

Please submit application to <mailto:snap@ihfa.org> no later than 5:00 p.m. MT,

Friday, June 7, 2019

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**Instructions:**

This is an application to renew Continuum of Care (COC) funding for the FY2019 HUD COC Competition (expenditure year 2020-2021). This local application will be reviewed and scored by a panel of 3-4 reviewers. The application consists of eight sections, as described in this introduction. The more specific, descriptive, and straightforward your answers are, the more accurately your project will be reviewed and scored.

The cover page and Section 1 are required threshold items. The purpose of this section is to grade each application on the same standardized elements to determine eligibility for funding. Each of these items is required by HUD for an agency to receive federal funding. If there is a table associated with the question, please fill out the project response column. Please do not fill out any scoring criteria columns (shaded gray). Threshold criteria deficiencies may result in removal of your application from the competition, or may automatically move your project to Tier 2 as identified by HUD in its 2019 Notice of Funding Availability (NOFA). As part of Section 1, please update and show proof of state and federal registrations. The purpose of the registrations is to ensure your agency has no outstanding delinquent debts and is in good standing with all federal awards and state requirements.

* Please ensure your agency’s registrations with the Idaho Secretary of State (SOS) and the Federal System for Award Management (SAM) are up to date. See the General Information section on page 5 for instructions to access these websites.
* Attach verification that the registrations are up to date. A printout or screenshot of each screen is sufficient.
* If you have questions about your registrations, please reach out to the help desk at these respective agencies, as IHFA does not have administration rights in their systems.

Section 2 contains Negative Determinants, which will be scored based on information provided to reviewers by IHFA. Responses are not needed, but those determinants are included for your information.

Sections 2-7 comprise the competitively scored portion of your application. Please follow the instructions in each section. The purpose of these sections is to ensure that IHFA and HUD understand what your project hopes to accomplish and how many people it intends to serve during the grant year. Scoring of these sections will impact final ranking decisions when the Balance of State Consolidated Application is submitted.

The last 3 pages are the HMIS/CMIS Data Form (applicable to Section 4), the HMIS/CMIS Compliance Form, and the Homeless Connect Compliance Form. Please fill these out and submit them with your application.

Follow these instructions to complete your application:

* Section 1: Threshold Questions
  + Answer each question regarding your proposed project.
  + Attach letters of commitment for your project match requirement to your application submission. In-kind match commitments must be documented by an MOU.
* Section 2: Negative Determinants
* Answer each question regarding your proposed project.
* Scores in this section will be subtracted from your project’s total score.
* Section 3: Housing First Questions
  + Answer each question regarding your proposed project.
  + Refer to the Housing First Checklist from USICH for more information and references. <https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdfS>
* Section 4: Project Property Questions

Check yes or no for each of these questions regarding your proposed project.

* Section 5: HUD Performance Questions
  + Generate the CoC APR for an HMIS and CMIS participating project for the date range 2018 (1/1/2018–12/31/2018) and the 0252 Data Completeness Report Card for the date range 01/01/2018–01/01/2019.
  + Fill out the attached HMIS/CMIS Data Form using these reports. Follow the instructions on the form and enter the appropriate data.
  + Answer the HUD performance questions based on the CoC APR and 0252 according to each question’s instructions.
  + Attach the CoC APR, 0252 Data Completeness Report Card, and completed HMIS/CMIS data form for HMIS and CMIS users to the end of this application.
* Section 6: Narrative Questions
* Please follow the instructions and answer each question regarding your proposed project.
* The word limit for each response is **500 words.**
* Please be specific, utilize key words, and provide detailed descriptions.
* Keep in mind that scoring committee members may not be as familiar with homeless programs as you are. Anything you can do to help define or clarify your narrative is recommended.
* Section 7: Projected Performance

Fill out the table according to the instructions. Be sure to quantify your goals for the year being funded under this application.

* Section 8: Bonus Question

Respond to the prompt, and attach documentation of leveraging commitments.

*Please do not score for your agency. The score generated by the review panel will determine the prioritization of your project’s funding.*

To submit, please send the application and all required attachments to [snap@ihfa.org](mailto:snap@ihfa.org). The application is due on **June 7, 2019.**

*Please contact IHFA’s SNAP Team at* [*snap@ihfa.org*](mailto:snap@ihfa.org) *with any questions or concerns regarding this application. Please contact IHFA’s HMIS/CMIS Team at* [*hmis@ihfa.org*](mailto:hmis@ihfa.org) *or* [*cmis@ihfa.org*](mailto:cmis@ihfa.org) *for data or ServicePoint report questions. Please contact IHFA’s Homeless Connect Team at* [*homelessprograms@ihfa.org*](mailto:homelessprograms@ihfa.org)*.*

*Thank you, and we look forward to your submission!*

## General Information

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[As an administrator of federal grants, IHFA is bound by U.S. Code 11375(c)(5)***

***regarding confidentiality of addresses pertaining to family violence shelters]***

Agency Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person for this Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the agency registration current in SAM?  Yes  No

* SAM: [https://www.sam.gov/portal/SAM/##11](https://www.sam.gov/portal/SAM/)

Is the agency registration current with Idaho’s Secretary of State?  Yes  No

* SOS: <http://www.sos.idaho.gov/corp/index.html>

Does the agency have outstanding federal delinquent debt?  Yes  No

Is the agency a federally debarred contractor?  Yes  No

Please attach your agency’s 501(c)(3) determination letter from the IRS.

Please attach your federally-approved cost allocation plan and indirect cost rate, if applicable.

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

Signature of Authorized Official Date

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

Name (Typed or printed) Title (Typed or printed)

**Section 1: Threshold Questions**

Your project must meet all of the following criteria in order to be considered for funding in the 2019 COC cycle. Fill out the Project Response column for your project.

Please do not fill out any of the gray scoring sections.

|  |  |  |
| --- | --- | --- |
| **Threshold Questions** | **Project Response** | **Scoring Criteria** |
| 1. Match must equal 25% of the total grant request, including admin costs but excluding leasing costs. What is the total commitment to this project for match? (Total can include both cash and in-kind match.) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Met or Unmet |
| 1. This program is (select one):   Permanent Supportive Housing  (All beds in PSH must be prioritized for the chronically homeless.)  Permanent Housing: Rapid Re-housing (will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph 4 of HUD’s definition of homelessness.) | Permanent Supportive Housing  Permanent Housing: Rapid Re-housing | Met or Unmet |
| 1. This project agrees to participate in Homeless Connect. | Yes  No | Met or Unmet |
| 1. This project agrees to participate in HMIS or CMIS (if prohibited from using HMIS). | Yes  No | Met or Unmet |

1. Service Area/Outreach –
   * 1. What is your proposed service area (city, county)?
     2. Describe your agency’s outreach plan for the project’s proposed service area. How do you plan to reduce barriers to access? Please attach the project’s Affirmative Fair Housing Marketing Plan Form.
     3. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations. No other homeless circumstance can be considered; however, if a person recently spent 90 consecutive days or less in a jail, hospital, or other publicly funded institution, they still qualify as coming from one of the following locations if they were living on the streets or in shelters prior to institutional entry. Please note that not all locations listed below are appropriate for all component types. It is important that you email [snap@ihfa.org](mailto:snap@ihfa.org) if you have any questions.

|  |  |
| --- | --- |
| Directly from the street or other locations not meant for human habitation | % |
| Directly from emergency shelters | % |

1. Federal Education Requirements –

*Required for homeless individuals and families per 42 USC 11431 et seq.*

* + 1. Are the proposed project policies and practices consistent with the laws related to providing education services to homeless individuals and families?Please attach a copy of this project’s policies with relevant sections highlighted.

YES  NO

* + 1. Does the project have a designated staff person to ensure that homeless children are enrolled in school and receive educational services as appropriate? Please attach a copy of this project’s policies with relevant sections highlighted.

YES  NO

* + 1. If applicable, describe the reasons for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.

1. Does the agency maintain a drug-free workplace per HUD regulations (24CFR Subpart F)?

YES  NO

1. Does the agency participate in any federal lobbying as prohibited by HUD regulations (24 CFR part 87)?

YES  NO

1. Does the agency comply with Title VI of the Civil Rights Act with respect to Fair Housing and Equal Opportunity?

YES  NO

1. Does this project use one or more properties that have been conveyed through the Title V Process?

YES  NO

1. Indicate the last SOAR (SSI/SSDI Outreach, Access, and Recovery) training date for a member of your staff:

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

**Section 2: Negative Determinants**

Please fill out the project response for your project. Scores in this section will deduct points from your project’s total score.

|  |  |
| --- | --- |
| **Negative Determinant Questions** | **Scoring Criteria** |
| 1. In the previous grant year, did the project request/receive amendments to the grant agreement? | 0 or 1 amendment = 0 points  >1 amendment = -5 points |
| 1. In the most recently completed grant year, did this project expend all of the budgeted funds? | At least 98% of funds = 0 points  80% to 97% of funds = -5 points  < 80% of funds = -10 points |
| 1. In the 2018 Calendar year, did the project have clients who exited to shelter or the streets? (Please use the APR report generated in Section 4 to determine these percentages.) | 10% of participants or fewer = 0 points  > 10% of Participants = -5 points |
| 1. Has the agency been classified as a high-risk subrecipient in the preceding 12 months? | Yes = -10 points  No = 0 points |
| 1. Has the agency provided housing and services as identified in the most recently completed grant application? | Yes = 0 points  No = -5 points |
| 1. Has the agency adhered to the terms of their grant agreement and all incorporated plans and attachments in the most recently completed grant year? | Yes = 0 points  No = -10 points |

|  |  |
| --- | --- |
| 1. Does this project have unresolved monitoring findings? | No unresolved findings =  0 points  1 or more unresolved findings = -5 points |
| 1. How many monitoring findings were issued specifically for this project in the most recently completed compliance monitor? | 20 or more findings = -10 points  10-19 findings = -5 points  <10 findings = 0 points |

**Section 3: Housing First Questions**

Please attach a copy of this project’s policies with relevant sections highlighted for each question in this section.

|  |  |
| --- | --- |
| **Housing First Questions** | **Scoring Criteria** |
| 1. Does the project have policies that expedite the intake and screening process to quickly move participants into permanent housing?   Yes  No | Yes = 5 points  No = 0 points |
| 1. Does the project ensure that participants are not screened out based on the following items? Select all that apply. If all five boxes are checked, this project will be considered low barrier.   Having too little income  Active or history of substance use  Having a criminal record with exceptions for state-mandated restrictions (Idaho Code § 9-335)  History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)  Poor credit, financial or rental history, or other behaviors that indicate a lack of “housing readiness.” | Yes to all = 5 points  No to any = 0 points |

|  |  |
| --- | --- |
| 1. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply. Each box must be checked to receive full points.   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 a lease agreement typically found for unassisted persons in the project's geographic area. | Yes to all = 5 points  No to any = 0 points |
| 1. Does this project abide by the following 7 key elements of Housing First principles? Check all that apply:   Few (or no) programmatic prerequisites to permanent housing entry  Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability  Participation in services is voluntary and tenants cannot be evicted for rejecting services  House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community  Housing is not time-limited, and the lease is renewable at tenants’ and owners’ option (RRH projects that are not structured in a way that require the household to move upon completion of the program are included, i.e., rental assistance programs)  Tenants have choices in the supportive services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences  As needs change over time, tenants can receive more intensive or less intensive support services without impacting their participation in the program | >5 factors = 10 points  3-5 factors = 5 points   * + - * 1. points= 0-2 factors |
| 1. Select all hard-to-serve homeless populations this project intends to serve:   Mental Illness  Alcohol Abuse  Drug Abuse  Chronic Health Conditions  HIV  Developmental Disabilities  Physical Disabilities  Domestic Violence  Unaccompanied Transition Aged Youth (ages 18-24) | >5 factors = 5 points  3-5 factors = 3 points  1-2 factors = 1 point |

**Section 4: Project Property Questions**

Please attach a copy of this project’s policies with relevant sections highlighted for each question in this section.

|  |  |
| --- | --- |
| **Property Questions** | **Scoring Criteria** |
| 1. Does the project contain information and adhere to processes for conducting Housing Quality Standards inspections?   Yes  No | Yes = 5 points  No = 0 points |
| 1. Does the project identify properties built prior to 1978, and disclose the potential for Lead-Based Paint?   Yes  No | Yes = 5 points  No = 0 points |

**Section 5: HUD Performance Questions**

The review panel will use the information provided below to score this section. Verification will be conducted using HMIS. The panel will take into consideration the different factors for PSH and RRH, based on factors for each project component type. Use the HMIS/CMIS Data Form to answer questions A-F.

|  |  |  |
| --- | --- | --- |
| **HUD Performance Questions** | **Project Response** | **Scoring Criteria** |
| 1. During the 2018 calendar year, how much (%) did this project increase employment and other income for those experiencing homelessness? (Average Change in Overall Income) | Enter % from HMIS/CMIS Data Form:  \_\_\_\_\_\_\_\_\_\_\_\_ | Increased 70% or more = 10 points  Increased 50-69% = 5 points  Increased less than 50% = 0 points |

|  |  |  |
| --- | --- | --- |
| 1. During the 2018 calendar year, what was the percentage of adult persons served who entered your project from the streets or an Emergency Shelter? | Enter % from HMIS/CMIS Data Form:  \_\_\_\_\_\_\_\_\_\_\_\_ | 80% or more = 10 points  60-79% = 5 points  less than 60% = 0 points |
| 1. During the 2018 calendar year, what percentage of persons in the project exited to permanent housing destinations? | Enter % from HMIS/CMIS Data Form:  \_\_\_\_\_\_\_\_\_\_\_\_ | 80% or more = 10 points  60-79% = 5 points  less than 60% = 0 points |
| 1. During the 2018 calendar year, did the project have clients who remained in permanent housing for 6 months or more? | Enter the response from the HMIS/CMIS Data Form:  Yes  No | Yes = 5 points  No = 0 points |
| 1. During the 2018 calendar year, what percentage of clients remained in the project for 6 months or longer? | Enter % from HMIS/CMIS Data Form:  \_\_\_\_\_\_\_\_\_\_\_\_ | 75% or more = 5 points  50-75% = 3 points  less than 50% = 0 points |
| 1. During the 2018 calendar year, what percentage of the required data elements was entered into HMIS or CMIS for your project? | Enter the Overall % Complete (from the 0252 Report):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 95% or more = 5 points  90-94.99% = 3 points  less than 90% = 0 points |
| 1. What percentage of the budget for this project is dedicated to housing (leasing, rental assistance, operations)? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 80-100% = 10 points  50-79% = 5 points  Less than 50% = 0 points |
| 1. What percentage of beds in this project are prioritized for chronically homeless households? | Total project beds:  \_\_\_\_\_\_\_\_\_\_\_\_  Percentage prioritized for CH:  \_\_\_\_\_\_\_\_\_\_\_\_ | 50% or more = 5 points  30-49% = 3 points  less than 30% = 0 points |
| 1. What percentage of beds are dedicated CH beds? | Total project beds:  \_\_\_\_\_\_\_\_\_\_\_\_  Percentage dedicated  to CH:  \_\_\_\_\_\_\_\_\_\_\_\_ | High = 5 points  Medium = 3 points  Low = 0 points |
| 1. In the previous calendar year (2018), did employees of this project:   Attend Regional Coalitions?  Participate in Committee meetings?  Participate in IHCC meetings? | Yes  No  Yes  No  Yes  No | Attended all 3 = 5 points  Attended 2 of 3 = 3 points  Attended 1 of 3 = 1 point |
| 1. Was the most recently completed grant year’s APR submitted on time and accurately? | Reviewer’s use only | Accurate and before or on the deadline = 5 points  Inaccurate but before or on the deadline = 3 points  Inaccurate and after the deadline = 0 points |

**Section 6: Narrative Questions**

Responses are limited to 500 words per question. Please answer each question in detail.

1. How do partnerships or coordination with other agencies enhance your services?
2. What is the impact of funding on your agency’s services in your community?
3. Describe your experience effectively utilizing federal funds, given funding and time limitations**.**
4. How will participants be assisted to obtain and/or remain in permanent housing?
5. What is your strategy to increase the rate at which participants exit into permanent housing?
6. How do you identify common factors of individuals and families who return to homelessness?
7. What is your strategy to reduce the rate of additional returns to homelessness?
8. What is your strategy to reduce the length of time participants remain homeless?
9. How will participants be assisted to increase their employment and/or income and to maximize their ability to live independently?
10. If applicable, what is your strategy to rapidly re-house families with children within 30 days of becoming homeless?
11. Does your agency have and follow a non-discrimination policy? If so, please attach.
12. Describe your collaboration with youth education services and providers.
13. How do you help participants access healthcare via enrollment in health insurance, Medicaid, or other services?
14. Describe your agency’s basic organization and management structure.

**Section 7: Projected Performance**

## Permanent Housing Performance Measures

For each of the performance measures, provide the total number of persons about whom you will be reporting during the grant year for which you are applying in the first column. In the second column, provide the number of applicable persons (out of the total in the first column) who are expected to *achieve* the measure within the operating year. For Performance Measure B, please circle which of the measures (represented in **bold**) on which you plan to report. Assess your project’s previous targets and adjust them if you did not meet or could improve your numbers.

|  |  |  |
| --- | --- | --- |
| Performance Measure | Total Participants | Total Expected to Achieve |
| 1. The number of persons remaining in permanent housing at the end of the operating year or exiting to permanent housing during the operating year |  |  |
| 1. The number of persons 18 and older who will maintain or increase their total income (from all sources) as of the end of the **operating year** or **program exit** |  |  |

**Section 8: Bonus Question**

|  |  |  |
| --- | --- | --- |
| **Bonus Question** | **Project Response** | **Scoring Criteria** |
| What is the commitment of leverage for this project? Leverage is funding above and beyond the required match amount. (Please attach leverage document-tation.) | Enter amount of leverage:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 200+% = 10 points  100+% = 5 points |

**HMIS or CMIS Data Form for 2019 CoC Renewal Application**

HMIS and CMIS Participation Projects

* Run the COC APR Report in ServicePoint for your project using your Entry/Exit provider.
  + Use the date range of 1/1/18 to 12/31/18.
  + Use this report to answer questions A-E below.
* Run the 0252 Data Completeness Report Card in ART using your Entry/Exit provider.
  + Use the date range of 01/01/2018 to 01/01/2019.
  + Do NOT include services in the report.
  + Use this report to answer question F below.
* Please submit the COC APR Report and the 0252 Data Completeness Report Card (**Tab B Overall Report Card ONLY** - do not send all tabs in the report) and this completed form with the CoC renewal application.

1. During calendar year 2018, by what percentage did this project increase income for those participants in the project for more than one year?

|  |  |
| --- | --- |
| Enter the % from Question 19.a.3, last column for Number of Adults with Any  Income (i.e., Total Income). Enter this percentage for Question A under Section 5: HUD Performance Questions. | % |

1. During calendar year 2018, what percentage of adult persons entered your project from the streets, Emergency Shelters, or Safe Havens?

|  |  |
| --- | --- |
| * + 1. From Q 15, enter the Homeless Situations subtotal from the Total Column. |  |
| * + 1. From Q 5.a, Line 2, enter the Total Number of Records for Adults Only. |  |
| * + 1. Calculate the percentage of adults entering from the homeless situations.   (C.i ÷ C.ii). Enter this percentage to answer Question B under  Section 5: HUD Performance Questions. | % |

1. During calendar year 2018, what was the percentage of persons in the project who exited to permanent destinations?

|  |  |
| --- | --- |
| From Q 23.a, enter the % from the Percentage (last row) in the Total column. | % |
| From Q 23.b, enter the % from the Percentage (last row) in the Total column. | % |
| Enter the higher of these two percentages to answer Question C under  Section 5: HUD Performance Questions. |  |

1. During calendar year 2018, did your project have clients who remained in permanent housing for 6 months or more?

|  |  |
| --- | --- |
| From the CoC APR Q 22.a.1, did any client(s) stay for 181 or more days?  Enter this response for Question D under Section 5: HUD Performance Questions. | Yes  No |

1. During calendar year 2018, what percentage of clients remained in the project for 6 months or longer?

|  |  |
| --- | --- |
| * 1. From the CoC APR Q 22.a.1, enter the total of all clients in the Total Column who were in the project for 181 days or longer. |  |
| * 1. From the CoC APR Q 22.a.1, enter the total number of clients (Total Column). |  |
| * 1. What percentage of clients were in the project 6 months or longer?   (E.i.÷ E.ii.) Enter this response for Question E under Section 5: HUD Performance Questions. |  |

1. During calendar year 2018, what percentage of the required data elements was entered into HMIS or CMIS for your project?

|  |  |
| --- | --- |
| From the 0252 Data Completeness Report Card, enter the overall % complete.  Enter this percentage in Question F under Section 5: HUD Performance Questions. |  |

**HMIS or CMIS Compliance Form**

The COC program requires all COC subrecipients to use HMIS, or CMIS if the subrecipient is an organization whose primary mission is to serve victims/survivors of domestic violence.

1. Are you an organization whose primary mission is to serve victims/survivors of domestic violence, and are prohibited from using HMIS as per the Violence against Women Act (VAWA) of 2005?

YES  NO

If yes, does your agency participate in CMIS, operated by IHFA?

YES  NO

1. Does your organization have the staffing capacity to have at least one staff member perform data entry?

YES  NO

1. Does your organization agree to have the staff member(s) trained in HMIS or CMIS within 30 days of the grant start date?

YES  NO

1. Does your organization have other projects that serve persons experiencing homelessness which are not funded by HUD?

YES  NO

If yes, please list:

1. Are these projects recorded in HMIS/CMIS?

YES  NO  NOT APPLICABLE

If yes, please list:

**Homeless Connect Compliance Form**

The COC program requires all COC subrecipients to participate in Homeless Connect, its coordinated entry system.

1. Does your agency participate in Homeless Connect, operated by IHFA?

YES  NO

1. Does your organization have the staffing capacity to ensure compliance with the requirements of Homeless Connect as mandated by the provisions in the Continuum of Care (CoC) Program Interim Rule at [24 CFR 578.7(a)(8)](https://www.law.cornell.edu/cfr/text/24/578.7)?

YES  NO

1. Does your organization comply with the policies and procedures set forth in the Idaho Balance of State CoC [Homeless Connect Operating Procedures](https://www.idahohousing.com/documents/homeless-connect-operating-procedures-january-2018.pdf)?

YES  NO

1. Does your organization agree to have staff member(s) trained to ensure all vacancies are filled through the Homeless Connect System?

YES  NO

1. Does your organization have other projects that serve persons experiencing homelessness which are not funded by HUD? If yes, please list.

YES  NO

1. Are these projects collaborating with Homeless Connect? If yes, please list.

YES  NO  NOT APPLICABLE

1. Has your project received referrals from Homeless Connect in the last grant year?

YES  NO  NOT APPLICABLE

If yes, how many? \_\_\_\_\_\_ Of these, how many were admitted into your program? \_\_\_\_\_\_\_

Attachments List

Screenshot or Other Proof of SOS Registration

Screenshot or Other Proof of SAM Registration

IRS 501(c)(3) Determination Letter

Federally Approved Cost Allocation Plan and Indirect Cost Rate, if Applicable

Letter(s) of Commitment for Match

MOU(s) for In-Kind Match Commitments

Affirmative Fair Housing Marketing Plan Form

Project Policies and Procedures (Highlighted as Instructed)

Non-Discrimination Policy

CoC APR

0252 Data Completeness Report Card (Tab B Overall Report Card ONLY, not all tabs)

HMIS/CMIS Data Form

Documentation of Leveraging Commitments