



**FY2018 HUD COC PROGRAM COMPETITION  
RENEWAL PROJECT APPLICATION  
HOUSING PROJECTS**

| <b>AGENCY PROFILE</b> |   |
|-----------------------|---|
| Legal Name of Agency  | Community Action Agency   |
| Project Name          | Hillsdale County Permanent Supportive Housing (PSH) Scattered Sites |
| Project Start Date    | 10/1/2019   |
| Contact Person        | Laura Reaume  |
| Title                 | Program Operations Manager  |
| Address               | 1214 Greenwood Ave., Jackson, MI 49203                              |
| Email                 | lreaume@caajlh.org  |
| Phone                 | 517-784-4800  |

Check one:

- Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing / Permanent Housing – Rapid Re-Housing

Renewal Application Option (check one):

- Standard Renewal (no change from FY17)
- Consolidation (must complete New Project Application in addition)
- Transition (must complete New Project Application in addition)
- Expansion (must complete New Project Application in addition)

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.*

|  |                                |
|--|--------------------------------|
| Name: Toby Berry   | Title: Chief Executive Officer |
| Date of Board/Local Planning Body Authorization:             | 6/28/2018                      |
| Date of Anticipated Board/Local Planning Body Authorization: |                                |

All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.

**GENERAL PROJECT INFORMATION**

1a. Provide a narrative describing how the project’s performance met the plans and goals established in the current project’s application, the project’s performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. (1000 word limit)

This project has not yet started. However, we plan to still serve 8 chronically homeless households, preferencing to those experiencing a DV situation. Based on our experience running PSH programs in Jackson we feel that this program will have a great impact on our community. We have no current PSH programs in Hillsdale, this will be the first. We have begun the process of discussing the program with potential landlords and referral agencies and have also started to establish outreach time in the community at places that we feel we may find those in need of this program. We are hopeful by establishing this program that we will see homeless numbers decrease and we will be able to offer skill building to those benefiting from the program and allow them the opportunity to reduce their barriers to homelessness so they can be self-sufficient when they exit the program and not return to homelessness.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions. If the renewing project has not yet started, indicate the planned number of units per county.\*

| County                           | Number of Units           | Number of Stayers         | Number of Leavers         |
|----------------------------------|---------------------------|---------------------------|---------------------------|
| Hillsdale                        | 8                         | N/A                       | N/A                       |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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\*Attach additional forms as needed to list all counties.

2. Has the project had any significant changes since the last funding approval?

Yes/No If “yes”, complete the chart below to indicate the change.

No

| Check change type | Previous | New |
|-------------------|----------|-----|
|                   |          |     |

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/>  | Decrease in the number of persons served                                   |  |  |
| <input type="checkbox"/>  | Change in number of units  |  |  |
| <input type="checkbox"/>  | Change in project site location  |  |  |
| <input type="checkbox"/>  | Change in target population  |  |  |
| <input type="checkbox"/>  | Change in component type   |  |  |
| <input type="checkbox"/>  | Change in grantee/applicant  |  |  |
| <input type="checkbox"/>  | Line item or cost category budget changes more than 10%                    |  |  |
| <input type="checkbox"/>  | Other: <a href="#">Click here to enter text.</a>                           |  |  |
| If change was made, include as many of the following that apply as attachments to your application: |  |  |  |
| Attached (check)  |  |  |  |
| <input type="checkbox"/>  | Attachment: Written communication to HUD requesting the significant change |  |  |
| <input type="checkbox"/>  | Attachment: HUD's written approval of the change requested                 |  |  |
| <input type="checkbox"/>  | N/A: HUD has not yet provided written approval of the requested change     |  |  |

**SECTION I: Project Effectiveness**

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

|                      | Number of Units |                |             |
|----------------------|-----------------|----------------|-------------|
|                      | Dedicated       | Dedicated Plus | Prioritized |
| Veterans             | N/A             | N/A            | N/A         |
| Chronically Homeless | 8               | N/A            | N/A         |
| Families             | N/A             | N/A            | N/A         |
| Youth                | N/A             | N/A            | N/A         |
| Domestic Violence    | N/A             | N/A            | 8           |

4. Low Barrier

To earn points as Low Barrier, the project must answer affirmatively to all the following questions.

|   |     |
|---|-----|
| <b>Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:</b> |     |
| Having too little or not enough income  | Yes |
| Active substance use or history of substance abuse  | Yes |
| Having a criminal record (other than for state-mandated restrictions)   | Yes |
| Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant)                | Yes |

5. Housing First

In addition to the answers above, a project must also answer affirmatively to the following questions to qualify as Housing First.

|  |     |
|--|-----|
| <b>Does the project work to ensure that participants are NOT terminated from the program due to the following:</b> |     |
| Failure to participate in supportive services  | Yes |
| Failure to make progress on a service plan   | Yes |
| Loss of income or failure to improve income  | Yes |
| Being a victim of domestic violence  | Yes |
| Any other activity not typically covered in a lease agreement but found in the project's geographic area.          | Yes |
|  |     |
| <b>Does the project quickly move participants into permanent housing?</b>  | Yes |

6. All recipients of HUD CoC Program funding are required to participate in Coordinated Entry. Did the project take 100% of all referrals from Coordinated Entry in the past grant year *or* will it once the grant year begins? **Yes**

7. What is the prioritization process for households referred to this project? How is it determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. *(500 word limit)*

This project will be a part of coordinated entry. We will utilize the VI-SPDAT for screening and building acuity levels. We will also be looking at chronic homelessness and disabilities for eligibility into the program, as well as DV situation as we prioritized to this population. The Hillsdale County CoC has established that individuals and families scoring 8 or above on the VI-SPDAT will be recommended for placement into permanent supportive housing. This priority has been established to ensure that Hillsdale County's most vulnerable people and high utilizers of resources are quickly transitioned into permanent supportive housing. The following types of homeless individuals and families must be prioritized primarily in the following order, and then by severity of service needs as identified below.

1. Chronically homeless individuals and families with the most severe service needs.
2. Chronically homeless individuals and families with the longest history of homelessness.
3. All other chronically homeless individuals and families.
4. Homeless individuals and families with a disability, and with the most severe service needs.
5. Homeless individuals and families with long periods of continuous or episodic homelessness.
6. Homeless individuals and families coming from places not meant for human habitation (such as emergency shelters, streets, safe havens, etc.)

Hillsdale County's Coordinated Entry System identifies the severity of service needs (only going to the next level as needed to break a tie between two or more individuals):

1. Medical Vulnerability: The first prioritization criteria will expedite placement into housing for individuals with severe medical needs who are at greater risk of death. This score would be based on questions 22-34 of the vulnerability analysis, with a maximum score of 5.
2. Overall Wellness: The second prioritization factor targets individuals with similar medical needs as criteria number 1, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 21 through 50 of the vulnerability analysis (i.e., the "Wellness Domain").
3. Unsheltered Sleeping Location: The third prioritization criteria is the location where the individual sleeps, based on question 13 of the vulnerability analysis. Unsheltered individuals will be given priority over sheltered individuals.
4. Length of Time Homeless: The fourth prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest (based on question 1 of the vulnerability analysis).
5. Date of vulnerability analysis assessment: The final prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

**Efficient Use of Funding** *(If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

8. What was the project's utilization rate? *(Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units.)* Currently there are no comparable programs to this in Hillsdale County but CAA does facilitate PSH programs through HUD funding in Jackson County. In looking at a comparable program our unit utilization was at 125% the entire year. Bed utilization was at about 175% for the year on average.

9. Expenditure of Funds: Use last **completed** HUD FY year. This is for a similar grant as this program has not yet started.

|   |        |
|---|--------|
| a. Total amount authorized within eLOCCS                                      | 43,628 |
| b. Remaining balance in eLOCCS  | 0.00   |
| c. Percentage recaptured<br>Divide answer b. by answer a. and multiply by 100 | 0      |

10. Were drawdowns made to eLOCCS at least quarterly? *(Demonstrated in eLOCCS attachment)*

Yes

**HMIS Participation** *(If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

11. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values *(APR Q06)*: using data from a PSH grant in Jackson County-All data elements are below 5% null or missing values

|                                  |
|----------------------------------|
| Data Quality Element APR 6a.-6d. |
|----------------------------------|

| Number of elements with 5% or less null or missing values   |         |         |         |
|---|---------|---------|---------|
| DQE 6a.   | DQE 6b. | DQE 6c. | DQE 6d. |
| 6   | 5       | 4       | 6       |
| Total the numbers above, divide by 16, multiply by 100 for a percent: <a href="#">Click here to enter text.</a> |         |         |         |

## HUD Monitoring

12. a. Does the recipient have any HUD monitoring findings in any of the agency's projects? **Yes**

If yes, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any. CAA had a transitional housing grant monitored in 2016. There were two findings that were corrected immediately and backup of corrections submitted to HUD. Listed below is the insert from the monitoring response letter.

**Finding #1:** The recipient's protocols for monitoring subrecipients and reporting back to HUD are insufficient to meet the criteria established in the regulations.

**Corrective action taken by grantee:**

- An operating procedure was added to the CoC Policy and Procedures manual outlining guidance for monitoring of subrecipients. This includes what will happen during a monitoring visit; how the subrecipient is notified of the monitoring dates as well as how they are notified of the result of the monitoring. This procedure also gives guidance on how often monitoring will occur. The Policy Manual is attached for reference and this specific section is on page 11.
- Please find attached a schedule of subrecipient monitoring as well as a completed monitoring report from the last monitoring that took place for this program grant.

**Finding #2:** The recipient did not include a procedure to ensure that clients and/or landlords paid from the Federal Program funds were not identified on the Federal Debarred and Suspended List.

**Corrective action taken by grantee:**

- An operating procedure was added to the CoC Policy and Procedures manual outlining guidance for review of participants, landlords, and other's providing services or receiving benefits from the CoC program, to ensure they are not listed on the Federal Debarred and Suspended List. This policy also outlines how files will be noted that this process took place. The Policy Manual is attached for reference and this specific section is on page 11.
- All landlords and participants that have been in any CoC grant over the past two years were reviewed, after this monitoring report was received, with the Federal Debarred and Suspended List to ensure that no funds were used inappropriately out of any HUD funded grant. No clients or landlords were found to be on this list.

b. Has your organization been monitored by HUD in the past three (3) years? **Yes**

**If yes,** include as attachments: Monitoring report from HUD, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

**If no,** provide most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

## Impact on Homelessness

13. Is this project the only CoC funded project with dedicated beds to a particular target population?  
*Answered by Project Evaluation based on all applications submitted for this NOFA.*

This is the only CoC funded project in our county.

14. Funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available:

Would this project accept additional funds?  Yes  No

How would additional households be served with these funds?

If additional funds were to be added we would increase the number of households to be served and if needed increase the supportive services that would go along with those added participants.

**Serving High Need Populations – PSH PROJECTS ONLY** *(If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

15. What percentage of the households served met “hard to serve” criteria defined as having zero income at start/entry? *(APR 18. Value for Adults with No Income at Start divided by Total Adults):*

Since this project hasn’t started yet we are referencing a PSH project we run in Jackson County. In this particular program, we had no one that was entering with 0 income. However, this is not what we normally see with our PSH programs. Typically there is a high percentage entering with 0 income and then we are working with them to secure benefits, if eligible, or apply for employment.

16. What percentage of the households served met “hard to serve” criteria defined as having two (2) or more physical or mental health conditions known at start/entry *(APR 13.a.2. add totals for two and three or more conditions, then divide by total):*

Referencing the other PSH project we only had 1% that had 2 or more conditions.

17. What percentage of the households served were chronically homeless? *(APR Q26a. divide total chronically homeless by total households):*

Referencing the other PSH project, 100% were chronically homeless

## Section II. Project Performance

**Performance Data** *(If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

18. Length of Stay

a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days *(APR 22a.1)*

In referencing the other PSH project, we had no leavers that were in for more than 180 days. We only had one leaver, which was a household member of our participant.



b. Rapid Re-Housing: Calculate the percentage of participants that took 30 days or less from project entry to lease up (CAPER 22C)

N/A

19. Exits to Permanent Housing

a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to permanent housing destinations. *(Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b. + Stayers 5.a.8/ [Total Served 5.a.1. – Excluded Q23.a. + Q23.b.]*

100%

b. Rapid Re-Housing: Calculate the percentage of participants who exited to permanent housing destinations *(Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]*

N/A

20. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income with in the project contract year? *APR 19a.1*

20%

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a.1*

0%

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a.2*

0%

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a.2*

0%

**Financial Information**

**PROJECT BUDGET**

| Activity         | Requested Funds | % of Requested Funds | Other Funding | Total Project Cost |
|------------------|-----------------|----------------------|---------------|--------------------|
| Acquisition      |                 | %                    |               |                    |
| New Construction |                 | %                    |               |                    |
| Rehabilitation   |                 | %                    |               |                    |

|  |            |         |           |            |
|--|------------|---------|-----------|------------|
| Leasing                                | 62,275.00  | 46.76 % |           | 62,275.00  |
| Rental Assistance                      |            | %       |           |            |
| Supportive Services                    | 62,342.00  | 46.81 % | 15,586.00 | 77,928.00  |
| Operating Costs                        |            | %       |           |            |
| HMIS                                   |            | %       |           |            |
| Project Administration (limited to 7%) | 8,555.00   | 6.43 %  | 2,139.00  | 10,694.00  |
| Total Project Cost                     | 133,172.00 | 100%    | 17,725.00 | 150,897.00 |

**Attachment A**

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

**Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.**

| Resource                                  | Cash or In Kind | Committed or Planned/ Pending | Available (MM/YY) | Amount/ Value | % of HUD Project Award | Serves as CoC Program Match? (Y/N) |
|---|-----------------|-------------------------------|-------------------|---------------|------------------------|------------------------------------|
| Community Action Agency                   | <b>Cash</b>     | <b>Committed</b>              | <b>07/18</b>      | <b>17,725</b> | <b>25%</b>             | <b>Yes</b>                         |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
|   | Cash/Kind       | C/PP                          | MM/YY             |               | %                      | Yes/No                             |
| <b>Total leveraged from other sources</b> |                 |                               |                   | <b>17725</b>  | <b>%25</b>             |                                    |

Attach additional forms as necessary

## **Attachment B**

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in disqualification of the application. *Please number all attachments in accordance with the list below.*

### **All projects must include:**

- #1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet started.
- #2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance
- #3: Project Application submitted in *e-snaps*
- #4: Documentation of all match

### **Each applicant must include one of the following two (#5):**

- Monitoring report from US Department of Housing and Urban Development (HUD)
- Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

### **If relevant include (#6):**

- A: Organization's response to any findings
- B: Documentation from HUD (or other entity) that finding or concern has been satisfied
- C: Any other relevant documentation
- D: Written communication to HUD requesting the significant change indicated in question 2.
- E: HUD's written approval of the change requested in question 2.

## Attachment C

### HUD General Section Certificates

The agency certifies to the Balance of State Continuum of Care that it and its principals are in compliance with the following requirements as indicated by checking the box.

- Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity*. See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section V.C.1.f. of the FY 2017 General Section.
- Debarment and Suspension*. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section V.B.3. of the FY 2017 General Section.
- Compliance with Fair Housing and Civil Rights*. See Section V.C.1.a. of the FY 2017 General Section.
- Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section V.C.1.d. of the FY 2017 General Section.
- Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section V.C.1.c. of the FY 2017 General Section.
- Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section V.C.15. of the FY 2017 General Section.
- Prohibition Against Lobbying Activities*. See Section V.C.15. of the FY 2017 General Section.
- HUD Habitability Standards inspections* on all units, at a minimum.
- Participation in HUD-Sponsored Program Evaluation*. See Section V.C.5. of the FY 2017 General Section.
- Environmental Requirements*. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.
- Drug-Free Workplace*. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section V.C.11 of the FY 2017 General Section.
- Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section V.C.13. of the FY 2017 General Section.
- Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

*Paint Hazard Reduction Act of 1992* (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:  
[https://www.hud.gov/program\\_offices/spm/gmomgmt/grantsinfo/fundingopps](https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps) to ensure eligibility.

Agency: Community Action Agency

Acknowledged By: Toby Berry

Title: Chief Executive Officer

Date: 7/27/2018