

Chicago Continuum of Care
New Project Application – Permanent Housing
FY2019 HUD CoC Program
Due Date: June 3rd, 2019 at 4:00 pm



This announcement serves as the invitation for agencies to submit a full New Project Application for funding for a new or expansion permanent housing project as part of the FY2019 HUD Continuum of Care (CoC) Homeless Assistance Grant Program. The selected projects will be those which broaden the Chicago CoC's homeless service delivery system, strengthen its Coordinated Entry system, and improve its Homeless Management Information System (HMIS).

After the Project Prioritization work group (PPWG) completes a review of the application, projects selected by the PPWG will be invited to participate in a Panel Presentation on June 21st, 2019.

New Project submissions must align with the details submitted through the first phase of the process. All New Project Applications must meet HUD criteria, as outlined in the [FY 2019 Continuum of Care Notice of Funding Availability \(NOFA\)](#).

INTRODUCTION

The objective of the Chicago Continuum is to fund housing projects that help meet the goals of [Chicago's Plan 2.0: A Home for Everyone](#). Funding for these projects is provided through the HUD Continuum of Care (CoC) Homeless Assistance Grant Programs (under the HEARTH Act). Selection by the Project Prioritization work group does not guarantee funding as funding is contingent on availability.

The CoC Board of Directors adopted the following system goals, which were developed by System Performance and Evaluation Committee (SPEC), to guide the work and priorities in 2019 and beyond. The 2019 Chicago CoC System Goals are as follows:

1. Reduce the number of persons who are homeless and are in the homeless system (One List), overall and for identified subpopulations.
2. Reduce the time persons remain homeless.
3. Homeless dedicated units should all be filled utilizing the coordinated entry system (CES).
4. Increase the earned income and/or other income of adults served in the homeless services system.
5. Increase persons who exit street homelessness to enter sheltered destination (ES, SH, TH, PH)

New projects should contribute to the attainment of these goals and benefit the CoC system as a whole.

At this time the CoC through the local evaluation instrument process is currently determining the amount of reallocation funding. This funding can be utilized to develop new or expansion projects of the types listed below. Please note that CES and HMIS project applications will have a different form. As of the release of this application, the FY 2019 NOFA has not been released but bonus project funding has typically been approximately 6% of the Annual Renewal Demand (ARD). However, the ARD has also not yet been confirmed by HUD but we approximate the bonus project funding will be around \$4 million. In addition, HUD anticipates providing bonus funding for domestic violence projects but the amount is not known as of the date of this application. In FY2018 for the Chicago CoC the amount of DV bonus funding was \$5 million.

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The Project Prioritization Work Group (PPWG) has set the following funding priorities for this year's cycle based on the community's current goals and system need as developed by the Pipeline Expansion work group:

- At least 70% of new units should be Rapid Re-housing
 - RRH or joint TH PH models
 - youth-focused projects (at least 10%)
 - expand existing projects
 - serving both individuals and families
- At most, 30% of new units should be Permanent Supportive Housing for Single Individuals, with a majority being through expansion of existing projects.
- Domestic Violence Bonus Funding will be available per the NOFA. HUD has indicated that this Bonus Funding will be available as a part of the FY 2019 NOFA.

SELECTION PROCESS

The new project selection process consists of 4 steps:

- Step 1: (Already Completed)** Interested organizations submitted a 2019 New Project Expansion/CES/HMIS survey OR Chicago CoC Coordinated Funding Pre-Application by Friday May 10th, 2019 at 5:00pm to be reviewed by the Project Prioritization work group (PPWG) or the Coordinated Funding Pre-Application Committee (CFPC), respectively. The PPWG or CFPC selected and notified the most qualified projects to submit an application by May 17th.
- Step 2:** Once selected, organizations are eligible to submit a New Project Application for Permanent Housing by June 3rd, 2019 at 4:00 PM to be reviewed by the PPWG. The PPWG will select finalist candidates to move on to Step 3. All applicants will receive written notification by June 17th with the determination of whether they were selected to move on to Step 3.
- Step 3:** Finalists will be required to make a brief presentation to the PPWG on Friday, June 21st, 2019. This provides an opportunity to clarify, elaborate, and respond to questions from the written application. Please save this date as this is the only opportunity to present to the PPWG. Presentation to the PPWG is a required step.
- Step 4:** After the PPWG makes its final selection for the new project(s), all finalists will be required to have an e-snaps account for completing a HUD Project Application. All Chicago's CoC Program staff will assist organizations with the process, and the deadline is set by HUD. It is typically due within 1 to 2 weeks after the final selection is made.

IMPORTANT NOTE: All applicants must ensure a staff representative is available to provide an in-person presentation between 9am and 5pm on Friday, June 21st at All Chicago, should your proposal be selected as a finalist.

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APPLICATION SUBMISSION INSTRUCTIONS

Organizations must complete the New Project Application and all applicable attachments to apply for funding for a new or expansion project. One project application per project per invitation can be submitted per organization.

All New Project Applications must be submitted online via [SurveyGizmo](https://www.surveymonkey.com) by 4:00 PM on Monday June 3rd, 2019. New Project Applications submitted after the deadline will not be reviewed or considered. After completing the New Project Application in SurveyGizmo, you will receive a confirmation email. If you encounter issues while using SurveyGizmo, or do not receive the confirmation email, please contact Max Burns at CoCPrograms@allchicago.org or 312-379-0301 x149.

CONTACT INFORMATION

Questions should be directed to the All Chicago CoC Program Team through CoCPrograms@allchicago.org. Staff responding to questions is as follows:

Dave Thomas	312-379-0301 x112
Karen Kowal	312-379-0301 x143
Max Burns	312-379-0301 x149

ADDITIONAL INFORMATION

Project Prioritization Work Group

All applications for the new projects will be reviewed by the Project Prioritization Work Group. The PPWG is comprised of the following members:

- Ann Bihrlle, Mercy Housing Lakefront
- Adriana Camarda, Chicago Department of Family and Support Services
- Sharon Cargile, Lived Experience Commission (LEC)
- Fred Friedman, Lived Experience Commission (LEC)
- Jenny Hansen, United Way of Metropolitan Chicago
- Jackie Lorens Harris, Chicago Lights
- Rosemary Mendez, Thresholds
- Emily Metz, Urban Labs,
- Khen Nickle, Community Member,
- Millicent Ntiamoah, Catholic Charities
- Chris O’Hara, Lived Experience Commission (LEC)
- Rachel Reichlin, Michael Reese Health Trust
- Shannon Stewart, Inspiration Corporation
- Gwendolyn Turner, Lived Experience Commission (LEC)
- Renita White, Community Member

The PPWG will be responsible for applicant reviews and selection at each stage of the process. In alignment with the Chicago CoC Governance Charter, no member of the Project Prioritization work group, or their agency, will have a new project application pending for the 2019 HUD application

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process. Work group members who are volunteers or board (or advisory board) members of an agency applying for funding will recuse themselves from the decision-making process for that agency. All Chicago staff supporting the PPWG, will recuse themselves from the decision-making process should All Chicago submit an application.

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Please complete and submit the New Project Application to express your organization’s interest in applying for either a new or expansion project. (Definitions and program models descriptions are available at the end of the application.)

PROJECT OUTLINE

APPLICANT CONTACT INFORMATION <i>(NO POINTS FOR THIS SECTION)</i>	
APPLICANT AGENCY:	
PROJECT NAME:	
PROJECT CONTACT NAME:	
PROJECT CONTACT EMAIL	
PROJECT CONTACT PHONE	
SECONDARY CONTACT NAME:	
SECONDARY CONTACT EMAIL:	
SECONDARY CONTACT PHONE:	
AGENCY ADDRESS:	

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AGENCY OVERVIEW	
1. IS THE AGENCY A MEMBER OF THE CHICAGO CONTINUUM OF CARE IN GOOD STANDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. DOES THE AGENCY CURRENTLY RECEIVE HUD CoC PROGRAM FUNDING?	<input type="checkbox"/> IF YES, ALL CHICAGO WILL APPLY YOUR AUDITED FINANCIAL ASSESSMENT FROM THE 2019 INTENT TO RENEW TO THIS APPLICATION <input type="checkbox"/> IF NO, PLEASE SUBMIT YOUR MOST RECENT AUDITED FINANCIALS COMPLETED WITHIN 9 MONTHS OF THE END OF YOUR FISCAL YEAR.
PROJECT OVERVIEW & AGENCY CAPACITY	
3. WHAT TYPE OF PROJECT?	<input type="checkbox"/> NEW <input type="checkbox"/> EXPANSION
4. DID THE PROJECT RECEIVE A LETTER OF CONSISTENCY FROM THE COORDINATED FUNDING PRE-APPLICATION COMMITTEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. WHICH HUD PROJECT MODEL TYPE ARE YOU APPLYING FOR? <i>(CHOOSE 1)</i>	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING / SITE BASED <input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING /SCATTERED SITE <input type="checkbox"/> RAPID RE-HOUSING <input type="checkbox"/> JOINT COMPONENT TRANSITIONAL HOUSING – RAPID RE-HOUSING
6. ANSWER THE FOLLOWING QUESTIONS REGARDING THE PRIMARY POPULATION TO BE SERVED:	
A. WHICH POPULATION(S) WILL THE PROJECT SERVE?:	<input type="checkbox"/> INDIVIDUALS <input type="checkbox"/> FAMILIES
B. IF APPLICABLE, WILL THE PROJECT SERVE 100% OF THE FOLLOWING SUB-POPULATIONS?	<input type="checkbox"/> CHRONICALLY HOMELESS
	<input type="checkbox"/> VICTIMS OF DOMESTIC VIOLENCE
	<input type="checkbox"/> YOUTH (18-24)

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B.2 IF YOUR PROJECT WILL SERVE ANY OF THE POPULATIONS IDENTIFIED IN QUESTION #6B ABOVE, PLEASE DESCRIBE YOUR AGENCY'S EXPERIENCE IN SERVING THE TARGET POPULATION IN THE LAST 12 MONTHS.
(MAXIMUM 1,500 CHARACTERS)

C. PROJECTED NUMBER OF UNITS

7. WHAT IS YOUR AGENCY'S EXPERIENCE SERVING PEOPLE WHO ARE/HAVE BEEN HOMELESS? PLEASE INCLUDE DATA FROM THE TYPE(S) OF PROGRAM(S) YOUR AGENCY CURRENTLY OPERATES OR HAS RECENTLY OPERATED IN THE PAST WITH OUTCOMES SIMILAR TO THOSE OUTLINED IN THE [CHICAGO PROGRAM MODEL CHART](#). UNLESS OTHERWISE STATED, PROVIDE DATA FROM THE PAST 12 MONTHS OR MOST RECENT TWO GRANT CYCLES.
(MAXIMUM 2,000 CHARACTERS)

7-E. EXPANSION PROJECTS – ALL CHICAGO WILL UTILIZE THE PROJECT'S SUBMISSION FROM THE 2019 LOCAL EVALUATION INSTRUMENT TO DETERMINE PERFORMANCE.

PLEASE REPORT ON THE FOLLOWING METRICS IF AVAILABLE.

METRIC:	PERCENTAGE	DATE RANGE
RETENTION IN HOUSING		
EXITS TO PERMANENT HOUSING		
MAINTAIN OR INCREASE INCOME		
MAINTAIN OR INCREASE MAINSTREAM BENEFITS		
MAINTAIN HOUSING AFTER EXIT		

USE THE SPACE BELOW TO EXPLAIN THE DATA PROVIDED:

8. HOW WILL YOUR PROJECT USE COORDINATED ENTRY TO IDENTIFY POTENTIAL CLIENTS AND FILL AVAILABLE UNITS? FOR DV HOW WILL YOU IDENTIFY CLIENTS AND FILL UNITS?
(MAXIMUM 1,500 CHARACTERS)

8-E. EXPANSION PROJECTS – ALL CHICAGO WILL UTILIZE THE PROJECT'S SUBMISSION FROM THE 2019 LOCAL EVALUATION INSTRUMENT TO DETERMINE PERFORMANCE.

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9. PLEASE DESCRIBE THE PROGRAM’S ABILITY TO COLLECT DATA ELECTRONICALLY AND YOUR AGENCY’S PLAN TO PARTICIPATE IN THE CHICAGO CoC’S HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS). INCLUDE INFORMATION ABOUT CURRENT OR PLANNED EQUIPMENT, INTERNET ACCESS, AND STAFF CAPACITY. IF YOUR AGENCY IS NOT ALREADY A CURRENT HMIS PARTICIPANT, ALSO DESCRIBE YOUR STAFFING PLAN FOR HMIS PARTICIPATION AND WHETHER YOU CURRENTLY COLLECT DATA IN ANOTHER ELECTRONIC SYSTEM.
(MAXIMUM 1,500 CHARACTERS)

9-E. EXPANSION PROJECTS – ALL CHICAGO WILL UTILIZE THE PROJECT’S SUBMISSION FROM THE 2019 INTENT TO RENEW TO DETERMINE PERFORMANCE.

	YES	NO
10.		
A. WILL THE PROJECT QUICKLY MOVE PARTICIPANTS INTO PERMANENT HOUSING?	<input type="checkbox"/>	<input type="checkbox"/>
B. WILL THE PROJECT SCREEN PARTICIPANTS OUT FOR HAVING TOO LITTLE OR LITTLE INCOME?	<input type="checkbox"/>	<input type="checkbox"/>
C. WILL THE PROJECT SCREEN PARTICIPANTS OUT FOR HAVING ACTIVE OR HISTORY OF SUBSTANCE USE?	<input type="checkbox"/>	<input type="checkbox"/>
D. WILL THE PROJECT SCREEN PARTICIPANTS OUT FOR HAVING A CRIMINAL RECORD WITH EXCEPTIONS FOR STATE-MANDATED RESTRICTIONS?	<input type="checkbox"/>	<input type="checkbox"/>
E. WILL THE PROJECT SCREEN PARTICIPANTS OUT FOR HAVING A HISTORY OF VICTIMIZATIONS (E.G. DOMESTIC VIOLENCE, SEXUAL ASSAULT, CHILDHOOD ABUSE)?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	No
11. A. WILL THE PROJECT TERMINATE PARTICIPANTS FOR FAILURE TO PARTICIPATE IN SUPPORTIVE SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>
B. WILL THE PROJECT TERMINATE PARTICIPANTS FOR FAILURE TO MAKE PROGRESS ON A SERVICE PLAN?	<input type="checkbox"/>	<input type="checkbox"/>
C. WILL THE PROJECT TERMINATE PARTICIPANTS FOR LOSS OF INCOME OR FAILURE TO IMPROVE INCOME?	<input type="checkbox"/>	<input type="checkbox"/>
D. WILL THE PROJECT TERMINATE PARTICIPANTS FOR ANY OTHER ACTIVITY NOT COVERED IN A LEASE AGREEMENT TYPICALLY FOUND FOR UNASSISTED PERSONS IN THE PROJECT'S GEOGRAPHIC AREA?	<input type="checkbox"/>	<input type="checkbox"/>

12. IF YOU INDICATED 'YES' TO ANY BOX IN QUESTIONS 10B-D OR 11 A-D OR 'NO' TO QUESTION 10A, PLEASE DESCRIBE THE EXTENT TO WHICH THIS PROJECT WILL ADOPT A HOUSING FIRST APPROACH, DEFINED AS HOUSING ASSISTANCE THAT IS OFFERED WITHOUT PRECONDITIONS (SUCH AS SOBRIETY OR A MINIMUM INCOME THRESHOLD) OR SERVICE PARTICIPATION REQUIREMENTS, AND RAPID PLACEMENT AND STABILIZATION IN PERMANENT HOUSING ARE PRIMARY GOALS.
(MAXIMUM 1,500 CHARACTERS)

PROJECT DESCRIPTION:

13. GIVE A BRIEF OVERVIEW OF YOUR PROJECT. *(MAXIMUM 1,500 CHARACTERS)*

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13-E. CHOOSE THE REASONS FOR EXPANSION THAT APPLY:

- INCREASE THE NUMBER OF HOMELESS PERSONS SERVED
- PROVIDE ADDITIONAL SUPPORTIVE SERVICE TO HOMELESS PERSONS

IF, INCREASE THE NUMBER OF HOMELESS PERSONS SERVED, COMPLETE THE FOLLOWING CHART AND DESCRIBE THE NEED FULFILLED AND WHY THIS PROJECT SHOULD BE EXPANDED:

CURRENT NUMBERS (FROM FY2018 APPROVED PROJECT APPLICATION)			PROPOSED INCREASE TO THE CURRENT GRANT AGREEMENT NUMBERS		
# PERSONS SERVED A POINT-IN-TIME	# UNITS	# BEDS	# ADDITIONAL PERSONS SERVED	# ADDITIONAL UNITS	# ADDITIONAL BEDS

IF, PROVIDE ADDITIONAL SUPPORTIVE SERVICE TO HOMELESS PERSONS, EXPLAIN THE FOLLOWING AND THE REASON FOR THE INCREASES INDICATED:

- THE INCREASED NUMBER OF AND/OR EXPANSION OF SUPPORTIVE SERVICES PROVIDED
- THE INCREASED FREQUENCY AND/OR INTENSITY OF SUPPORTIVE SERVICES

14. DESCRIBE HOW PARTICIPANTS WILL BE ASSISTED TO OBTAIN AND REMAIN IN PERMANENT HOUSING. *(MAXIMUM 2,000 CHARACTERS)*

15. DESCRIBE SPECIFICALLY HOW PARTICIPANTS WILL BE ASSISTED BOTH TO INCREASE THEIR EMPLOYMENT AND/OR INCOME AND TO MAXIMIZE THEIR ABILITY TO LIVE INDEPENDENTLY. *(MAXIMUM 2,000 CHARACTERS)*

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16.

A. FOR ALL SUPPORTIVE SERVICE AVAILABLE TO PARTICIPANTS, INDICATE WHO WILL PROVIDE THEM AND HOW OFTEN THEY WILL BE PROVIDED.

<u>SUPPORTIVE SERVICES</u>	<u>PROVIDER</u>	<u>FREQUENCY</u>
ASSESSMENT OF SERVICE NEEDS		
ASSISTANCE WITH MOVING COSTS		
CASE MANAGEMENT		
CHILD CARE		
EDUCATION SERVICES		
EMPLOYMENT ASSISTANCE & JOB TRAINING		
FOOD		
HOUSING SEARCH & COUNSELING SERVICES		
LEGAL SERVICES		
LIFE SKILLS TRAINING		
MENTAL HEALTH SERVICES		
OUTPATIENT HEALTH SERVICES		
OUTREACH SERVICES		
SUBSTANCE ABUSE TREATMENT SERVICES		
TRANSPORTATION		
UTILITY DEPOSITS		

B. FOR ANY SERVICE LISTED ABOVE THAT WILL **NOT** BE PROVIDED BY THE APPLICANT. PLEASE NAME THE PROVIDER, THE PROVIDER'S ROLE AND EXPERIENCE PROVIDING THE SERVICE.
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C. WHAT IS THE CASE MANAGEMENT RATIO FOR THE PROJECT	1:
<p>17. PLEASE DESCRIBE YOUR PROJECT’S VOLUNTARY AND INVOLUNTARY DISCHARGE POLICY FOR THIS PROJECT. (IF YOUR APPLICATION IS TO EXPAND AN EXISTING PROJECT, YOUR INTENT TO RENEW SUBMISSION WILL BE REVIEWED IN PLACE OF WRITTEN COMMENTS.) <i>(MAXIMUM 2,000 CHARACTERS)</i></p> <p>17-E. EXPANSION PROJECTS – ALL CHICAGO WILL UTILIZE THE PROJECT’S SUBMISSION FROM THE 2019 INTENT TO RENEW.</p>	
<p>18.</p> <p>A. PLEASE DESCRIBE HOW YOUR PROJECT WILL ASSIST CLIENTS IN ACCESSING AND ENROLLING IN ALL AVAILABLE MAINSTREAM RESOURCES <i>(MAXIMUM 1,500 CHARACTERS)</i></p>	
<p>B. IDENTIFY WHETHER THE PROJECT WILL INCLUDE THE FOLLOWING ACTIVITIES</p>	

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<p>TRANSPORTATION ASSISTANCE TO CLIENTS TO ATTEND MAINSTREAM BENEFIT APPOINTMENTS, EMPLOYMENT TRAINING OR JOBS?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>USE OF A SINGLE APPLICATION FORM FOR FOUR OR MORE MAINSTREAM PROGRAMS?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>REGULAR FOLLOW-UPS WITH PARTICIPANTS TO ENSURE MAINSTREAM BENEFITS ARE RECEIVED AND RENEWED?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>WILL PROJECT PARTICIPANTS HAVE ACCESS TO SSI/SSDI TECHNICAL ASSISTANCE PROVIDED BY THE APPLICANT, A SUBRECIPIENT, OR PARTNER AGENCY?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>DOES THE PROJECT OR AGENCY HAVE A STAFF PERSON THAT COMPLETED SOAR TRAINING IN THE PAST 24 MONTHS?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>ARE THE PROPOSED PROJECT POLICIES AND PRACTICES CONSISTENT WITH THE LAWS RELATED TO PROVIDING EDUCATION SERVICES TO INDIVIDUALS AND FAMILIES?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>WILL THE PROPOSED PROJECT HAVE A DESIGNATED STAFF PERSON TO ENSURE THAT THE CHILDREN ARE ENROLLED IN SCHOOL AND RECEIVE EDUCATIONAL SERVICES AS APPROPRIATE?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>19. A. DOES YOUR ORGANIZATION PROVIDE PROPERTY MANAGEMENT SERVICES?</p>	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

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B. IF SO, HOW DO YOUR PROPERTY MANAGERS INTERACT WITH YOUR CASE MANAGERS?
IF NOT, HOW DO YOUR CASE MANAGERS INTERACT WITH PROPERTY MANAGERS AND/OR
LANDLORDS? PLEASE DESCRIBE ANY SYSTEMS YOU HAVE IN PLACE FOR CASE MANAGERS AND
PROPERTY MANAGERS TO WORK TOGETHER TO AVOID EVICTION OF PROGRAM PARTICIPANTS.
(MAXIMUM 1,500 CHARACTERS)

20. DESCRIBE THE TENANTS' RIGHTS AND LEASING AGREEMENTS THAT WILL BE UTILIZED FOR THE
NEW PROJECT. (IF YOUR APPLICATION IS TO EXPAND AN EXISTING PROJECT, YOUR INTENT TO
RENEW SUBMISSION WILL BE REVIEWED IN PLACE OF WRITTEN COMMENTS.) *(MAXIMUM 1,500
CHARACTERS)*

20-E. EXPANSION PROJECTS – ALL CHICAGO WILL UTILIZE THE PROJECT'S SUBMISSION FROM THE 2019
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BUDGET INFORMATION & FINANCIAL CAPACITY:	
21. COMPLETE THE FOLLOWING BUDGET QUESTIONS:	
A. TOTAL HUD REQUEST:	\$
B. % MATCH	
C. DOLLAR AMOUNT OF MATCH	\$
D. TOTAL PROJECT BUDGET:(TOTAL HUD REQUEST + MATCH)	\$
<p>E. COMPLETE A TOTAL PROJECT BUDGET USING THE BUDGET SPREADSHEET PROVIDED WITH THE APPLICATION*. ALSO, IN THE SPREADSHEET, BE SURE TO INCLUDE SOURCES OF MATCH AND LEVERAGE IN ADDITION TO HUD FUNDS FOR THIS PROJECT. HUD WILL REQUIRE AT LEAST 25% MATCH FOR THE ENTIRE HUD REQUEST (MINUS LEASING). ALSO, THE CoC IS REQUIRING THAT EACH AGENCY BUDGET INCLUDE COSTS UNDER THE HMIS BUDGET LINE ITEM. AGENCIES CAN INCLUDE FUNDING FOR TRAINING, EQUIPMENT OR STAFF TIME IN THE HMIS BUDGET FOR ANY PERSON WHO WILL BE DOING DATA ENTRY FOR THIS PROJECT PER HUD REQUIREMENT.</p> <p><i>*NOTE THAT THE PPWG MAY RECOMMEND BUDGET ADJUSTMENTS TO YOUR PROJECT BASED ON THE FINAL SELECTIONS.</i></p> <p><i>**APPLICANTS MAY NOT HAVE THE ACTUAL 25% MATCH AND LEVERAGE IN HAND AT TIME OF THIS APPLICATION BUT IF SELECTED AND FUNDED WILL NEED TO PROVIDE MATCH AND LEVERAGE DOCUMENTATION TO HUD.</i></p> <p style="color: green;"><i>ATTACH COMPLETED BUDGET SPREADSHEET</i></p>	
<p>F. PROVIDE A NARRATIVE FOR YOUR PROPOSED BUDGET INCLUDING AN EXPLANATION OF MATCHING FUNDS (<i>MAXIMUM 2,000 CHARACTERS</i>)</p>	

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22. PLEASE PROVIDE AN OUTLINE OR ORGANIZATIONAL CHART OF THE SPECIFIC STAFFING PATTERN REQUIRED FOR THIS PROJECT, INCLUDING THE TITLES AND QUALIFICATIONS FOR ALL NEW POSITIONS THAT WILL BE ADDED TO SUPPORT THE ENTIRE PROJECT, INCLUDING HMIS STAFF DEDICATED TO DATA ENTRY AND DATA QUALITY.

22-E. EXPANSION PROJECT SHOULD SUBMIT AN OUTLINE OR CHART FOR THE PROJECT.

ATTACH OUTLINE OR ORGANIZATIONAL CHART

<p>23.</p> <p>A. DOES YOUR AGENCY DIRECTLY RECEIVE HUD CoC OR OTHER FEDERAL FUNDING?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>B. IF YES, THEN DOES YOUR AGENCY HAVE UNEXPENDED HUD OR OTHER FEDERAL GRANTS IN THE LAST 3 YEARS?</p> <p>ALL CHICAGO WILL VERIFY SPENDING WITHIN THE LAST 3 YEARS FOR ALL AGENCIES CURRENTLY FUNDED THROUGH THE HUD CoC PROGRAM. IF THE PROJECT OR AGENCY HAS UNSPENT FUNDS WITHIN THE LAST 3 YEARS, PLEASE PROVIDE AN EXPLANATION OF THE REASON THE GRANTS WERE UNEXPENDED. WITH THE YEAR, GRANT NUMBER (FOR HUD CoC PROGRAM), AND UNSPENT AMOUNTS OF THE UNEXPENDED GRANTS ALONG WITH THE EXPLANATION</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>C. IF YOU DO <u>NOT</u> CURRENTLY RECEIVE HUD CoC FUNDING, EXPLAIN YOUR EXPERIENCE ADMINISTERING A FEDERAL GRANT? (MAXIMUM 2,000 CHARACTERS)</p>	
<p>READINESS TO PROCEED:</p>	
<p>24. STATE THE ANTICIPATED START DATE (MONTH AND YEAR) OF YOUR PROJECT.</p>	<p>Click or tap to enter a date.</p>

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<p><i>NOTE: PROJECT AWARDED FUNDING WILL NOT RECEIVE GRANT AGREEMENTS UNTIL 2020.</i></p>	
<p>25. DOES YOUR PROJECT INVOLVE ACQUISITION, CONSTRUCTION, AND/OR REHAB*?</p> <p style="margin-left: 20px;">*ACQUISITION, REHAB, AND/OR CONSTRUCTION ARE NOT ALWAYS ALLOWABLE COSTS IN THE HUD CoC NOFA. AGENCIES MAY BE REQUESTED TO ADJUST THEIR BUDGET AND/OR GRANT AMOUNT BASED ON THE FY2018 NOFA GUIDANCE.</p> <p>A. IF YES, THE PROJECT PRIORITIZATION WORK GROUP WILL REVIEW RESPONSES THROUGH THE CHICAGO CoC COORDINATED FUNDING PRE-APPLICATION REGARDING THE FOLLOWING ASPECTS:</p> <ol style="list-style-type: none"> 1. WHAT IS THE LOCATION OF THE PROPOSED SITE? 2. WHAT IS THE TIMELINE YOU ARE PROJECTING FOR YOUR PROJECT, INCLUDING THE DATES FOR: <ol style="list-style-type: none"> a) FUNDING APPLICATIONS AND EXPECTED ANNOUNCEMENT DATES (FOR PENDING APPLICATIONS), b) WHEN FUNDING WAS SECURED (FOR SECURED FUNDING SOURCES), c) CONSTRUCTION/REHAB BEGINNING AND COMPLETION, d) LEASE-UP BEGINNING, AND e) ACHIEVING FULL OCCUPANCY. 3. HOW WILL YOU DEAL WITH PROJECT DELAYS THAT ARE INEVITABLE IN THE HOUSING DEVELOPMENT PROCESS TO ENSURE THE POPULATION WOULD BE HOUSED WITHIN THE TIMEFRAME OUTLINED BY HUD? 4. DO YOU HAVE SITE CONTROL? IF NOT, HAVE YOU IDENTIFIED A SITE AND WHEN WILL YOU HAVE SITE CONTROL? 5. PLEASE PROVIDE A NARRATIVE FOR YOUR DEVELOPMENT AND OPERATING BUDGET. 	<p>YES <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>26. PLEASE DESCRIBE YOUR PROPOSED PROJECT CONFIGURATION (NUMBER OF BEDROOMS, SIZE OF BEDROOMS, ETC.). (MAXIMUM 1,000 CHARACTERS)</p>	

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SUBMISSION

By submitting the New Project Application – Permanent Housing, I understand that the New Project Application will be evaluated but the Project Prioritization work group and my agency may be asked to submit a FY2019 HUD CoC Program New Project application. I understand that submission of the following activities is not a guarantee of funding:

- New Project Expansion/CES/HMIS Survey,
- Chicago CoC Coordinated Funding Pre-Application,
- A full application or
- Making a project presentation.

I also understand that my new project application must be able to meet the HUD criteria, as outlined in the FY 2019 Continuum of Care Notice of Funding Availability (NOFA). I acknowledge that the FY2018 NOFA has not been released by HUD as of the release of this invitation for new project application and that any criteria listed in the LOI or New Project Application is subject to change depending on information provided in the NOFA once it is released.

Authorized Representative Signature (type name and title):*

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Exhibit 1:

Required Program Elements by Program Type (as Determined by the Continuum of Care)

	PERMANENT HOUSING	
	Permanent Supportive Housing	Rapid Re-Housing
Program Description	Long-term leasing or rental assistance with supportive services for disabled, highly-vulnerable populations. Programs can operate on a project-based or scattered-site model.	Short/Medium-term tenant-based leasing or rental assistance with supportive services for individuals and families who need temporary assistance on their path to stable housing.
Program Elements	<ul style="list-style-type: none"> • Rental subsidies (no time limit) • Clients have at least 1 year leases • Coordination between property management or landlord and service provider • For programs targeting families with children, provision of, or linkage to child focused assessment and appropriate services for families • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Provision of or linkage to intensive community-based case management services, which may scale down over time as the household becomes more independent. • Benefits acquisition (assessment, application, and follow up) • 24-hour on call services/on-site supervision if appropriate • Community-building activities • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) • Strives to meet the Illinois Dimensions of Quality's core practices 	<ul style="list-style-type: none"> • Coordination between property management or landlord and service provider • For programs targeting families with children, provision of, or linkage to child focused assessment and appropriate services for families • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Benefits acquisition (assessment, application, and follow up) • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc)
Time Frame	No time limit.	Short-term (3 months) or medium term (3-24 months) assistance. The Continuum of Care may set a maximum amount or percentage of rental assistance that a program participant may receive and/or a

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		maximum number of months that a program participant may receive rental assistance.
Target Population	Highly-vulnerable, chronically homeless individuals and/or families coming from the streets and/or shelters. Clients will be matched to the provider through the Coordinated Entry System via HMIS.	Homeless individuals and/or families coming from the streets and/or shelters. Clients will be matched to the provider through the Coordinated Entry System via HMIS.
Expected Outcomes	<ul style="list-style-type: none"> • 85% of clients will remain permanently housed for 12 months • 80% of clients who exit program to enter Permanent Housing • 85% of those without a source of reportable income at program entry will obtain cash benefits • 85% of clients without a source of reportable income at program entry will obtain non-cash benefits • 85% of clients will maintain/increase benefits, employment or a combination of both • 50% of households served will move into housing within 30 days of CES referral to agency • The remaining 50% of households served will move into housing within 60 days of CES referral to agency 	<ul style="list-style-type: none"> • 55% of households will exit to permanent destinations • 80% of households exiting to permanent destinations will remain in the same housing at 3- and 6-month follow-up • 70% of households will not return to homelessness in the following 12 months • 75% of households will maintain or increase income • 50% of households served will move into housing within 30 days of RRH referral to agency • The remaining 50% of households served will move into housing within 60 days of RRH referral to the agency

<i>Joint Transitional Housing (TH)- Permanent Housing-Rapid Rehousing (PH-RRH)</i>	
<i>This is a program model being funded for the second time under the HUD CoC Homeless Assistance Grant in FY 2017. At the time of release of this Request for LOIs, no program and financial information has been released by HUD.</i>	
Program Description	Is considered one project with two housing interventions available to participants. Clients can choose to go into transitional housing or rapid re-housing. Clients who choose transitional housing to start can decided to move into the rapid re-housing component at any time and do not need to be matched to rapid re-housing through coordinated entry. The projects provided short/medium-term project or tenant-based leasing or rental assistance based on the component with supportive services for individuals and families who need temporary assistance on their path to stable housing.
Program Elements	<ul style="list-style-type: none"> • Coordination between property management or landlord and service provider • For programs targeting families with children, provision of, or linkage to child focused assessment and appropriate services for families

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	<ul style="list-style-type: none"> • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Benefits acquisition (assessment, application, and follow up) • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc)
Time Frame	Short-term (3 months) or medium term (3-24 months) assistance. For the rapid re-housing component, the Continuum of Care may set a maximum amount or percentage of rental assistance that a program participant may receive and/or a maximum number of months that a program participant may receive rental assistance.
Target Population	Homeless individuals and/or families coming from the streets and/or shelters. Clients will be matched to the provider through the Coordinated Entry System via HMIS.
Expected Outcomes	To be determined by Systems Performance and Evaluation Committee (SPEC). Outcomes may be similar to rapid re-housing since end result of housing intervention should be permanent housing.

COORDINATED ENTRY SUPPORTIVE SERVICES ONLY (SSO)			
	Housing System Navigator	Outreach Coordination	System Facilitation
Program Description	Outreach support provided to households matched to housing and identified by the CES as in need of additional support to ensure they enter permanent housing.	Build collaboration between partners including outreach and housing providers to assist households in the process of being assessed and connected to housing partners for youth, singles and families.	Guide and oversee Coordinated Entry System (CES) implementation utilizing HMIS, including managing the inflow and outflow of households, sharing and communicating policies and procedures with the Continuum of Care, and utilizing lessons learned for system improvements
Program Elements	<ul style="list-style-type: none"> • Assist homeless households with documentation, transportation, appointment follow through, and other areas related to making the connection with permanent housing 	<ul style="list-style-type: none"> • Coordinate assessment process of household • Conduct System Integration Team Meetings • Assist with connecting matched clients to outreach support, and oversee coordination between outreach and housing providers to expedite housing placement 	<ul style="list-style-type: none"> • Coordinate training • Establish access points • Match households to appropriate housing interventions • Oversee system navigation • Engage mainstream providers who serve homeless populations to assist with assessments and documentation of disability status • Conduct gaps analysis • Advocate for resources • Collect feedback

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			<ul style="list-style-type: none"> • Ensure compliance with CE policies and procedures • Make system improvements to ensure accessibility and appropriate use of resources
Time Frame	N/A	N/A	N/A
Target Population	Matched households in need of additional support to reach PH	System wide	System wide
Expected Outcomes	<ul style="list-style-type: none"> • 50% of assigned participants will be enrolled with System Navigators • 75% of enrolled participants will be permanently housed 	<ul style="list-style-type: none"> • 95% of involved agencies will assess households or connect households to entities conducting the coordinated entry assessment • 75% of participants enrolled in an outreach or housing system navigation project and have a housing match through CES will move into permanent housing 	<ul style="list-style-type: none"> • 90% of participants entering into the homeless system will be assessed • 100% of available units/openings in the CES will receive matches through HMIS • 90% of participating agencies will be trained on the CES • 50% of participants enrolled in a project of a homeless system provider will be exited to permanent housing destinations

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DEFINITIONS

Coordinated Entry System (CES)

The Coordinated Entry System (CES) serves as a front door to connect people facing homelessness to housing and supports in an accessible, equitable, transparent manner.

Additional information may be found here: <https://www.csh.org/chicagoces/>

Homeless Management Information System (HMIS)

The U.S. Department of Housing and Urban development (HUD) requires that each metropolitan area use a Homeless Management Information System (HMIS). HMIS is a database that collects specific data on people experiencing homelessness and the housing and homeless services that they receive.

Additional information may be found here: <https://allchicago.org/HMIS>

Housing First

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

Additional information may be found here:
<https://endhomelessness.org/resource/housing-first/>

SOAR

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program designed to increase accesses to SSI/SSDI for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Additional information may be found here: <https://soarworks.prainc.com/>