# Eastern PA CoC FY2020 Application for Permanent Supportive Housing Project Transfer

## Instructions

### ****Eastern PA Continuum of Care, CoC PA-509********FY2020 CoC********Permanent Supportive Housing Transfer Application****

### ****Instructions:****

### Please complete all required questions within this survey to be considered for funding for a permanent supportive housing project within the FY2020 Eastern PA Continuum of Care funding process.

### ****All applications must be submitted via Alchemer no later than 5:00PM on Thursday, January 21, 2021.****

### ****BUDGET:**** Please note that you will be required to use the ****existing budget**** for the project. If you are selected for this grant transfer opportunity, you will be able to make changes to the budget via a substantial amendment request to HUD.

### ****You may click “Save and Continue”**** in the upper right-hand corner at any time to save your responses and return to complete at a later time- a link will be emailed to you to return to your responses. If you do not receive an email with link, email easterncoc@pennsylvaniacoc.org.

### Upon submission, a copy of your responses will be emailed to you for your records.

### ****If I have questions about this who should I contact?**** Send an e-mail to easterncoc@pennsylvaniacoc.org with the Subject Line “Question about PSH Transfer RFP” and staff from Diana T. Myers and Associates (DMA) will get back to you as quickly as possible.

### ****Resources that you may wish to access as you are completing the preliminary application:****

* [**Eastern PA CoC FY2020 Permanent Supportive Housing Project Grant Transfer RFP**](https://pennsylvaniacoc.org/sites/default/files/attachments/2021-01/RFP%20for%20Lycoming-Clinton%20PSH%20Transfer%20FINAL%20for%20Distribution.pdf)

### [Eastern PA CoC 2020 Gaps Analysis](https://pennsylvaniacoc.org/resources/eastern-pa-coc-2020-gaps-analysis)

### [Eastern PA 2020 Point in Time Count Data](https://pennsylvaniacoc.org/sites/default/files/attachments/2020-10/EasternPACoC_2020PITSummary_CoC-RHAB-and-County-Level-Reports.pdf)

### [HUD Housing First Assessment Tool](https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/)

### [Continuum of Care regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs](https://www.law.cornell.edu/cfr/text/24/part-578/subpart-D)

### Next Steps:

### ****If my application is selected, what is the next step?**** You will be notified if your application has been selected for this PSH project transfer opportunity. At that time, you will receive instructions about what information is necessary for submission to HUD to complete the transfer of the grant.

### To complete the transfer, you will have to get set up in [e-snaps, HUD’s CoC Program Applications and Grants Management System](https://www.hudexchange.info/programs/e-snaps/), if you are not already. You will also need a [DUNS number](https://fedgov.dnb.com/webform/displayHomePage.do) and to be registered with [System for Award Management (SAM)](https://www.sam.gov/SAM/).

## Application

### 1) Agency Name\*

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#### 2) Applicant Type\*

( ) Nonprofit organization

( ) State or local government

( ) Instrumentality of local government

( ) Public housing agency

### 3) Contact Person\*

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### 4) Phone Number\*

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### 5) Email Address\*

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#### 6) ****Which county/ies do you intend to cover?**** Check all that apply. ****\*Reminder that you must cover Lycoming and Clinton counties at a minimum.****\*

[ ] Adams

[ ] Bedford

[ ] Blair

[ ] Bradford

[ ] Cambria

[ ] Carbon

[ ] Centre

[ ] Clinton

[ ] Columbia

[ ] Cumberland

[ ] Franklin

[ ] Fulton

[ ] Huntingdon

[ ] Juniata

[ ] Lebanon

[ ] Lehigh

[ ] Lycoming

[ ] Mifflin

[ ] Monroe

[ ] Montour

[ ] Northampton

[ ] Northumberland

[ ] Perry

[ ] Pike

[ ] Schuylkill

[ ] Somerset

[ ] Snyder

[ ] Sullivan

[ ] Susquehanna

[ ] Tioga

[ ] Union

[ ] Wayne

[ ] Wyoming

#### 7) Does your organization have the capacity to operate this project in counties surrounding Lycoming and Clinton and/or throughout the entire Northern Tier RHAB or CoC?\*

( ) Yes, surrounding counties. Please indicate which counties:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Yes, throughout the entire Northern Tier RHAB

( ) Yes, the entire CoC

( ) No

### 8) ****If yes, please describe your organization’s capacity to operate the project throughout those surrounding counties and/or throughout the entire RHAB or CoC****. Include in the description information about:

### relationships you have with providers in the other counties

### your ability or the ability of partners to identify landlords in this larger area

### your experience operating regional projects, if applicable

### \*

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#### 9) This project must serve households that meet HUD’s Chronic Homeless Definition. Do you intend to target your program to any of the following subpopulations of chronically homeless households as part of your funding request? Check all that apply:\*

[ ] Veterans

[ ] Families (households with children)

[ ] Individuals/Couples (households without children)

[ ] Youth (under age 25)

[ ] Domestic Violence

[ ] Substance Abuse

[ ] Mental Illness

[ ] HIV/AIDS

[ ] None of the above

#### 10) Do you have relationships with landlords who would participate in your program?\*

( ) Yes

( ) No

### 11) If yes, provide describe your experience in identifying housing opportunities, including landlord engagement practices: \*

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### 12) If no, describe how you will conduct outreach and engage landlords:\*

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### 13) ****Provide a general description of your proposed project.**** This should include a clear and concise description of the scope of the project. The following information should be included in your description:

### ****Community needs.**** Applicants are encouraged to provide local and/or regional data beyond the data reported through the annual PIT count.

### Please review and reference data presented in the 2020 Gaps Analysis and 2020 Point in Time Count data (links in introduction above).

### ****Target population(s) and why****

### ****Project plan**** for addressing the identified housing and supportive service needs, including any agencies that you plan to partner/coordinate with to provide additional expertise.  Community partners should be referenced, by name, along with a description of their role in the success of the project and the households served (e.g. employment, transportation, child care)

### ****Projected project outcomes****

### Please limit your response to 3,000 characters(please respond to all parts of the question) \*

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### 14) ****Provide your organizations' experience with the following:********Experience with using federal funds and performing the proposed activities:****

### Experience ****effectively utilizing public funding**** (federal, state, and/or local government) and performing the described services within given funding and time limitations

### ****Working with households experiencing homelessness****, and with the target subpopulation you identified (if applicable)

### Describe your experience working with households that meet HUD’s definition of chronically homeless.

### Describe your experience working with the subpopulation(s) identified (mental health, substance use disorder, domestic violence, etc.), if applicable.

### Describe the performance outcomes for other projects you operate that serve people experiencing homelessness.

### Experience ****serving and improving outcomes for communities that have been underrepresented or poorly served****;

### Experience delivering ****culturally responsive services****

### (please respond to all parts of the question)\*

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### 15) ****Provide your organizations' experience with the following:********Experience in using a Housing First Model/implementing Housing First principles****For more information on Housing First, see [HUD’s Housing First Assessment Tool](https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/) \*

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### 16) Provide your organization’s experience with the following:Experience leveraging other federal, state, local and/or private sector funding \*

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### 17) Provide a description of the program management and financial account system that will be used to administer the grant:\*

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### 18) The [HUD CoC Program Interim Rule Subpart F – Program Requirements](https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml) govern the PSH projects available through this opportunity.****Provide your organization’s experience with the following:********Compliance with public funding sources:****\*

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#### 19) Does your organization have any unresolved monitoring or audit findings from HUD (including ESG), DCED, or the Office of the Inspector General?\*

( ) Yes

( ) No

### 20) If yes, please explain:\*

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### 21) Provide a description of how participants will be assisted to obtain and remain in permanent housing.  \*

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#### 22) Please indicate which of the following requirements you commit to follow (must commit to all of the following):\*

[ ] Use a Housing First approach. Note: For more information on Housing First, see HUD's Housing First Assessment Tool (linked above).

[ ] Comply with all CoC policies and HUD regulations and notices. This includes compliance with Fair Housing; Prohibition against involuntary family separation; designate a staff person to ensure children are engaged with educational programming (for projects that serve families); HUD’s Equal Access to Housing Rule and Equal Access in Accordance with Gender Identity Final Rule; and any other terms and conditions within the NOFA.

[ ] Participate in the Eastern PA Coordinated Entry System

[ ] Follow the CoC’s written standards for providing assistance, including minimum case management requirements (linked in the instructions above)

[ ] Enter data into PA-HMIS (or DV comparable database, if victim services provider)

[ ] Participate in and attend meetings of the RHAB and CoC

#### 23) Please indicate if you will assist participants with Mainstream Benefits in the following ways (to be considered for this funding, must provide all of the following): \*

[ ] Provide transportation assistance to attend mainstream benefit appointments, employment training or jobs

[ ] Use a single application form for four or more mainstream programs (example DHS’s COMPASS)

[ ] Conduct annual follow-up appointments with participants to ensure mainstream benefits are received and renewed

[ ] Provide access to SSI/SSDI technical assistance provided by the applicant, a subrecipient or partner agency

[ ] Utilize a SOAR trained individual to provide technical assistance related to accessing SSI/SSDI

#### 24) Do you anticipate hiring a case manager to provide services to the population being served?\*

( ) Yes

( ) No

### 25) If no, please describe how you will provide case management services and what specific resources or partnerships will be leveraged:\*

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### 26) If yes, provide the expected case management ratio to be used: \*

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### 27) ****If yes, describe your organization’s proposed approach to providing case management services for this program.****  This should include the frequency of appointments, including the frequency of appointments within the program participant’s home or other mutually agreed-upon community location:\*

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### 28) ****How will you ensure this project provides trauma-informed, client-centered, and culturally competent services?****  Please reference specific policies, training, relevant experience, etc. \*

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#### 29) ****Which of the following supportive services will be included in your program?****(Note: Additional information will be requested related to each supportive service that will be included in your program)\*

[ ] Assessment of Service Needs

[ ] Assistance with Moving Costs’

[ ] Case Management

[ ] Child Care

[ ] Education Services

[ ] Employment Assistance and Job Training

[ ] Food

[ ] Housing Search and Counseling Services

[ ] Legal Services

[ ] Life Skills Training

[ ] Mental Health Services

[ ] Outpatient Health Services

[ ] Outreach Services

[ ] Substance Abuse Treatment Services

[ ] Transportation

[ ] Utility Deposits

[ ] Operating Costs

### 30) For each of the supportive services selected above, provide additional information about how your organization or another organization will provide the service.\*

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### ****Confirmation Information****Please type the name and title of the responsible party for this application below that will serve as your digital signature.

### 31) Name of Responsible Party for this Application\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 32) Title for Responsible Party for this Application\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 33) Today's Date\*

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## Thank You!

### Thank you for submitting your application for Eastern PA CoC FY20 Request for Permanent Supportive Housing Project Transfer. You will receive an automated email with a copy of your responses for your records.