**2024 Seattle-King County Local Renewal Application**

**Continuum of Care Program Renewal Application**

**DUE: Friday, August 30, 2024, by 11:59pm PST**

**A. Project Information**

|  |
| --- |
| **CoC Program Project Title:***Click or tap here to enter text.* |
| **HUD Grant Number:***Click or tap here to enter text.* |
| **Name of Organization:***Click or tap here to enter text.* |
| **Employer or Tax Identification Number:***Click or tap here to enter text.* |
| **Unique Entity Identifier:***Click or tap here to enter text.* |
| **Project Address:***Click or tap here to enter text.* |
| **Primary Contact Person Name:***Click or tap here to enter text.* |
| **Telephone:** *Click or tap here to enter text.* |
| **e-mail address:***Click or tap here to enter text.* |

**2024 HUD CoC Program Local Renewal Application**

Renewal projects (projects previously funded) CoC Program award that ends in calendar year 2024 must submit the information required in this Phase II Application to be included in the HUD FY 2024 Continuum of Care Homeless Assistance Program NOFO process and to be eligible for continued funding for 2025-2026.

**Checklist for Submission**

This checklist is provided to help ensure your submission is complete. Please refer to the specific instructions for each section for information on how to prepare and submit your responses to each section.

* CoC Project Efficiency & Effectiveness: Subrecipient Performance Information Verification
	+ Grant Spending
	+ HUD Monitoring / Audit Confirmation (Attachment required, as applicable)
	+ Recipient / Sub-recipient Grant Information (Timely APR, LOCCS Draws)
* HUD/CoC Priority Measure Information
	+ Program Component Priority
	+ Program Population Priority
	+ Project Match
* Housing First
	+ Housing First Narrative
	+ Housing First Operational Procedures (Need One Per Agency)
	+ HUD Housing First Assessment (One Per Project)
* Project Narratives
	+ Program Termination & Low Barrier Housing
	+ Participant Engagement & Feedback
	+ Racial Equity Narrative & Questions
	+ Gender Equity Narrative & Questions
* Informational Only
	+ Project Subpopulations
	+ Support Services
	+ Mainstream Resources and SOAR Training

**I. CoC Project Efficiency and Effectiveness: Subrecipient Performance**

1. **Grant Spending – Please review the pre-populated information for accuracy and respond to *1c* accordingly:**
	1. Did this project expend 100% of awarded HUD funds for the grant that ended prior to March 2024?

[ ]  Yes

[ ]  No

* 1. **Three Year Spending History:** Complete the chart below with information about the *three most recently completed* grant terms for this project.
* If the grant has only been renewed twice, you will only require two lines.
* If the grant has only been renewed once, enter the unspent recapture amount.
* If the grant is in its first year and has not yet been renewed, enter -0-.

|  |  |  |  |
| --- | --- | --- | --- |
| **HUD Grant Number** | **Total Grant Award** | **Total Expended** | **Unused/Unspent Amount** |
| ***WA0000L0T001508*** | ***$200,000*** | ***$190,000*** | ***$10,000*** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Amount Unspent:** | Click or tap here to enter text. |

* 1. Please explain any contributing factors for not expending 100% of the funds**:**

*Click or tap here to enter text.*

1. **HUD Monitoring & Agency Audit:**
	1. Has this program been monitored by HUD since 1/1/21?

[ ] Yes

[ ] No

**Date of last monitoring:** Click or tap to enter a date.**\_\_\_\_\_\_\_\_\_\_**

* 1. Are there any unresolved HUD monitoring findings or concerns related to this HUD CoC Program project or other HUD funded projects within your Agency? HUD programs include, but are not limited to ESG, CDBG, Home, HOPWA.

[ ] Yes

[ ] No

* 1. Are there any unresolved KCHRA findings related to this project?

[ ] Yes

[ ] No

* 1. Has HUD instituted any sanctions on any project of your agency, including but not limited to, suspending disbursements (e.g., freezing LOCCS, requiring repayment of grant funds or de-obligating grant funds due to performance)?

[ ] Yes

[ ] No

**If YES to any of the above, an Attachment is required:**Please include a brief narrative describing the issue and status of the concerns/findings and include the following documentation: A copy of the Audit finding and related correspondence and action to resolve the finding.

Click or tap here to enter text.

1. **(*Response required for Direct HUD Grants Only*) Quarterly LOCCS Drawdowns:**
	1. Has this project maintained at least quarterly draws for the most recent grant term related to this renewal grant request? Response will be verified with HUD.

[ ] Yes

[ ] No

If NO, please provide a narrative explanation:

*Click or tap here to enter text.*

1. **On-time APR (for most recent grant ending on or before 2/29/24):**
	1. Were the program's HUD Annual Progress Report (APR) materials successfully submitted on time for the most recently expired grant?

**Instructions:** Review the marked selection and respond to 2b accordingly:

[ ] Yes

[ ] No

[ ] N/A

* 1. If “No”, please explain why the APR was not submitted to HUD in a timely fashion, and the steps you are taking to ensure timely submission in the future.

*Click or tap here to enter text.*

**II. HUD, System Level and CoC Priority Information**

1. **HUD Priority:**
	1. **System Priority:** Please check the box that describes your program type.

[ ] This is a *Permanent Supportive Housing Project*.

[ ] This is a *Rapid Rehousing* project serving Families, Individuals, Young Adults, or Persons Fleeing Domestic Violence

[ ] This is a *Transitional Housing* Project

[ ] This is a J*oint Component Transitional Housing / Rapid Rehousing or Youth Housing Demonstration Program (YDHP) Bridge Housing* project serving Families, Individuals, Young Adults, or Persons Fleeing Domestic Violence

[ ] This is a *YHDP Services Only* project.

* 1. **Population Priority:** Please check the box that describes your program’s population priority.

[ ] Project is 100% chronically homeless dedicated.

[ ] Project prioritizes chronically homeless persons and by policy and practice, 100% of units are prioritized at turnover for chronically homeless,

[ ] 100% of units/services dedicated to Youth and/or Young Adults (ages 18-24)

[ ] 100% of units operate as “recovery housing” and provide on-site recovery-based services.

[ ] 100% of units are dedicated to Elders and seniors.

[ ] 100% of units are filled by households that are fleeing domestic violence.

1. **Match:**
	1. What dollar amount of match is the project providing for the 2024-2025 award year:
		1. **Source 1**: Click or tap here to enter text. **$**: Click or tap here to enter text.

**% Match**: Click or tap here to enter text.

* + 1. **Source 2**: Click or tap here to enter text. **$**: Click or tap here to enter text.

**% Match**: Click or tap here to enter text.

* + 1. **Source 3**: Click or tap here to enter text.  **$:** Click or tap here to enter text. **% Match**: Click or tap here to enter text.
1. **Housing First Priority Checklist and Narratives:**

Housing First is a model of housing assistance that prioritizes rapid placement/stabilization in permanent housing and does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold).

Adherence to Housing First Principles is a system measure and is a scoring element for the Seattle-King County Consolidated Application.

* 1. **At Program Entry:** This project ensures participants are **NOT** screened out based on (please select all that apply):

[ ] Having too little or no income

[ ] Active substance use

[ ] History of substance use

[ ] Having a criminal record with exceptions for state/PHA-mandated restrictions

[ ] Fleeing domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement).

[ ] Sexual Orientation or Gender Identity

* 1. **At Program Exit:** This project ensures participants are **NOT** terminated from the program for the following reasons (please select all that apply):

[ ] Failure to participate in supportive services

[ ] Failure to make progress on a service plan

[ ] Loss of income or failure to improve income

[ ] Being a victim of domestic violence

[ ] Any other activity not covered in the lease agreement typical of area.

**For any element NOT checked in question 3a) and 3b) above, provide a short response narrative that explains why.**

*Click or tap here to enter text.*

* 1. **Housing First Program Narrative:**

Please describe your program’s Housing First philosophy and how you apply this philosophy in your day-to-day operations.

* + 1. Include with this application your agency’s Housing First Operational Procedures or equivalent documentation.
		2. Include with this application your project’s participant agreement form.
		3. Include with this application a self-assessment using the [HUD Housing First Assessment Tool](https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/).

*Click or tap here to enter text.*

* 1. **Program Termination & Low Barrier Housing Narrative:**
		1. Please describe the rules or expectations participants must follow in your program and whether these are provided in an accessible format.

*Click or tap here to enter text.*

* + 1. Describe the circumstances that would cause you to ask someone to leave your program.

*Click or tap here to enter text.*

* + 1. Briefly describe the process used to terminate someone, including the support provided to keep someone from being terminated and returning to homelessness.

*Click or tap here to enter text.*

* + 1. Include the number of households terminated from your program between 4/1/23 and 3/31/24.
			1. For each termination, please include race and/or ethnicity and the cause for termination.

*Click or tap here to enter text.*

**III. Program Narratives**

1. **Participant Engagement & Feedback**

The Seattle-King County CoC and King County Regional Homelessness Authority (KCRHA) affirm the value that all services should reflect the expressed needs of persons experiencing homelessness. KCRHA believes that when participants are provided opportunities to contribute experiences and expertise – especially related to the design and implementation of the assistance and services that they need – projects and the continuum are strengthened.

Please respond to the questions below:

1. Does your agency solicit and respond to feedback from participants?

[ ] Yes

[ ] No

* 1. If yes, please describe the process(es) you use for participants to provide input and feedback.

*Click or tap here to enter text.*

* 1. Describe how and when the information is collected and provide a specific example of how participant feedback has been used in your program, with a particular emphasis on enhancing individual wellbeing, within the past two years.

*Click or tap here to enter text.*

* 1. If no, please explain your reasoning for not soliciting and responding to participant feedback.

*Click or tap here to enter text.*

1. **Lived and Living Experience**

KCRHA leads with a Theory of Change that states: *If* *we* create a homelessness response system that centers the voices of people who have lived experience of homelessness, *then* we will be able to focus on responding to needs and eliminating inequities, *in order to* end homelessness for all.

* 1. Provide detailed information (total number of seats, member demographics including race & ethnicity and gender identity) on the makeup of your board of directors, including the number of dedicated seats for those with lived and living experience.

*Click or tap here to enter text.*

* 1. What percentage of managers and directors have lived experience of homelessness?

*Click or tap here to enter text.*

1. **Equity in Housing Narrative:**

Our core values state: We center lived experience; we call out racial, social, and structural inequities and injustices; we believe people have a right to dignity, healing, and housing; and we operate with a pragmatic, collaborative and solutions-oriented approach. Homelessness disproportionately harms Black, Indigenous, and People of Color, and the reason for that is systemically racist practices such as redlining and predatory lending.

Nearly two thirds of people experiencing homelessness are people and families of color. Institutional and systemic racism contributes to the oppression of people of color, creating inequity, poverty and in some cases, homelessness. Success in reducing racial disparities and creating effective systems both for a dignified emergency response and housing, will require bold action and shared accountability.

This commitment will include the proactive reinforcement of policies, practices, attitudes and actions to produce equitable power, access, opportunities, treatment, impacts and outcomes for all in keeping with the above, the Seattle King County CoC affirmed a priority for programs that advance the collective goal of addressing racial disproportionality and achieving equitable outcomes across the spectrum of homeless persons, including Indigenous, Black and other people of color. It is important to understand the disparities that show up in the homeless system and the role that housing, and service providers play in ensuring equitable outcomes for the persons and the households they serve.

**Please respond to the questions below:**

1. **Outcomes:** Programs should consider and address racial equity when evaluating their housing outcomes. Using exit data from the Seattle-KC Program Outcomes Report for the period April 1, 2023, to March 31, 2024:
	1. Describe the program’s housing outcomes and what racial disparities exist.

*Click or tap here to enter text.*

* 1. Describe how this program works to ensure equitable outcomes for all participants.

*Click or tap here to enter text.*

1. **Racial Equity in Practice:** Describe how this program incorporates activities to advance racial equity and social justice.
	1. Include any documentation, policies, or protocols you have implemented to support this work.
	2. What training and education is provided to staff to support advancing racial equity? How often is this provided and/or required?

*Click or tap here to enter text.*

1. **LGBTQIA2S+ Equity**:
	1. What actions has this project taken to ensure that non-binary, transmen, and transwomen are given equal, full access and support to the services you provide?
		1. Include any documentation, policies, or protocols you have implemented to support this work.

*Click or tap here to enter text.*

* 1. Describe what steps staff take if there is harm toward non-binary and transpeople who are receiving services from this project?

*Click or tap here to enter text.*

* + 1. What training and education is provided to staff to support advancing gender equity? How often is this provided and/or required?

*Click or tap here to enter text.*

1. **Additional Materials:**
	1. If your organization has an active Diversity, Equity, Inclusion, and Belonging Policy, please submit with this application.
	2. Please include program intake forms.

**IV. INFORMATIONAL ONLY, NOT SCORED:**

1. **Subpopulations:** Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

[ ] N/A - Project Serves All Subpopulations

[ ] Domestic Violence

[ ] Veterans

[ ] Substance Abuse

[ ] Youth (under 25)

[ ] Mental Illness

[ ] Families with Children

[ ] HIV/AIDS

[ ] Chronic Homeless

[ ] Other: *Click or tap here to enter text.*

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

|  |  |  |
| --- | --- | --- |
| **Supportive Services** | **Provider** | **Frequency** |
| Assessment of Service Needs  | Choose an item. | Choose an item. |
| Assistance with Moving Costs  | Choose an item. | Choose an item. |
| Case Management  | Choose an item. | Choose an item. |
| Child Care  | Choose an item. | Choose an item. |
| Education Services  | Choose an item. | Choose an item. |
| Employment Assistance and Job Training  | Choose an item. | Choose an item. |
| Food  | Choose an item. | Choose an item. |
| Housing Search and Counseling Services  | Choose an item. | Choose an item. |
| Legal Services  | Choose an item. | Choose an item. |
| Life Skills Training  | Choose an item. | Choose an item. |
| Mental Health Services  | Choose an item. | Choose an item. |
| Outpatient Health Services  | Choose an item. | Choose an item. |
| Outreach Services  | Choose an item. | Choose an item. |
| Substance Abuse Treatment Services  | Choose an item. | Choose an item. |
| Transportation  | Choose an item. | Choose an item. |
| Utility Deposits  | Choose an item. | Choose an item. |

1. **Mainstream Benefits and Other Assistance:**

A HUD priority is to ensure CoCs demonstrate CoC Program funded projects work to supplement CoC Program funds with resources from other public and private sources, including mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits. CoCs must demonstrate:

* 1. that program staff are kept systematically up-to-date regarding mainstream resources available for homeless program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs),
	2. there is collaboration with healthcare organizations to assist homeless program participants with enrolling in health insurance, and
	3. projects provide assistance through the effective utilization of Medicaid and other benefits.
1. **Please check all that are true:**

[ ] Case Managers systematically assist clients in completing applications for mainstream benefit programs.

[ ] We supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs

[ ] We use the DSHS single application form that helps program participants sign up for four or more mainstream programs.

[ ] We have staff who systematically follow up with program participants (at least annually) to ensure that they have applied for and are receiving their mainstream benefits and that benefits are renewed.

[ ] We participate in enrollment and outreach activities to ensure eligible households know of and are enrolled in health insurance (e.g., Medicaid, Medicare, Affordable Care Act options).

1. **Please check all that are true. Add information as requested**.
	1. [ ]  We have specialized staff, or contract with another organization, for the primary responsibility of identifying, enrolling, and following up with clients regarding participation in SSI/SSDI.
	2. [ ]  We have staff, or contract with another organization who has staff, who participated in an in-person or online SOAR training in the last 24 months.

NOTE: If the box for b is checked, identify staff by job title, and organization.

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

1. **Describe how this program coordinates with healthcare organizations.**

*Click or tap here to enter text.*