Northwest Minnesota Continuum of Care

2023 Application

For Notice of Funding Opportunity

Approved

2023 NWCoC NOFO Application Form
New and Renewal Projects

Please submit the 2023 CoC Application Form to the NWCoC Coordinator, at barbaraj@nwmf.org   This application form will not be submitted to HUD. The CoC Application Form is used to gather information for our Continuum of Care project review process. **Please read this form in its entirety before you start to complete it**. See additional instructions on final page of this form and on the NWCoC's website.

Text should resize based on the length of your answer. **Please make sure that text is readable**.

Because HUD may issue additional information the NWCoC reserves the ability to add to this application to collect necessary information to complete the consolidated application.

The Scoring Criteria can be found on the NWCoC website. Use the Scoring Criteria to help guide your responses.

Please submit this application as a PDF file.

Lead Agency Information – Applicant/Recipient

Agency Name:			
Agency Address:			
City, State, Zip:			
Contact Name & Title:			
Contact Phone (W):		**Cell:**	
Contact Email:			
Agency Director:		**Tel:**	

AGENCY TYPE
☐ Nonprofit with 501c3 ☐ Local Unit of Government ☐ Other: _____ Please describe ☐ State government   ☐ Public Housing Authority ☐ Indian Tribe or TDHE

SAM Current Registration (required). Attach a screenshot of your registration status from the SAM website

Please indicate Yes if your SAM registration is current or No if it is not.	Is your registration current? ☐ Yes ☐ No ☐ Screenshot attached?

HUD CoC Applicant Eligibility

Please indicate if your Agency has delinquent federal debt.	Do you have delinquent federal debts? ☐ Yes ☐ No
Please indicate if your organization is debarred or suspended from doing business with the federal government.	Is your organization debarred or suspended from doing business with the federal government? ☐ Yes ☐ No

MATCH

Please indicate if your organization will provide a 25% match for everything but leasing.	Will you provide a 25% match for all activities except for leasing? ☐ Yes ☐ No

HMIS

Please indicate if your organization will participate in HMIS or a comparable database.	Will this project enter data in HMIS? ☐ Yes ☐ No If a DV project, will data be entered into a comparable database? ☐ Yes ☐ No

Project Information

Name of Project:	
Population to be Served	☒ Persons who meet HUD's definition of literally homeless ☐ Persons Fleeing/Attempting to Flee Domestic Violence ☐ Another population

Geographic Location of Project (Check all that apply)			
	Entire CoC Region		Roseau County
	Leech Lake Reservation		Kittson County
	Red Lake Reservation		Marshall County
	White Earth Reservation		Pennington County
	Beltrami County		Red Lake County
	Hubbard County		Polk County
	Clearwater County		Norman County
	Lake of the Woods County		Mahnomen County

Please provide a short project description of the project you are requesting funding for: (250 word limit)	

Amount requested: **Note: Renewal grant amounts must match the Current GIW**	$
HUD Renewal grant number (from GIW):	
Indicate if the project is applying as a:	☐Renewal Project ☐ Consolidated Project ☐Transition ☐ Expansion Project ☐ New CoC Bonus ☐ New DV Bonus ☐ YHDP Renewal Project ☐ YHDP Expansion Project

	Program Type Detail (Check one):		
☐	Permanent Supportive Housing (PSH)		
☐	Permanent Housing / Rapid Re-Housing (PH-RRH)		
☐	Transitional Housing/Rapid Re-Housing (TH-RRH)		
☐	Transitional Housing (TH)		
☐	Supportive Services Only (Housing Navigation or Coordinated Entry) (SSO)		
☐	HMIS		
☐	Other project type (please specify):		

Fair Housing/Equal Access			
Indicate whether CoC project staff has participated in Fair Housing & Equal Access Training within the past 12 months. Indicate whether new CoC project staff will participate in Fair Housing & Equal Access Training within 12 months.	Will project staff participate in Fair Housing & Equal Access Training? ☐ Yes ☐ No		

Housing First			
Indicate whether the Applicant agrees to follow NW CoC Housing First Policies (see attached policy).	Will the Applicant follow Housing First policies? ☐ Yes ☐ No		

NW CoC Policies			
Indicate whether the Applicant agrees to follow NW CoC Guidelines and Written Standards (see attached NWCoC Guidelines and Written Standards).	Will the Applicant follow NW CoC Guidelines and Written Standards? ☐ Yes ☐ No		

Financial/Administrative Management			
Has this program been monitored by HUD in the past 5 years? (N/A for New Projects)	☐ Yes	☐ No	
Does your agency have any outstanding HUD monitoring findings that are not in the process of being resolved?	☐ Yes	☐ No	

Discuss any findings from that monitoring and actions your agency has taken to address findings: (250 word limit)	

Applicant Performance (Renewal Projects Only)
(30 Points – review scoring criteria for each question value)

Renewal Grant Spending History	
Has your project made drawdowns from eloccs at least quarterly? (Attach a screenshot form eLoccs for documentation)	☐ Yes ☐ No ☐ Not Applicable – New Project Screenshot Attached? ☐
Were any funds recaptured by HUD in the past 3 years due to under-spending?	☐ Yes ☐ No ☐ Not Applicable – New Project
Please explain any contributing factors to this recapture history, including why the recapture occurred and what steps were taken so that the future recapture average will be below 5%. (250 word limit)	

HUD COC Needs and Priorities
(18 Points – review scoring criteria for each question value)

Is this a new project?	☐ Yes	☐ No

Protocols for Serving LGBTQ+ Populations

Does the Applicant follow protocols for serving LGBTQ+ populations as outlined in the NW CoC Anti-Discrimination Policy?	☐ Yes	☐ No

Health Care Partnership

Does the Applicant partner with health care organizations to provide services to participants?	☐ Yes	☐ No
Does the Agency have a formal agreement with a healthcare provider (including behavioral health) to provide services to participants in the program?	☐ Yes	☐ No

Public Housing Authority/Housing and Redevelopment Authority Partnerships

Does the Applicant coordinate with a PHA or HRA ?	☐ Yes	☐ No

Describe how participants in your CoC program access Housing Choice Vouchers and other housing options subsidized by the PHA/HRA. (250 word limit)

Culturally Specific/Responsive Programming

Does the Agency provide culturally specific/responsive programming?	☐ Yes	☐ No

Describe your organization's culturally specific/responsive programming or the plans to provide culturally specific/responsive programming. (250 word limit)

Addressing Inequities in Access to Housing		
Does the Applicant have a plan to address inequities in access to housing	☐ Yes	☐ No
Describe the action steps that make up the Applicant's plan to address inequities: **1)** **2)** **3)**		
Describe the things your organization is doing to address inequities in access to housing in the NW CoC. (250 words or less)		

Meeting Emerging Needs/Innovation	
What are the emerging needs your organization is seeing in the area you serve?	**Describe some ways your organization is meeting emerging needs?** **1)** **2)** **3)** **4)** **5)**

Service Plan Quality (16 Points)

Case Management Training		
In the past year, did applicant staff attend training focused on improving staff skills and knowledge for case management or serving people without housing?	☐ Yes	☐ No
What trainings did staff participate in?		
Describe how your Agency is implementing strategies learned at training. (250 words or less)		

Collaboration with Mainstream and Key Support Services	
Check the actions your organization takes to increase access to mainstream benefits.	☐ Provide info to participants on resources (SSI, MFIP, GA, Food Stamps/SNAP, etc)
	☐ Provide referrals to mainstream resources.
	☐ Provide transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs.
	☐ Follow-up with program participants to ensure mainstream benefits are received and renewed
	☐ Connect program participants to SOAR

	assistance to apply for SSI

Describe the Applicant's actions to coordinate this project with other Supportive Services and Mainstream Resources. (250 words or less)

Education Policies (Programs that Serve Children)		
Does your agency follow the NWCoC policy on school enrollment and connection to appropriate services for children? https://www.nwmf.org/wpcontent/uploads/2023/02/policy_for_the_administration_of_coc-signed-1.pdf **(page 20)**		☐ Yes ☐ No ☐ Not Applicable
How will your project coordinate with schools and school district liaisons to ensure children remain in school and families are not separated? Please note any partnerships your organization has with school districts? (250 words or less)		
Does your agency follow the NW CoC policy to prevent separation of families in Emergency Shelter and Transitional Housing? https://www.nwmf.org/wpcontent/uploads/2023/02/policy_for_the_administration_of_coc-signed-1.pdf **(page 20)**		☐ Yes ☐ No ☐ Not Applicable
Safety and Support for Survivors of Domestic Violence		
Does your agency have a plan to ensure the safety of survivors of domestic violence?		☐ Yes ☐ No
Describe how your organization is implementing the safety plan to protect survivors of domestic violence: (250 word limit)		

Increasing Income
How will your project ensure that clients will have an increase in their income while being served in your project? (250 word limit)

NEW Projects Only (4 points)

NW CoC Priorities	
For the 2023 NOFO, the NW CoC has prioritized the following project types. **Check the project priority that your project addresses.**	☐ ☐ ☐ ☐ ☐

Performance Review (32 points)
(Renewal projects only)

- **Please submit an APR for your most recently completed grant year. Include a PDF of the data from HMIS ServicePoint as well as the .CSV export.**
- Your APR data will be put into the NW CoC NOFO Project scoring tool for scoring by NW CoC staff. A copy of this will be sent to the applicant for review prior to final ranking and scoring. At this time the amount of time that can be allocated for review is unknown, please anticipate a very short turnaround time for review and resubmission.

Renewal Performance Explanation
If your organization has any low performing measures on your most recently submitted APR, please provide any helpful narrative for the Ranking & Review Committee to consider when reviewing your application. (250 word limit):   This response is optional and will not be scored. This response will provide the Ranking & Review Committee with helpful context about any program barriers.

NW CoC Project Application Document Checklist

	NW CoC NOFO Application Form
	NW CoC Housing First Assessment
	Screenshot of current SAMS Registration
	ELOCCS screenshots showing draw dates and fund utilization for your last 3 completed grant terms (generated from eLOCCS). Screenshots should be clear and easy to read. (Renewal projects only)
	PDF and .CSV of Most Recently Submitted HUD APR for the project from SAGE.
	PDF of Completed HUD Project Application from e-snaps. Choose 'Export to PDF' from the submission summary screen. **Do not SUBMIT in Esnaps until authorized by NW CoC Coordinator.**

Based on threshold review by the NW CoC NOFO Ranking & Review Committee additional changes may be required to your HUD submission. The NW CoC Coordinator will communicate any changes by the date identified in the NW CoC NOFO schedule. All submissions in Esnaps must be completed by the deadline identified in the CoC NOFO schedule.

For questions on completing this application, please contact Barbara Johnson, barbaraj@nwmf.org