

Intent to Renew is due no later than 12:00 pm noon on Friday, November 5, 2021

Bonus points for early submission by 5 p.m. Wednesday, November 3 2021

Return via email to proposals@unitygno.org

Instructions:

All Project Sponsors of HUD CoC grants (Direct Grantees and Sub-recipients) must complete and return an application to the Continuum of Care (CoC) to request renewal of CoC funding in the 2021 funding competition. The local application will be used by the CoC Project Evaluation and Selection Committee to score and rank projects that will be included in the CoC application to HUD including: which projects to include in the project listing, amount of project funding, and the prioritization of projects for the project listing. Performance data from HMIS will also be required in the local application as part of the project scoring used for prioritization by the CoC Project Evaluation and Selection Committee.

Organization Name: _____

Project Name: _____

Expiring Project Number (FY2020 project number): _____

Name and Title of Person Completing Form: _____

Email and Phone: _____

Accessing Mainstream Benefits (not scored)

Have project staff attended training within the past 12 months to better assist participants to obtain mainstream resources?

Yes No

Does this project assists clients obtain mainstream resources (TANF, Medicaid, SSI, etc.)?

Yes No

Does this project provide transportation to assist clients in attending mainstream benefit appointments, employment training, volunteer or employment positions?

Yes No

Does this project use a single application form for four or more mainstream benefits programs?

Yes No

Does this project conduct at least annual assessments with participants to ensure mainstream benefits are renewed?

Yes No

Do project participants have access to a SOAR specialist to improve access to SSI/SSDI benefits?

Yes Name of agency: _____ No

Do you refer clients to Southeast Louisiana Legal Services to obtain assistance with SSI/SSDI?

Yes No

Utilizing Health Care Resources (5 points)

Since July 2019, has your program leveraged health care resources to increase services for participants and improve health outcomes?

____ My program has an MOU with a health care provider (attach)

____ My program has an MOU or has received significant funding from a health insurance provider (attach)

____ My agency is a health care provider and provides services to participants in CoC programs

____ Number of households in your program that **have** utilized the services described above

Racial Disparities in Homelessness (20 points)

Has your organization conducted a racial equity analysis to identify barriers and action steps to address those barriers?

___ Analysis has been conducted within the past 12 months (submit report)

___ Action Steps have been taken within the past 12 months to address barriers (submit attachment)

___ Action steps have been identified and will be undertaken within the next 12 months to address barriers (submit attachment)

Demographic(s)

July 2019-June 2021	Total #	# African-American	# Hispanic or Latino	# Asian	# White	# Other
Clients who Participated in the CoC Program						
Staff						
Board Members						

Information items for the Racial Equity Task Force (not scored)

How many staff have lived experience with homelessness? _____ Board members? _____

How many staff identify as LGBTQ? _____ Board members? _____

Does your CoC funded project specifically consider and address racial inequities to achieve positive outcomes for all persons experiencing homelessness? Yes No

Is this process reflected in your organizational Policies & Procedures? Yes No

Indicate activities your organization has conducted to address racial disparities within the past 12 months:

___ Identified barriers in the provision of services based on participant race or ethnicity

___ Reviewed racial disparities in program outcomes

___ Reviewed racial disparities in agency employment

___ Reviewed racial disparities in organizational board membership, committees, and advisory groups

___ Staff attended training on cultural competency

___ Staff attended training on fair housing and equal access

___ Adopted organizational policies about addressing racial disparities

___ Other: _____

Improving Safety for Survivors of Domestic Violence (10 points)

DV and Trafficking Focused Programs:

How do you determine whether safety has increased for participants?

___ Participant did not return to the abuser

___ New housing kept confidential from abusive person

___ Participant has at least one new safety support (new phone, bank account, attorney, restraining order, etc.)

___ Client self-report "I feel safer from violence in my new housing situation."

___ Extensive and updated safety plan since program acceptance

___ Client is actively engaged in at least one service other than housing

What percentage of participants achieved at least one safety measure? _____

Non-DV CoC Programs (10 points)

Does your program take specific steps like safety planning to address the unique needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking?

Yes No

Does your project accept survivors without additional requirements or barriers to entry?

Yes No

Is this reflected in your Policies & Procedures?

Yes No

Does your project follow the protocols for Violence Against Women Act (VAWA) Emergency Transfers for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking?

Yes No

Does your project (if required) provide clients with the appropriate Notice of Occupancy Rights Under VAWA?

Yes No

Has your program staff been trained on safety planning within the past 12 months?

Yes No

Has your program staff been trained in trauma informed care within the past 12 months?

Yes No

Employment Income Growth (5 points)

Indicate activities undertaken by this project to increase employment income for program participants during the past 24 months and the number of participants who benefit from each activity. Submit MOU or other agreement to receive full scoring points.

___ Have written agreement with Workforce Investment Board

___ Partnership with training provider

___ Partnership with education provider

___ Partnership with private employers

___ Supported employment program at my agency

___ Partnership with supported employment provider

___ Partnership with agency for clients to participate in employment services

___ Other: _____

Volunteerism (not scored) How does your agency work to increase volunteerism among program participants? Describe and list volunteer agencies or trainings.

Utilizing Housing Resources (5 points)

Since July 2019, has your program utilized mainstream housing to provide more housing opportunities for people experiencing homelessness.

- _____ Number of applications submitted for "Moving On" Housing Vouchers available through local housing authorities (Kenner, HANO, HAJP)
- _____ Number of applications submitted for COVID vouchers through HANO in 2020.
- _____ Number of applications submitted for Emergency Housing Vouchers (EHV) through LHC, HANO, HAJP in 2021.
- _____ Number of households who have been assisted with non-CoC or ESG housing assistance.
(Indicate the source of housing assistance: _____)

Within the next 9 months, my program commits to submitting:

- _____ # Moving On Voucher applications to create more openings in PSH programs
- _____ # additional PSH or RRH openings in my program by using EHV for the rental subsidy
- _____ # additional housing resources through other sources (explain: _____)

CoC Participation (30 points) *Data will be verified by CoC records.*

- _____ # of monthly SPPA meetings attended by a staff person of this program
- _____ Date of SPPA dues payment

Please indicate the CoC committees that program staff have participated in within the past 12 months (not scored)

- | | | |
|--|---|-------------------------|
| _____ Advocacy Committee | _____ Racial Equity Task Force | _____ PSH Directors |
| _____ Ending Youth Homelessness Task Force | _____ PIT Planning Committee | _____ Family Navigation |
| _____ Veteran Navigation | _____ Youth Navigation | _____ CoC Outreach |
| _____ Navigation for homeless individuals | _____ Navigation for Chronically Homeless Individuals | |
| _____ Other: _____ | | |

Project Performance (434 points)

Complete the Project Performance Scoring Sheet to provide information on the role of your program in our homeless System Performance Measures, addressing equity, addressing COVID-19, and cost-effectiveness of programs. The Project Performance Scoring Sheet includes the following scoring measures:

- Length of Time Persons Remain Homeless
- Returns to Homelessness
- Reducing the Total Number of Homeless Persons
- Employment and Income Growth
- Permanent Housing Placement and Retention
- Mainstream Resources
- Data Quality and Timeliness
- Severity of Barriers of participants and serving priority populations
- Addressing Racial Disparities
- Addressing COVID-19
- Cost Effectiveness

Improving System Performance (not scored)

Responses to these questions will assist the overall CoC application and inform the Governing Council on strategies and project scoring measures in the future.

What is your program's strategy to reduce returns to homelessness?

What is your program's strategy to reduce the length of time someone is experiencing homelessness?

Coordinated Entry and Street Outreach (not scored)

How do you identify risk factors for homelessness?

How does your program address those factors?

How does your project identify those with the longest length of time homelessness?

Required Attachments

This project renewal application to the CoC will not be considered complete unless submitted with the following attachments:

All Project Sponsors

- Annual Progress Report (APR) for time period of July 1, 2019 – June 30, 2021.
- Project Performance Scoring Sheet
- Racial Equity Analysis Conducted by your program with action steps taken and action steps planned for the next 12 months.
- Employment Partnership MOU (if applicable)
- Healthcare Provider Partnership MOU (if applicable)

***Direct grantees of CoC funds who are not sub recipients through UNITY must ALSO complete and submit the application in eSNAPS no later than November 22, 2021.**

This application for funding is submitted to UNITY of Greater New Orleans for review and approval by the CoC Evaluation and Project Selection Committee for consideration to be included in the FY2021 CoC NOFO. The information submitted will be used by CoC Evaluation and Project Selection Committee to conduct a threshold review, determine projects to be submitted to HUD for renewal, amounts for project funding, and the prioritization of projects in the project rankings submitted to HUD using the process approved by the CoC Governing Council. All information submitted to the CoC for funding is subject to monitoring from HUD and UNITY.

I certify that all information submitted with this application, including the information in all attachments and HMIS reports (APR), is accurate and correct.

Executive Director Signature

Date

Printed Name

Title

Organization

***Return completed CoC Renewal Application with all attachments
no later than noon on Friday, November 5, 2021
via email to proposals@unitygno.org***

[*Bonus points for early submission by 5 p.m. Wednesday, November 3 2021*](#)

If you have any questions or if you have any problems with the submission, please contact
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