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| **2021 Summit County Continuum of Care**  **NEW Unsheltered Homelessness NOFO**  **Pre-Application for New Projects** |

**Due Date:**

***\*\*August 12, 2022 by 5:00pm\*\****

***Criteria for Applications:***

***Please be sure to review pages 25-30 of the NOFO for specific project criteria and how points will be weight for project applications.***

**The Summit County Continuum of Care will be accepting the following types of applications:**

* Permanent supportive housing (PH-PSH) projects
* Permanent housing-rapid rehousing (PH-RRH) projects
* Supportive Service Only projects
* Joint TH and PH-RRH projects
* HMIS
* New permanent supportive housing (PSH) projects that will serve homeless individuals and families including youth/young adults’ homelessness.
* New rapid rehousing (RRH) or transitional housing- rapid rehousing (TH-RRH) projects that will serve homeless individuals and/or families, including youth, coming directly from the streets or emergency shelters, or meeting HUD’s definition of Category One (1) & (4) Homeless.
* All projects must be Housing First

**Submit one (1) copy via email to:**

**Megan Duke**

[**mduke@summitcoc.org**](mailto:mduke@summitcoc.org)

**cc: Mar-quetta Boddie**

[**mboddie@susmmitcoc.org**](mailto:mboddie@susmmitcoc.org)

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| **Agency and Project Information** | | | |
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| Name of Agency: | | |  |
|  | | | |
| Project Title: | |  | |
| Project Address: | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: | | | | | | |
| Street |  | | | | | |
| City |  | Zip |  |  | | |
| Contact Person |  | Phone |  | | Fax |  |
| E-mail |  |

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| **Program Type & Funding Amount** |

# Program Type (applies to new projects only)

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|  | Permanent Supportive Housing / Leasing (scattered apartments) |
|  | Permanent Supportive Housing / Project-Based (one site/building) |
|  | Rapid Re-Housing |
|  | Transitional Housing – Rapid Re-Housing  SSO  HMIS |

**Funding Amount**

Dollar Amount requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a projected budget (i.e. rental assistance, administration, supportive services, etc.):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meeting HUD Basic Criteria** | | | | |
| **Threshold Questions** | | **Yes** | **No** | |
| Are you an incorporated non-profit organization and have you received IRS 501 (c)(3) status? EIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | |
| Are the activities eligible for assistance under the specific program from which funding is being requested (see attached information)? | |  |  | |
| Is the project designed to help participants achieve permanent housing and self-sufficiency (as opposed to meeting basic emergency needs)? | |  |  | |
| Will the homeless persons served by your proposed project meet the HUD definition of Category 1 Homelessness? | |  |  | |
| **Bed Capacity Current Level** | | | | |
| Number of Units |  | | |
| Number of Beds |  | | |
| How many people do you plan to serve this year? |  | | |

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| **Project Description** |

Provide a description of the project.

Please describe how the funds you are requesting will be spent.

Housing where clients will live

* Structure type, number of persons to be housed, and location. Indicate where in Summit County (address proposed).

Homeless population to be served

* What population will you be serving and what supportive services will you provide?
* Indicate how your clients meet the definition of homeless. Refer to the 2014 HEARTH Act definition of homeless (Category 1).

Experience

* How will you collaborate with other providers in the community and/or leverage resources from health care organizations?
* Briefly describe your experience directly related to carrying out the proposed project, and your experience working with homeless people.

HMIS

Your agency will be required to be an active participant in the Continuum of Care Homeless Management Information System (HMIS). Will your agency be committed to taking referrals from Central Intake and inputting data in the HMIS system?