

Consolidated Application of Maricopa Regional Continuum of Care for HUD 2002 Homeless Assistance Grants

Local Application and Instructions

APPLICATION DUE DATE: Wednesday, May 8, 2002 by Noon

Submit application to:

**Charlene Moran Flaherty
Maricopa Association of Governments (MAG)
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
602-254-6300**

Parking is available under the building.

Applications may not be faxed!

Submit 10 unbound paper copies (one master plus 9 additional copies). Also submit an electronic copy in Microsoft Word on a 3.5" disk, labeled with Applicant name, project name and file names.

Clearly mark on outside of envelopes: **"NOFA Application" and the name of your organization.**

HUD-REQUIRED FORMS/CERTIFICATIONS DUE DATE: Wednesday, June 14, 2002 by 5:30 p.m.

Submit HUD forms/certifications to:

**Charlene Moran Flaherty
Maricopa Association of Governments (MAG)
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
602-254-6300**

Parking is available under the building.

Forms and certifications may not be faxed!

Submit one (1) original with signatures

Clearly mark on outside of envelopes: **"NOFA Application-HUD Forms" and the name of your organization.**

QUESTIONS: If you have questions, please contact: Charlene Moran Flaherty, MAG Homeless Planner, 602-254-6300 (MAG office), or at cflaherty@mag.maricopa.gov.

CERTIFICATION OF CONSISTENCY WITH CONSOLIDATED PLAN – CONTACT INFORMATION

HUD requires that all applicants complete a certification to verify consistency with the jurisdiction's Consolidated Plan where the project will be located. Any proposed project located in Chandler, Glendale, Gilbert, Mesa, Peoria, Phoenix, Scottsdale, or Tempe must have the sign-off of Consolidated Plan staff in that community. For those Applicants located outside of the jurisdictions mentioned above, Maricopa County is the designated agency from which to receive approval. The certificates can be accessed on the HUD website. If you do not have access to the HUD website, contact Charlene Moran Flaherty, MAG, for the Certificate.

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A. General Information

1. Overview

This document explains how to submit a request for funding in the Maricopa Regional Continuum of Care Consolidated Application to the U.S. Department of Housing and Urban Development for the 2002 Homeless Assistance Grants Completion.

Read and follow these instructions carefully. The HUD application process is complicated, with some responsibilities resting with the Maricopa Regional Continuum of Care, and some responsibilities resting with you, the Applicant or Project Sponsor. Some instructions apply only to new projects, some to renewal projects, and some to both new and renewal projects. We all need to work as a team to submit a complete and competitive Consolidated Application by HUD's June 21, 2002 deadline.

As an Applicant or Project Sponsor (see definitions, see p. 6 of the Local Guidelines), you must submit your applications to MAG by Wednesday, May 8, 2002, no later than noon. This allows about six weeks for the applications to be rated and ranked, including time for appeals, if necessary, and the Consolidated Application to be approved by the Maricopa Regional Continuum of Care Regional Committee and then prepared, printed and shipped to HUD by the required date.

Renewal and new projects: **In order to prepare your application you will need to do the following:**

- Immediately get a copy of the HUD 2002 Application documents (required in order to complete your portion of the application). You can download the documents from the HUD website at: www.hud.gov/adm/grants/nofa/grpthhap.cfm. Scroll down to the section marked "2002 Application" and select. Once on this new screen, you can scroll down and select "SF-424".
- Review the HUD Super Notice of Funding Availability (NOFA) – if you submit an application, new or renewal, you need to understand the HUD requirements and regulations for which you are responsible. You can download the Continuum of Care Homeless Assistance programs section of the SuperNOFA from the same HUD website address: www.hud.gov/adm/grants/nofa/grpthhap.html. Scroll down to the section marked "NOFA", Program Section: and select in either Text or PDF.
- If you cannot access the NOFA or the Application documents from HUD's website, you can obtain a paper copy from MAG by contacting Charlene Moran Flaherty, MAG Homeless Planner, at the telephone number or e-mail address listed on the front page of these Application Instructions.
- Review the Maricopa Regional Continuum of Care "Local Guidelines" for the 2002 Competition – these highlight the important changes from previous years' application processes, lay out the priorities and provide information about how your application will be rated and ranked ordered.
- Review and complete the "Supplemental Application" required by the Maricopa Regional Continuum of Care, found at the end of this document. The Maricopa Regional Continuum of Care requires you to submit certain additional information beyond what HUD requires.

2. The Four Major Steps

To be considered for inclusion in the Maricopa Regional Continuum of Care Consolidated Application, Applicants/Project Sponsors must complete the following four major steps.

STEP 1: Complete the Exhibit from the HUD Application appropriate to your project

- Supportive Housing Program Applicants – Exhibit 2
- New Shelter Plus Care Applicants – Exhibit 3
- Renewal Shelter Plus Care Applicants – Exhibit 3R
- Section 8 SRO Moderate Rehabilitation Applicants – Exhibit 4

See Section B that follows for instructions on how to complete the above.

STEP 2: Complete the Maricopa Regional Continuum of Care “Supplemental Application”

See the instructions and forms in Section C that follows, which constitute the Supplement Application

STEP 3: Assemble your application in the order required (see Item No. 3 below) and submit to MAG on time.

Submit to Charlene Moran Flaherty at the MAG office no later than noon, Wednesday, May 8, 2002. The Maricopa Regional Continuum of Care is responsible for meeting the June 21, 2002 HUD submittal deadline.

STEP 4: For Applicants (see definitions, p. 6 of the Local Guidelines) submitting proposals as part of the Maricopa Regional Continuum of Care Consolidated Applications (**not those submitting Associated Applications**): Complete and sign the required HUD forms, certifications, and private non-profit documentation and submit to MAG on time.

See the instructions and forms in Section D that follows.

3. Final Assembly of Your Application, Copies Required, and Due Dates

Answer all applicable questions as explained in the instructions for Step 1 and Step 2 (Sections B and C, respectively, that follow). Where we have indicated page limit guidelines, please respect them.

Proofread, spell check, and ensure that your application is in final form when it comes to MAG, just as you would if you were submitting it directly to HUD. Do not hesitate to call us with any questions.

To help expedite the review of applications assemble the application in the following order:

1. Cover Sheet – part of the “Supplemental Application” forms
2. Project Exhibit 2 – HUD application, Supportive Housing Program, Sections A-M, or Project Exhibit 3 – HUD application, Shelter Plus Care Program, Sections A-H or

Project Exhibit 3R- - HUD application, Shelter Plus Care Program – Renewal, Sections A-G,
or

Project Exhibit 4 – HUD application, Section 8 Moderate Rehabilitation Single Room
Occupancy, Sections A-I.

3. Supplemental Information Request: Program Outcomes
4. Supplemental Information Request: Continuum of Care Contributions

ALL APPLICANTS – Please Submit the Following:

Ten (10) paper copies of your application.

One copy should be the master with original signatures, with 9 additional copies. Please clearly label which copy is the master.

One copy on computer disk.

Include only Section A (Project Narrative) and B (Experience Narrative) of the SHP Exhibit 2 of the HUD Application when submitting the disk. Save the information on a 3.5” floppy disk in Microsoft Word; IBM PC compatible. Be sure to label the disk with the name of your organization, the name of your project, and the file names.

Submit application to:

**Charlene Moran Flaherty
Maricopa Association of Governments
302 North 1st Avenue, Suite 300
Phoenix, AZ 85003**

DO NOT fax your application.

Clearly mark the outside of the envelopes: “NOFA Application” and the name of your organization.

Due Date: No later than noon on Wednesday, May 8, 2002.

Applications must be received in the office by this date and time.

B. Completing your HUD Exhibit

The Exhibits

Locate and complete the appropriate exhibit in the HUD Continuum of Care documents, depending on the program you are applying under:

Supportive Housing Program:	Exhibit 2
Shelter Plus Care – New	Exhibit 3
Shelter Plus Care – Renewal:	Exhibit 3R
Section 8 Moderate Rehabilitation SRO:	Exhibit 4

SHP RENEWAL APPLICANTS – IMPORTANT

When completing Exhibit 2, you should follow the instructions provided by HUD except in the following case, for which you need to follow the Maricopa Regional Continuum of Care instructions.

- **Section A – Project Narrative: Which Sections Renewals Must Complete.** HUD Instructions say renewals are to complete sections 1, 2, 4 (c), and 8 if applicable. However, in order to give adequate information to the Valley of the Sun United Way Rating and Ranking Committee, all applicants, **including renewals**, must complete sections 1-6 and 8 where applicable. (Section 7 is not applicable this year.)

Other General Guidance for Completing the HUD Application

- Be sure to complete all appropriate tables and check appropriate boxes in the Exhibit. Use either HUD's form, or generate the equivalent information in a word processing system.
- Note and respect the page number limitations, which are noted for each question or group of questions.
- Use 12 point type size.
- Present the narratives in **exactly** the order laid out in the HUD Application Kit. Follow HUD's format to subtitle the sections. For example, for Exhibit 2 for SHP applications:

Exhibit II Primer Sheet

HUD Threshold Review Criteria are now more specific and practice has seen them reject more projects for threshold criteria than in the past, both new and renewal projects.

1. Problems in Exhibit II – Areas to focus on in the Exhibit II Narrative, whether applying for a renewal or new project:

Areas to Focus Attention in Exhibit II Narratives	
Section of Exhibit II Application	Areas of Difficulty
<i>Section A-1</i> Summary	Not clear population is eligible. Not clear that this is a new or expanded activity. Not clear for what SHP funds will be used.
<i>Section A-3a</i> Type of Housing	Inadequate description of the type of housing to be used. If the site is not known, describe the standards you will use in selecting a site(s).
<i>Section A-2b</i> Where the Homeless Population Comes From	The description does not clearly establish that the clients to be served are in fact homeless. Descriptions indicating they are currently doubled up or at risk of becoming homeless, raise “red flags”.
<i>Section A-4a</i> The Type of Supportive Services <i>Section 5</i> Accessing Permanent Housing <i>Section 6</i> Self-Sufficiency	The description of services to be provided is not sufficient to determine if the project will be successful in developing self-sufficiency or prepare the person for permanent housing.
<i>Section B-2b to d</i> Experience Narrative for Renewals	<ol style="list-style-type: none"> a. Less than full capacity (less than 80% of units occupied standard) must be fully explained and aggressively dealt with. b. If performance raising client income or your program goals are not strong, take the opportunity to explain fully and indicate corrections made.

2. **New HUD Threshold Review Criteria** – HUD has outlined new project performance criteria it will use to determine if projects are performing adequately.
 - a. All supportive services only projects (both *new and renewals*) must describe how they are assisting participants to access permanent housing and achieve self-sufficiency.
 - b. All *new* projects and SHP *renewal* projects must have a specific plan for ensuring that all clients will be assisted to obtain mainstream program benefits.
 - c. All *renewal* projects must demonstrate (in their Annual Performance Report) that they have assisted clients to obtain mainstream program benefits.
 - d. All *renewal* projects (except projects funded for the first time in 2001) must demonstrate (in the Annual Performance Report) satisfactory performance toward substantially achieving their program goals.

3. New Requirements in Exhibit II

- a. **Section A Project Summary** – Section A-1 requires more specific detail on the project and the use of funds (EX 2, page 20).
- b. **Supportive services the participants will receive** – Section A-4c adds description of plan to ensure clients are assisted to identify, apply and obtain mainstream resources for which they are eligible (EX 2, page 20).
- c. **Discharge Policy** – Section A-8 adds a requirement that State and local government applicants are required to describe any protocols or policies they have developed/implemented regarding discharges from public institutions as well as indicate how the changes have or will prevent discharges resulting in homelessness (EX 2, page 21).
- d. **Section B Experience Narrative** – Section B-2 adds description of significant changes in project since last funding approval. Asks for information from APR on client Monthly Income and Overall Program Goals. Invites a narrative update on information. Advises that HUD will use information to assess their performance (EX 2, page 21).
- e. **Section D Program Components** – Section D-2 adds a check box for new eligibility criteria for Safe Havens projects that meet Permanent Supportive Housing requirements (EX 2, page 21).
- f. **Section F Number of Beds** – Section F, Chart 3 includes a revised, more detailed chart for recording supporting services, including any HMIS costs. Deletes the need to estimate the number of persons to be served in 3 years (EX 2, page 23).
- g. **Section G Operating Costs** – Section G, Chart includes a revised, more detailed chart for recording operating costs (EX 2, page 27).
- h. **Section H Supportive Services** – Section H includes a new renewal budget for supportive services eliminating the need to submit this information in the Technical Submission. Adds requirement to include the job descriptions of positions funded with SHP dollars (EX 2, page 30).
- i. **Section I Operating Budgets for Renewal Projects** – A new renewal budget for operations eliminates the need to submit this information in the Technical Submission. Adds requirement to include the job descriptions of positions funded with SHP dollars EX 2, page 32).
- j. **Section J Leasing** – A new Chart/Budget for indicating the number of units in the leasing project by size and the FMRs operations eliminates the need to submit this information in the Technical Submission (EX 2, page 33).
- k. **Section G-L Budgets** – Advises that if project sponsors do not budget enough for match in the Exhibit 2 budget, HUD will automatically reduce the amount of the grant to meet the match requirements (EX 2-26, 28, 32, & 35, Q & A-6).

C. Completing the Maricopa Regional Continuum of Care Supplemental Application

The supplemental package begins with the application cover page and asks for additional information needed by the Maricopa Regional Continuum of Care in order to evaluate the applications. The supplemental application consists of the following:

Required Certification Form	Renewals & New Applicants
Part 1: Supplemental Questions for Rating Projects	Renewals & New Applicants
Part 2: Leverage Chart	Renewal & New Applicants
Part 3: Supplemental Information on Agency Contributions to the Continuum of Care	Renewal & New Applicants

You may reproduce any of the supplemental application forms in your word processing system as long as you maintain the headings and the structure of the forms.

You do not need to rep-type the complete text of each question, as long as you maintain the appropriate headings and sub-headings.

REQUIRED CERTIFICATION FORM LOCAL APPLICATION

2002 Maricopa Regional Continuum of Care McKinney Homeless Assistance Application

I have read and understand the Application Instructions for this Application. All information provided in this Application is true, complete and accurate to the best of my knowledge. It is also acknowledged that should investigation disclose at any time any misrepresentation or falsification, this proposal may be rejected and contracts entered into terminated.

Name of Applicant: _____
(For Renewals, applicant must be current contract holder with HUD)

Name of Project Sponsor (if different from Applicant): _____

Name of Project: _____

Authorized Signature: _____ Date: _____ / _____ /2002

Authorized Signatory: _____ (Print)

Title of Signatory: _____ (Print)

Address of Applicant: _____

Address of Project Sponsor (if different from Applicant) _____

Name of Person to Contact about Application: _____ (Print)

Contact Person: (phone #) _____ (fax #) _____

Contact Person e-mail address: _____

Total McKinney Funds Requested for this project: \$ _____ for one year.

For which program are you applying?	<input type="checkbox"/> Supportive Housing Program <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Permanent Housing for Persons w/Disabilities <input type="checkbox"/> Supportive Services only <input type="checkbox"/> Safe Havens <input type="checkbox"/> Innovative Supportive Housing (check this box only if your project cannot be classified under any other component) <input type="checkbox"/> Shelter Plus Care <input type="checkbox"/> Section Mod Rehab SRO
This project is:	<input type="checkbox"/> Renewal Project/HUD Contract# _____ <input type="checkbox"/> New project
Housing program: Where is your facility physically located?	<input type="checkbox"/> Located in Phoenix <input type="checkbox"/> Located in Maricopa County outside Phoenix <input type="checkbox"/> Sites in both Phoenix and in the County outside Phoenix
Target Subpopulation Served (check all that apply):	<input type="checkbox"/> Elderly <input type="checkbox"/> Veterans <input type="checkbox"/> SMI <input type="checkbox"/> Substance Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Disabled <input type="checkbox"/> Ex-offenders <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Families w/Children <input type="checkbox"/> Youth on Own (under 18) <input type="checkbox"/> Youth 18-21 <input type="checkbox"/> Dually Diagnosed/Co-Occurring Disorders

PART 1. Supplemental Questions for Rating Projects

Please respond to the following questions. This information is supplemental to that contained in HUD Exhibits 2, 3, and 4, and will be used by the Valley of the Sun United Way Rating and Ranking Committee for scoring purposes.

1. QUALITY AND IMPACT 20 POINTS (limit 4 pages)

Measures extent to which your project demonstrates quality of overall activities.

Please respond in narrative.

- a. Please describe how you developed your project design and what information went into your decisions, including the type and extent of involvement of persons who are currently/formerly homeless.
- b. Please list the project's program goals and demonstrate in logical strategy on how the project will achieve these program goals. What is your key outcome, and why?
 - How do you define "client self-sufficiency"?
 - How did you establish your success rate?
 - How long do you track clients after they leave the program and what is the general success rate?
 - What are your projected outcomes for the three HUD goals of "increasing self-sufficiency", "increasing skills and income" and "accessing permanent housing" as appropriate to your program? See the following for examples:
 1. Assist program participants to obtain and remain in permanent housing. (example for a transitional project: 60% of persons remaining in the program for six months or more will move to permanent affordable housing upon "graduation: from the program and 75% of those will remain in permanent for at least six months.)
 2. Assist program participants to increase their skills and/or income (example: 100% of residents not receiving entitlements when entering the program who are qualified to receive them, will access those programs with their third month in the program.)
 3. Assist residents toward greater self-sufficiency (example for a permanent housing project: 50% of persons with substance abuse histories when entering the program will not relapse during the first six months.)
- c. If you are a renewal applicant, please indicate one of the following in the narrative:
 - The project met 90-100% of its goals.
 - The project met 50-89% of its goals.
 - The project met less than 50% of its goals.

Describe how the outcomes in the current application are consistent with the goals in the original application. What are the results of any evaluations or performance reviews? Please attach a copy of last year's Annual Performance Report for this project submitted to HUD.

- d. If you are a new applicant for this funding, describe previous evaluations or performance reviews that may indicate your history of success with this type of program. Describe your future evaluation plans.
- e. Describe how you have/will ensure that your staff and management are culturally competent to work with the proposed target population? (culturally competent includes ethnic, linguistic, and gender specific diversity)
- f. If this project is a "one-time opportunity" that will be missed if the project is not funded this year, e.g. is there an offer of property for a limited time? Please describe how this opportunity fits with the community's vision, values, and goals (see attached).
- g. What services are provided on-site? What services are provided off-site and by what agencies?

2. NEED 20 points (limit 2 pages)

Measures extent to which the project documents the need for its services/specific approach.

- a. Describe how your project fits in the community's Continuum of Care and with other programs and services in the community.
- b. Describe how your project meets the Community Priorities set forth on pp. 12-13 of the Local Guidelines, specifically if it addresses substance abuse and/or dually diagnosed?
- c. How is your program the "best solution" to meeting the Needs and Gaps Analysis of the particular target group in addresses?

3. INTEGRITY 15 points (limit 1 page)

Measures extent to which the project has identified a target population, will provide services appropriate to the identified population, and is consistent with the HUD and local vision of moving people to permanency.

- a. Please describe how the project is consistent with the Vision of moving permanent housing and self-sufficiency.
- b. Please describe how your project reflects the vision and values of the Maricopa Regional Continuum of Care. Identify which of the Maricopa Regional Continuum of Care goals relates to your project and why. (See attached Maricopa Regional Continuum of Care Vision, Values and Goals.)

4. CAPACITY/READINESS 15 points (limit 1 page)

Measures the capability of the applicant to successfully implement/conduct the project.

- a. Please describe your experience in providing these services to the target population.
 - Experience in the housing/homeless arena.
 - Relevant experience in another field.
- b. What tangible progress toward establishing this project have you made, e.g. site control, letters or support, securing other funding sources, etc.?

5. COST EFFECTIVENESS/BUDGET REASONABLENESS

**10 points
(limit 2 pages)**

Measures extent to which the project has reasonable costs and sufficient budget calculations.

- a. What is your unit cost per client? Please address the following points as part of your justification:
 - Average cost per client:
 - Housing: (Annual Costs – Number of Clients) – 365 days
 - Supportive Services: (Annual costs – Number of Clients) – 8,760 hours
 - Average length of stay
 - Comparison of unit cost with similar programs
 - Rationale for why unit cost may be higher or lower than similar programs
 - Rationale as to why you are requesting a budget increase (if applicable)
- b. Do you charge your clients for services? If so, how is this money used?

5. CONSISTENCY WITH LOCAL STRATEGIES AND LINKAGES

**10 points
(limit 1 page)**

Measures the extent to which the project links and collaborates with other parts of the system.

- a. Please describe your linkages/collaborations with other agencies to enhance services to homeless individuals/families through service integration and leveraging other funds/resources.
- b. Please describe how your project links with permanent housing.

7. LEVERAGE OF OTHER FUNDS AND PRIOR FUNDERS IMPACT

**10 points
(limit 1/2 page)**

Measures extent to which other funds impact the project and the system as a whole.

- a. Will any capital funding be negatively impacted (e.g., through payback requirements) if this project is not funded? **(limit 1/2 page)**
- b. Please demonstrate how well you have leveraged funds for this project by completing the following chart according to the directions below. **(No Page Limit)**

Part 2. Leverage Chart

Directions: Please provide information only for contributions to your project from all sources for which you have a written commitment in hand at the time of application. A written agreement could include signed letters, memorandums of agreement, and other documented evidence of a commitment. (A sample leverage letter is attached.) Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time.

Please complete the following for the value of all contributions to the project for which have written letters of commitment. This is extremely important, as the amount of leverage directly impacts your ranking and the competitiveness of the Maricopa Regional Continuum of Care application to HUD.

The written commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and the date that the contribution will be available. If you do not have a written agreement for a contribution that will be used in your project at the time of submission of your application, do not enter the contribution.

Please complete the following chart to demonstrate leverage which meets these criteria.

- a. Name of Project
- b. Identify the type of contribution being leveraged by the proposed project. Types of contributions could include cash, building, equipment, materials, and services, such as transportation, health care, and mental health counseling.
- c. The name of the source or provider from whom the contribution is being leveraged. The contribution may be leveraged through Federal, State, Local or private sources, including mainstream housing and social service programs.
- d. The value of the contribution. Donated professional services should be valued at the customary rate; volunteer time should be valued at \$10 per hour. Donated buildings should be valued at their fair market value or fair rental value minus any charge to the SHP, S+C or SRO program.

Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
Example: Sarah's House	Child Care	Mountain YWCA	\$42,000.00

(Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. §§ 1001, 1010, 1012, 31 U.S.C. §§ 3729, 3802))

Part 3. Supplemental Information On Agency Contributions To The Continuum Of Care System

The Maricopa Regional Continuum of Care has a history of success with applications to HUD for McKinney funds. This has been, in large part, attributable to the partnership that has developed between the Continuum of Care Regional Committee on Homelessness, the Maricopa Association of Governments and the service and housing providers. The efforts of homeless service and housing providers are critical in implementing the activities of the Continuum of Care. Also important to the continued success of the Continuum is providing information needed to support the HUD Application, without which projects would not receive funding through the HUD national competition.

The following information is required for the HUD application. This information is supplemental to that contained in HUD Exhibits 2, 3, and 4, and will be used by the Maricopa Regional Continuum of Care to complete Exhibit 1 of the Consolidated Application. **Please use this format for reporting and include the document as a separate file identified as “Supplemental Information” on the diskette submitted with the Project Application. An electronic copy of this format is available on MAG’s website, www.mag.maricopa.gov**

1. **Your Organization’s Contributions to the Community Continuum of Care**
 - a. **Services** – Using the format below, describe the programs and activities operated by your agency which contribute to the fundamental service components of the Continuum of Care system. **In order to prevent duplication, we are asking that you provide information only on those activities for which you are the lead provider. (In “Services in Place”, please also list the partner agencies which contribute to the activities in the identified service.)** Provide information for services currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than *Outreach*.

Fundamental Components in C of C System (Service Activity)
<p>Component: Prevention <u>Services in place:</u> Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider. <u>Services planned:</u> How persons access/receive assistance:</p>
<p>Component: Outreach <u>Outreach in place:</u> Please describe for each sub-population (i.e., veterans, seriously mentally ill, substance abuse, HIV/AIDS, domestic violence, youth) the outreach activities undertaken (e.g., street canvassing) and the name of the entity providing the specific outreach. Include in your description, those outreach activities that specifically target chronically homeless person. <u>Outreach planned:</u></p>
<p>Component: Assessment <u>Services in place:</u> Please describe the assessment process you currently have in place. <u>Services planned:</u> How homeless persons access/receive assistance:</p>
<p>Component: Supportive Services <u>Services in place:</u> Please describe how each of the following services are provide in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other. <u>Services planned:</u> How homeless persons access/receive assistance:</p>

b. Housing: - Using the format below, provide information on housing your agency provides for the homeless which contribute to the fundamental housing components of the Maricopa Regional Continuum of Care System currently in place, and any additional housing being planned. Describe how homeless persons access or receive assistance. Also, enter the inventory of C of C residential resources targeted to homeless individuals and families with children.

Provide the date of the point in time inventory used to complete the chart (preferred in March or April 2002): _____.

Fundamental Components in C of C System (Housing Activity)			
Component: <i>Emergency Shelter</i>			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
EX. Homeless Help, Inc.	Second Chance Shelter		15
	Subtotal		
<u>Housing planned:</u>			
<u>How homeless persons access/receive assistance:</u>			
Component: <i>Transitional Housing</i>			
Provider Name	Facility Name	Individuals	Persons in Families with Children
	Subtotal		
<u>Housing Planned:</u>			
<u>How homeless persons access/receive assistance:</u>			
Component: <i>Permanent Supportive Housing</i>			
Provider Name	Facility Name	Individuals	Person in Families with Children
	Subtotal		
<u>Housing planned:</u>			
<u>How homeless person access/receive assistance:</u>			

Please note: HUD does not consider certain facilities to be emergency shelters or transitional housing facilities e.g., detox facilities, juvenile detention facilities, and halfway houses for parolees.

b. **Use of other Mainstream Resources for the Homeless (other than those used in the McKinney grant project for which you are applying for funds at this time).**

There are a wide variety of resources that are part of the Continuum of Care that are provided by programs and funds sources beyond those used in the project for which you are applying. Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons**. "Prevention" activities and affordable housing not designated or occupied by persons coming from the Continuum of Care are **not** to be included. **(Please ensure that there is no overlap between the resource funds listed in your leverage letters and the uses/projects described below).**

Mainstream Resources	Use of Resource in C of C System (e.g., emergency shelter, transitional rehab of rental units, transitional housing, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the homeless
CDBG	<i>Example: Operations & child care costs of 22 unit shelter for teens</i>	<i>On The Way Up</i>	<i>22 units 2001 \$140,000 2002 \$145,000</i>
HOME			
Housing Choice Vouchers (only if "priority" is given to homeless)			
Public Housing (only if units are dedicated to homeless)			
Mental Health Block Grant			
Substance Abuse Block Grant			
Social Services Block Grant			
Welfare-to-Work			
State-Funded Programs			
City/County Funded Programs			
Private			
Foundations (Identify by name)			

D. Completing the HUD-Required Forms/ Certifications/Documentation

The HUD Forms/Certifications: SF-424, Applicant Certifications, and Nonprofit Status Documentation

Note: The HUD forms, certifications and documentation are only to be completed and submitted to MAG by Applicants submitting an application through the Maricopa Regional Continuum of Care Consolidated Application. Applicants submitting Associated Applications are not to submit these forms to MAG. If you are an Applicant submitting an application through the Maricopa Regional Continuum of Care Consolidated Application, you must complete, sign and submit the following forms/certifications/documentation to Charlene Moran Flaherty no later than:

Friday, June 14, 2002, 5:30 P.M.

Three important forms or certifications must accompany your application. It is important that you complete them accurately:

1. **Federal Form SF-424 Application for Federal Assistance:** It is a standard federal form used by all applicants as a required face sheet for applications for federal assistance. HUD uses this form to verify that your project is eligible to be included in the Homeless Assistance Programs application process. Therefore it is imperative that it be completed correctly and that all information is accurate. (see Appendix)

[Note: Section 8 Moderate Rehabilitation SRO applicants have different requirements. Please contact Charlene Moran Flaherty if you are an SRO applicant so we can ensure you have the correct documentation.]

- **One copy of the Form SF-424 must be submitted with an original signature**
- **DO NOT staple, bind, or do anything else to the original SF-424 form!**
- Instructions are included with the Form 424, but pay careful attention to the following instructions as they apply to the Maricopa Regional Continuum of Care 2002 Consolidated Application
 - Federal Identified: For Renewal grants only, enter your HUD grant agreement number. (Do not complete the Applicant Identifier and State Application Identifier. These boxes remain blank) New Applicants leave this blank.
 - Box 10. Catalog of Federal Domestic Assistance Number (CFDA#):
 - Supportive Housing Program CFDA# - 14.235
 - Shelter Plus Care Program CFDA# - 14.238
 - Section 8 Moderate Rehabilitation SRO Program CFDA – 14.249
 - Title: Type in the HUD program name for which you are applying.

- **Box 13: Start Date/Ending Date** Under the Maricopa Regional Application, SHP projects, new or renewal, can only receive grants for one year (except for the “bonus” permanent housing for the disabled project). New Shelter Plus Care projects can receive grants for five years; renewals can be granted for one year. New Section 8 Mod Rehab SRP projects can receive grants for 10 years.

For renewal projects, determine the expiration date of your most current HUD grant agreement (or the anticipated end date of the agreement if HUD has not processed the program’s most recent renewal award). Your start date will be the date immediately following the expiration date. For SHP renewal applications, the end date will be one year (“bonus” projects for up to 3 years) following the start date, depending on the length of the grant applied for. For example, if your current agreement with HUD expires on 10-31-2002, the start and end date for a three year grant would be 11-1-02 to 10-31-03. For S+C renewal applications, the end date will be one year following the start date. For Section 8 Mod Rehab SRO renewal applications, check with the local HUD Field Office.

- **Box 15: Estimated Funding** Do not complete estimated funding. This box remains blank.
- **Box 18: Signature of Authorized Representative:** Please remember the authorized agency representative must sign the SR-424. At least one original signed copy of the form must be submitted with the application.

2. Applicant Certifications: All Applicants for any program, new or renewal, must complete and sign the HUD applicant Certifications found in the Appendix.

- Please submit an original signature.
- Do not fill in the page number blanks at the bottom of the page.

3. Private Non Profit Documentation: Every non-profit applicant must document its private non profit status by submitting either its:

- IRS ruling of Tax Exempt Status under Section 501 (c) (3) of the IRS Code, or
- Non Profit Status Documentation
- Documentation showing that the applicant is a certified United Way agency,

4. The following attachment can be found at the MAG website (www.mag.maricopa.gov).

- Applicant Certification
- Consolidated Plan Certification
- Discharge Certification (Government)
- Coordination of Mainstream Programs
- HUD 2880 Applicant Disclosure Update Report

Attachment 1

MAG Continuum Care Regional Committee on Homelessness

VISION FOR THE REGIONAL COMMITTEE

“We, the participants in the Homeless Maricopa Regional Continuum of Care planning process in Maricopa County, are committed to ending homelessness for individuals and families by ensuring that all residents: have their basic needs met, including but not limited to nourishment, health care, employment and recreation; are provided with opportunities to achieve self-sufficiency; and live in permanent, safe, quality and affordable housing. We envision an integrated system of effective services, which are guided by collaboration and enhanced by technology.”

1999 Vision – developed by Providers, approved by Regional Committee

MISSION FOR THE REGIONAL COMMITTEE

“To provide regional leadership and direction in addressing the issues of homelessness in Maricopa County.”

1996 MAG Homeless Plan

VALUES FOR THE REGIONAL COMMITTEE

The Maricopa Regional Continuum of Care Regional Committee on Homelessness, recognizing that values are the core beliefs that shape our vision and guide our actions, adopts the following value statements:

- Homeless people should be safe and secure;
- Homeless people should have a choice of service options which are delivered effectively and accountably;
- Services should lead to stability, responsibility, self-sufficiency and promote community integration;
- Comprehensive, valley-wide services should be easy to access, consistent, continuous, respectful and sensitive to diversity;
- Collaborative efforts to plan for and provide housing and services will maximize limited resources and build lasting and effective partnerships.

1999 Values – developed by Providers, approved by Regional Committee

GOALS FOR THE REGIONAL COMMITTEE

1. Develop a comprehensive, valley-wide system of effective services for homeless people, to include:
 - A coordinated system of prevention services;
 - Comprehensive physical and behavioral health services;

- An array of pre-employment and employment service;
 - A comprehensive educational program for children and adults; and
 - A linked, coordinated system of emergency, transitional, and permanent supportive housing options.
2. Utilize technological innovations to assist service delivery agencies to provide effective services which are linked together in a seamless system.
 3. Evaluate programs and assist providers with service improvements.
 4. Support strategies to increase the supply of affordable housing.
 5. Promote partnerships and collaborations among public, private, non-profit and faith-based entities.
 6. Develop short-and long-range capital and operational funding strategies for the continuum of services for homeless people.
 7. Educate neighborhoods, businesses and public officials about the causes and solutions to homelessness.

2000 Goals, developed by the Planning Subcommittee, approved by the Regional Committee 11/30/00

2002 MARICOPA REGIONAL CONTINUUM OF CARE HUD APPLICATION TIMELINE

(Revised April 14, 2002)

DATE	KEY APPLICATION MILESTONES
03/25/02	<ul style="list-style-type: none"> • HUD SuperNOFA published in Federal Register • Post critical documents on MAG Web page (Homeless)
04/01/02	<ul style="list-style-type: none"> • John Epler Written preliminary analysis of HUD requirements
04/08/02	<ul style="list-style-type: none"> • Gaps Analysis data completed
04/15/02	<ul style="list-style-type: none"> • MAG transmits local application materials and requirements to agencies
04/15/02	<ul style="list-style-type: none"> • J. Epler 2nd Trip • Planning Subcommittee Meeting w/J. Epler
04/15/02	<ul style="list-style-type: none"> • Finalize Local Guidelines/Supplemental Application (Update 2001) • Continuum of Care Planning Subcommittee Meeting
04/16/02	<ul style="list-style-type: none"> • MAG convenes 2nd project orientation and training meetings with John Epler • Renewals – 9 a.m. to 11 a.m. (Saguaro) • New – 1 p.m. to 4 p.m. (Palo Verde) • Finalized Local Guidelines/Supplemental Application to Applicants
04/17/02	<ul style="list-style-type: none"> • Gaps Analysis Meeting to identify needs
04/17-18/02	<ul style="list-style-type: none"> • J. Epler – Applicant One On One TA (Ocotillo)
04/19/02	<ul style="list-style-type: none"> • J. Epler Orientation for Rating and Ranking Committee
04/25/02	<ul style="list-style-type: none"> • Continuum of Care Regional Committee on Homelessness Meeting
05/08/02	<ul style="list-style-type: none"> • Project proposals due to MAG • MAG keeps original, follows-up with applicants re. missing pieces of applications, etc. • MAG transit proposals to VSUW
05/08/02	<ul style="list-style-type: none"> • Gaps Analysis Complete
05/08/02-05/12/02	<ul style="list-style-type: none"> • Review of Leverage Letters • Point value forwarded to VSUW
05/09/02	<ul style="list-style-type: none"> • J. Epler receives applications for technical deficiencies
05/13/02	<ul style="list-style-type: none"> • Notification to agencies on technical deficiencies (if any)
05/16/02	<ul style="list-style-type: none"> • Agency threshold corrections due to MAG. If major changes or corrections are required, these will be forwarded to VSUW
05/20/02	<ul style="list-style-type: none"> • Continuum of Care Planning Subcommittee Meeting
05/16/02-05/24/02	<ul style="list-style-type: none"> • VSUW Rating and Ranking Committee complete proposal review
05/23/02	<ul style="list-style-type: none"> • Continuum of Care Regional Committee on Homelessness Meeting
05/28/02-05/29/02	<ul style="list-style-type: none"> • Oral Presentations
05/29/02	<ul style="list-style-type: none"> • VSUW Rating and Ranking Committee Final Allocation Committee notifies MAG of Completed ratings
05/30/02	<ul style="list-style-type: none"> • Written Notification to Applicants
06/03/02	<ul style="list-style-type: none"> • Appeals due to VSUW
06/04/02	<ul style="list-style-type: none"> • VSUW Appeals review. Rankings forwarded to MAG. • J. Epler review and critique of draft Exhibit I
06/07/02	<ul style="list-style-type: none"> • Strategic Ranking Committee makes ranking decisions to maximize project funding
06/13/02	<ul style="list-style-type: none"> • Planning Subcommittee Meeting
06/14/02	<ul style="list-style-type: none"> • Certifications due to MAG
06/17/02	<ul style="list-style-type: none"> • Continuum of Care Regional Committee on Homelessness Meeting
06/21/02	<ul style="list-style-type: none"> • Consolidated Application submitted to HUD