Attachment 4

Miami-Dade County Continuum of Care

Application for New Projects

CoC New Project Application

MDCHT Continuum of Care

* Please email Manny Sarria at Manuel.Sarria@miamidade.gov with any questions about the application
* Submit your responses in their original format via email by the deadline
* The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.
1. **Project Applicant Information**
	1. Name of Organization:
	2. Local Address:
	3. Organization Type

 Units of Local Government Non-profit 501(c)(3) For-Profit

 PHA Tribe State Government Other: Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Project Type

 Diversion Only Navigation Only Diversion and Navigation combined

 Project-Based PSH La Quinta Only Project-Based PSH concept Only La Quinta & Concept combined

 Scattered Site PSH

Is a Sub-Recipient Organization included in this application: Yes (attach MOU) No

Project Name:

Proposed Project Start Date:

a. Start Date: 11/01/2024

b. End Date: 10/31/2025

**2A Project Subrecipients Detail**

Contact Person

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Fax (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2B** **Experience of Applicant, Subrecipient(s), and Other Partners**

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| 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively performing the activities proposed in the application, given funding and time limitations. *In 3000 characters, including spaces, describe why you are the appropriate entity to receive funding. Provide examples that illustrate your experience and expertise in the following: (1) working with and addressing the target population(s) identified housing and supportive service needs; (2) developing and implementing relevant program systems, services,* ***and property management****; and (3) managing basic organization operations including financial accounting systems.*  |
| 2. In 3000 characters, including spaces: Describe how the applicant or potential subrecipients (if any) will be leveraging other Federal, State, local and private sector funds for this proposal. Include past experience with leveraging all federal, state, local and private sector funds. If the project applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.” |
| 3. In 3000 characters, including spaces: Describe the basic organization and management structure of the applicant and subrecipients (if any). *Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the project applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.* |
| 4. Describe action steps take steps taken to promote racial equity and address the needs of LGTBQ+ population. Your response should outline:o how your agency includes historically under-represented individuals in managerial and leadership positions? This may include historically underrepresented populations who are reflective of the composition of the local community being served, including but not limited to Black Indigenous People of Color (BIPOC) or LGBTQ+. o if your agency’s board of directors include representation from more than one person with lived experience of homelessness. If so, please describe. o your agency’s process for receiving and incorporating feedback from persons with lived experience of homelessness? o how your agency reviews internal policies and procedures with an equity lens? An equity lens is a process for analyzing the impact of the design and implementation of policies on under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers. Please highlight if you are taking different perspectives and community needs into consideration or if you have a plan for developing and implementing equitable policies that do not impose undue barriers to service accessibility and delivery. o how your agency reviews program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations? o how your agency reviews data and identifies programmatic changes needed to make program participant outcomes equitable across different populations? Highlight if you have or are developing a plan to make those changes. o is your agency working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, age, and/or other underserved populations? If so, please describe. |
| 5. List the specific HUD System Performance Measures that this project will track, the frequency with which measures will be analyzed, and how the proposed project intends to improve the CoC’s overall system performance.  |
| 6. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? 🞎 Yes 🞎 No (skip to section 3B Project Detail) |
| 7. In 3000 characters, including spaces: Describe the unresolved monitoring or audit findings.*Provide an explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).*  |

**3B Project Description**

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| 1. In 3000 characters, including spaces: Provide a description that addresses the entire scope of the proposed project.*Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing supportive service needs, anticipated project outcome(s), coordination with other organizations, and the reason CoC funding is required. Additionally, describe how the project will implement the restrictive covenant; describe any service participation requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.* |
| 2. **Project Milestones**  | **Days from Execution of Grant Agreement**  |
| New project staff hired, or other project expenses begin?  |  |
| Participant enrollment in project begins.  |  |
| Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin?  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity?  |  |
| 3. I certify that I have read the Homeless Trust’s Coordinated Entry Process and that the project and its staff will participate in a CoC Coordinated Entry Process. 🞎 Yes 🞎 No, explain: |
| 4. Please identify your policies and what system you will be using to check each applicant’s background in compliance with the property’s restrictive covenant? |
| 5. I certify that the project will follow Housing First 🞎 Yes 🞎 No, explain: If you selected “yes” you are agreeing to: * move participants into permanent housing quickly
* serving persons with little or no income
* serving persons with active or history of substance use
* serving persons with a history of victimization
* serving persons who may chose not to participate in support services
* serving persons who may not progress on the service plan
* serving persons who may lose income or fail to improve income
 |
| 6. Describe any project rules, for example, program participants will be required to meet with a case manager at least monthly in their first year of the project, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services (1000 characters including spaces). |

**4A Supportive Services for Participants**

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| 1. Describe how healthcare and housing resources are being coordinated and leveraged to assist persons experiencing homelessness obtain and remain in permanent housing, and how this program is ideally suited to further reduce unsheltered homelessness in Miami-Dade. *Describe how the project applicant plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current, and proposed case management activities, and the availability and accessibility of supportive services such as–housing search, primary health services, mental health services, educational services, employment services, life skills, childcare services, etc. Example: A project that targets its housing and services to serving young parents might provide a specific service array of supportive services including parenting classes, education programing, and childcare services.**If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe: (1) how the project will identify appropriate units; (2) the project’s established arrangements with homeless service providers; and (3) how the project will engage landlords.* |
| 2. What specific plan does this project have to ensure program participants are assisted in obtaining the benefits of mainstream social and employment programs for which they are eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) *Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).* |
| 3. Please identify whether the project will include the following activities:Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 🞎 Yes 🞎 No, explain:Regular follow-ups with participants to ensure mainstream benefits are received and renewed? 🞎 Yes 🞎 No, explain:Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? 🞎 Yes 🞎 No, explain:Has the staff person providing the technical assistance completed SOAR training in the past 24 months. 🞎 Yes 🞎 No, explain: |