ATTACHMENT 6

**NOFA RFA Renewal Project Application**

**Project Applicant Information:**

* 1. Name of Organization:

**Contact person for this application (the provider may list more than one contact person):**

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:**

**Federal Award Identifier (first six characters): F L \_\_\_ \_\_\_ \_\_\_ \_\_\_ (i.e. FL0244)**

**1. Component Type of Submission:** [ ]TH:RRH [ ]PSH [ ] RRH [ ] SSO-CE

**2. Have you received capital funding (acquisition, rehab or new construction) and**

**are currently on a Restricted Covenant?**

[ ]YES **If "YES", enter the date the restricted covenant expires :**\_\_\_/\_\_\_/\_\_\_\_\_\_\_.

[ ] NO Attach current restrictive covenant to your application.

**3**. **Will this renewal project be part of a new application for a Renewal Expansion Grant?**

[ ]YES **If "YES", you must submit a new project application for the expansion component of the application**.

[ ] NO

**4**. **Will this renewal project be part of a consolidation project application?**

[ ]YES **If "YES", you must submit a consolidation project application**.

[ ] NO

**5. Does the project propose to allocate funds according to an indirect cost rate?**

[ ]YES **If YES:**

[ ] This rate been approved by the federal government and I have attached evidence of the federally approved indirect cost rate

-OR-

[ ] I will be using a 10% de minimis rate

[ ] NO

**6. I certify I have reviewed the GIW, check one of the options below.**

**[ ] The GIW *is accurate***

**-OR-**

**[ ] I have provided edits to the GIW.**

**Please provide narrative edits below:**

|  |  |
| --- | --- |
| **GIW Column** | **Edits** |
|  |  |
|  |  |
|  |  |
|  |  |

**7. Does the project ensure that participants are not screened out based on the following items? Select all that apply:**

**[ ] Having no or little income**

**[ ] Active or history of substance use**

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

**[ ] History of victimization** (e.g. domestic violence, sexual assault, childhood abuse)

**[ ] None of the above = Housing First**

**8. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply:**

**[ ] Failure to participate in supportive services**

**[ ] Failure to make progress on service plan**

**[ ] Loss of income or failure to improve income**

**[ ] Any other activity not covered in a lease agreement typically found for**

**unassisted persons in the project’s geographic area**

**[ ] None of the above = Housing First**

**9. Equity Factors**

**Agency Leadership, Governance, and Policies**

**a. Complete table below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Employees** | | | | | | | |
| # | White | Black | Hispanic | Asian | Multiple Races | Other | If known, LGBTQ |
|  | % | % | % | % | % | % | % |
|  | | | | | | | |
| **Persons Served By Agency** | | | | | | | |
| # | White | Black | Hispanic | Asian | Multiple Races | Other | If known, LGBTQ |
|  | % | % | % | % | % | % | % |

**b. Does your agency’s board of directors include representation from more than one person with lived experience of homelessness? If so, please describe.**

**c. Describe your agency’s process for receiving and incorporating feedback from persons with lived experience of homelessness?**

**d. Describe how your agency reviews internal policies and procedures with an equity lens? An equity lens is a process for analyzing the impact of the design and implementation of policies on under-served and marginalized individuals and groups, and to identify and potentially eliminate barriers. Please highlight if you are taking different perspectives and community needs into consideration or if you have a plan for developing and implementing equitable policies that do not impose undue barriers to service accessibility and delivery.**

**Program Participant Outcomes**

**e. Describe how your agency reviews program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, age, and/or other underserved populations?**

**f. Describe how your agency has identified or made programmatic changes based on the analysis of data collected on equity?**

**g. Is your agency using HMIS data by race, ethnicity, gender identity, age or other data elements to evaluate outcomes? If so, please describe.**

**10. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Representative Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**