services	Daily	Weekly	Monthly
Education and Instruction	Daily	Weekly	Monthly
Employment Services	Daily	Weekly	Monthly
Child Care	Daily	Weekly	Monthly
Transportation	Daily	Weekly	Monthly
Other (Please specify)	Daily	Weekly	Monthly

19. **How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.)?** The following basic amenities are considered essential communities amenities: schools, libraries, churches, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities. If these amenities are within walking distance or easily accessible via reliable transportation, then the amenities are considered very accessible.

- Very accessible
- Somewhat accessible
- Inaccessible

20. Please mark proposed number and type of project participants:

Project Participants – Households **without** Dependent Children

1. Total Number of Households	Total Persons (unduplicated)	PROPOSED SUBPOPULATIONS					
		Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults							
3. Non-disabled adults							
4. Disabled unaccompanied youth							
5. Non-disabled unaccompanied youth							
6. Total Persons							
7. Total number of adults							
8. Total number of unaccompanied youth							

Project Participants – Households **with** Dependent Children

1. Total Number of Households	Total Persons (unduplicated)	PROPOSED SUBPOPULATIONS					
		Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults							
3. Non-disabled adults							
4. Disabled children							
5. Non-disabled children							
6. Total Persons							
7. Total number of adults							
8. Total number of children							

21. Enter the **percentage** of homeless persons served by the proposed project coming from each of the following locations (must total 100%):

- _____ Persons who came from the street or places not meant for human habitation
- _____ Persons who came from emergency shelters
- _____ Persons who came from transitional housing, who came directly from the street or emergency shelter
- _____ Other locations (please describe how the persons will meet the homeless definition)_____

22. Please describe match and other leveraging resources secured for the project. Please answer the following questions for written commitments that will be in-hand at the time of the application is due.

- Type (please check): cash in-kind
 Name of Source of Contribution: _____
 Type of Source (please check): Private Government
 Date of Written Commitment: _____
 Value of Written Commitment: _____

23. Proposed Budget:

Operating Budget

Eligible Costs	Quantity	CoC Request Year 1	CoC Request Year 2 (if applicable)	CoC Request Year 3 (if applicable)	Total
1. Maintenance/Repair					
2. Staff					
3. Utilities					
4. Equipment					
5. Supplies					
6. Insurance					
7. Furnishings					
8. Relocation					
9. Other (specify)					
10. Total CoC Request					
11. Cash Match					
12. Total CoC Operating Budget					
13. Other Resources					

Leasing Budget

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SR0				
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
5 Bedroom				
6 Bedroom				
7 Bedroom				
8 Bedroom				
Totals				

Rental Assistance Budget (only a Public Housing Authority or local government may administer rental assistance funds)

Unit Size	Number of Units	HUD Paid Rent	Number of Months	Total Rent (per unit size)
SR0				
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
5 Bedroom				
6 Bedroom				
7 Bedroom				
8 Bedroom				
Totals				

Supportive Services Budget

Eligible Costs	Quantity	CoC Request Year 1	CoC Request Year 2	CoC Request Year 3	Total
1. Outreach					
2. Case Management					
3. Life Skills (outside of case management)					
4. Substance Abuse Services					
5. Mental Health and Counseling Services					
6. HIV/AIDS Services					
7. Health Related and Home Health Services					
8. Education and Instruction					
9. Employment Services					
10. Child Care					
11. Transportation					
12. Other (must specify)					
13. Total CoC dollars requested					
14. Cash Match					
15. Total Supportive Services Budget					
16. Other resources (cash and in-kind)					

SUMMARY BUDGET

Activities	CoC Dollars Requested	Match	Totals
1. Acquisition			
2. Rehabilitation			
3. New Construction			
4. Subtotal (lines 1-3)			
5. Leasing			
6. Rental Assistance			
7. Supportive Services			
8. Operations			
9. HMIS			
10. CoC Request (subtotal lines 4-9)			
11. Administrative Costs (up to 7% of line 10)			
TOTAL CoC Request (total lines 10 and 11)**			

**The total request for Permanent Housing Bonus funds cannot exceed \$100,928.

24. Please provide source documentation showing your agency's nonprofit status.

Attached

25. Experience:

a. Describe your agency's experience in working with homeless persons and using HMIS.

Describe any relevant previous work of a similar nature, especially as it relates to working with homeless persons and the project's target population and using HMIS. If not already participating in HMIS, describe how your agency will implement the use of HMIS for this program (including entering all services within 10 days of each client service contact and maintaining a high level of data quality) to count homeless persons.

b. If applicable, describe your agency's experience as it relates to timely construction or rehabilitation. All developers should have experience with environmental documentation and permitting. Include the role of each developer, and the oversight and construction management to ensure timely completion property construction or rehabilitation.

c. Describe your agency's experience as it relates to leasing units, administering rental assistance, providing supportive services, and implementing a HMIS, as applicable to the proposed project. Include in the description the role of each organization and how their expertise contributes to the project's operation and provision of supportive services.

26. Performance (if already receiving CoC funds, please state how your agency's CoC programs performed on the measures below. If not already receiving CoC funds, describe how your agency will work to achieve these measures):

- d. At least 20% of CoC program participants have employment income and at least 20% of other participants have other income (from all project APRs in a 12 month period).

- e. At least 65% of transitional housing clients moved to permanent housing over a 12 month period (if funded for a CoC funded transitional housing project).

- f. At least 77% of participants in CoC-funded permanent housing remain for 6 months or longer (from all permanent supportive housing project APRs in a 12 month period).

- g. At least 80% of homeless persons in CoC funded permanent housing remain for 6 months or longer, or there is demonstrable increase over the previous year and a plan in place to meet the goal (from all project APRs in a 12 month period for CoC funded permanent housing projects).

- h. At least 20% of adults exiting the program over a 12-month period have employment income, or there is demonstrable increase over the previous year and a plan in place to meet the goal (from all project APRs in a 12 month period).

- i. At least 20% of program participants obtained mainstream benefits at program exit, or there is demonstrable increase over the previous year and a plan in place to meet the goal (from all project APRs in a 12 month period).

27. Signature by authorized official:

I have read the 2012 Notice of Funding Availability (NOFA) for the Continuum of Care Program Competition and the Continuum of Care Interim Regulations.

Name (printed)

Signature

Date