Attachment 15

Miami-Dade County Continuum of Care

Application for New Projects

F&B Diversion Project Application

MDCHT Continuum of Care

* New this year, you must submit an electronic copy of the application
* Please email Manny Sarria at [Manuel.Sarria@miamidade.gov](mailto:Manuel.Sarria@miamidade.gov) with any questions about the application
* Save your document in its original format on a zip drive with the following naming convention (no CD’s will be accepted this year):

<Agency name –Program name-NEW DIV App

Example: Citrus-Redirection -NEW DIV App

* The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. **Project Applicant Information**
   1. Name of Organization:
   2. Local Address: \_\_\_\_\_\_
   3. Organization Type

Units of Local Government Non-profit 501(c)(3) PHA

State Government Other: Describe

Is a Sub-Recipient Organization included in this application: Yes (attach MOU) No

Proposed Project

a. Start Date: \_\_\_/01/2021

b. End Date: \_\_\_/\_\_\_/2022

**2A Project Subrecipients Detail**

Are you a faith-based organization? 🞎 Yes 🞎 No

Expected Award Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include HT match)

Contact Person

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. Fax (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2B** **Experience of Applicant, Subrecipient(s), and Other Partners**

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| --- |
| 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.  *In 3000 characters, including spaces, describe why you are the appropriate entity to receive funding. Provide examples that illustrate their experience and expertise in the following: (1) working with and addressing the target population(s) identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.* |
| 2. In 3000 characters, including spaces: Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds. Include experience with leveraging all federal, state, local and private sector funds. If the project applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.” |
| 3. In 3000 characters, including spaces: Describe the basic organization and management structure of the applicant and subrecipients (if any).  *Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the project applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.* |
| 4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? 🞎 Yes 🞎 No (skip 4b) |
| 4b. In 3000 characters, including spaces: Describe the unresolved monitoring or audit findings.  *Provide an explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).* |

**3A Project Name**:

**3B Project Description**

|  |  |
| --- | --- |
| 1. In 2000 characters, including spaces: Provide a description that addresses the entire scope of the proposed project.  *Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.*  *Note: HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.* | |
| 2. **Project Milestones** | **Days from Execution of Grant Agreement** |
| New project staff hired, or other project expenses begin? |  |
| Participant enrollment in project begins? |  |
| 3. How will your project participate in a CoC Coordinated Entry Process? | |
| 4. Is the project Housing First 🞎 Yes 🞎 No, explain:  If you selected “yes” you are agreeing to:   * move participants into permanent housing quickly * serving persons with little or no income * serving persons with active or history of substance use * serving persons with a criminal record * serving persons with a history of victimization * serving persons who may chose not to participate in support services * serving persons who may not progress on the service plan * serving persons who may lose income or fail to improve income * serving persons who may break program rules not covered in the lease agreement | |

**4A Supportive Services for Participants**

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| 1. Describe how participants will be assisted to remain in permanent housing: *Describe how the project applicant plans to help program participants stabilize and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current, and proposed case management activities, and the availability and accessibility of supportive services.* |
| 2. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?  *Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).* |

**6A Funding Request**

Will it be feasible for the project to be under grant agreement by September 30, 2022?

🞎 Yes 🞎 No, explain:

Select the costs for which funding is being requested:

🞎 Leased Structures

🞎 Supportive Services

🞎 HMIS

***INSERT BUDGET HERE***