Greater Richmond CoC

HUD FY2023 Continuum of Care Grant Competition

Renewal Project Supplemental Application

* **Applications are due by August 24, 2023 at 5pm to this** [**OneDrive**](https://homeward622-my.sharepoint.com/:f:/g/personal/tbowens_homewardva_org/Epf5h_UMZKpGqD_umKBoVxsBW2PFmrmgQ0k-1AbZWWQtCQ)
* **Please contact Michael Rogers, Continuum of Care Program Director, at** [**mrogers@homewardva.org**](mailto:mrogers@homewardva.org) **for questions about the form or process.**
* **The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD or GRCoC threshold or project requirements and funding priorities.**

1. **Project Applicant Information:**
   1. Name of Organization:
2. **Sub-Recipient Organization (if applicable):**
   1. Name of Organization:
3. **Contact person for this application:**
   1. Name: Title:
   2. Phone:
   3. Email:
4. **Project Information:** 
   1. Project Name**:**
   2. Project Location:
   3. Grant execution date:
   4. Grant end date:
5. **Type of Project:** PSH PSH DedicatedPLUS RRH CES
6. **Proposed Project Budget**

|  |  |
| --- | --- |
| **Activities** | **Total Assistance**  **Requested** |
| 1. Rental Assistance |  |
| 1. Supportive Services |  |
| 1. Operations |  |
| 1. Administrative costs (Up to 7% of amount requested) |  |
| 1. HMIS |  |
| 1. Sub-total Request (Add lines 1-5) |  |
| 1. Cash Match |  |
| 1. In-kind Match |  |
| 1. Total Match (Add lines 7 & 8) – must equal at least 25% of line #6 |  |
| 1. Total Budget (Add lines 6 & 9) |  |

1. **Housing Type (If applicable)**
   1. Type:  Single Site  Scattered Site
   2. Total Number of Units:
   3. Total Number of Beds:
2. **Population to be Served in the Project (Point-in-Time)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **HH’s with At Least One Adult and**  **One Child** | **Adult Households**  **without Children** | **Households with Only**  **Children** | **Total** |
| **Total Number**  **of Households** |  |  |  |  |

B. Population to be Served in the Project (Annually – over the course of a year)

***(Not applicable for PSH - Applies to RRH only)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **HH’s with At Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| **Total Number**  **of Households** |  |  |  |  |

1. **Project Information**

Please respond to the questions below. **A 500 character-no spaces limit for each numbered response will be strictly enforced.**

|  |
| --- |
| 1. Describe any findings in the most recent CoC or ESG monitoring for all grants and remediation plan(s). |
| 2. Provide dates and amounts of all fund drawdowns for the last full year of operation. |
| 3. Describe any program challenges that affected the organization’s performance during the last full year of operation. |
| 4. Describe in detail how Housing First is incorporated in the program policies and procedures (e.g., program policy handbook, staff onboarding) of this project. In addition to services without preconditions (allow entry regardless of a program participant’s income, current or past substance use, history of victimization, etc.), Housing First principles include helping program participants move quickly into permanent housing reducing the length of time people experience homelessness. Additionally projects should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods. |
| 5. Describe how your organization is evaluating and addressing racial inequities in program outcomes and what action steps your organization has taken to address any identified inequities. If your organization has not done racial equity evaluation/action planning, please describe any plans your organization has to do so. |
| 6. Describe how your organization is addressing the needs of LGBTQ+ individuals (gender affirming shelter, gender-affirming services, access to sexual healthcare, equal access to housing regardless of sexual orientation or gender identity) participating in this project. |
| 7. Describe how your organization is involving individuals with lived experience of homelessness in service delivery and decision-making and provide professional development and employment opportunities. Some examples may include: outreach efforts to engage those with lived experience in leadership roles and decision-making processes (such as board positions or leadership roles within the organization), professional development (such as internships, continuing education, and skills-based training) and employment opportunities, and evidence of regularly gathering feedback from people who are currently or have in the past received assistance from this project. |