

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 2023 funding competition.

Eligibility: Projects that submitted the local Intent to Renew and passed threshold review.

Purpose: Information from this project application will be used for 1) Provide information for the project performance scores that will be used by the CoC Project Evaluation and Selection Committee to rank projects in order of priority funding in the HUD application; 2) Provide information for the project application that will be submitted in Esnap to HUD. Additional information for project performance scores will be obtained from HMIS and CoC records as indicated in the **Project Scoring Key** that is posted on the UNITY website www.unitygno.org/providers/2023-coc-funding-competition/

Organization Name: _____

Project Name: _____

Expiring Project Number (FY2022 project number): _____

Name and Title of Person Completing Form: _____

Email and Phone: _____

The application will not be considered complete without all required information needed for project performance scoring.

- Local CoC Renewal Application (this form)
- Documentation of Match Commitment
- Racial Equity Assessment (with any updates or reports)
- APR Report for the time period of July 1, 2022- June 30, 2023.
- Project Performance Scoring Sheet
- To receive full points for “Deployment of Additional Resources” the MOU’s must be submitted to demonstrate Healthcare and Employment partnerships.

Project applications are due to UNITY no later than 12:00 pm noon on Tuesday, August 29, 2023

Return via email to proposals@unitygno.org

**Projects will receive 3 bonus points for submitting a complete application on
Friday, August 25 with all required attachments.**

Racial Disparities in Homelessness (25 points)

a. **Has your organization conducted a racial equity analysis to identify barriers and action steps to address those barriers?** The Racial Equity Task Force will review and score this question.

- Racial Equity Plan has been updated within the past year and is submitted with this application. (5 points)
- Racial Equity Plan includes an analysis of composition of board and staff (5 points)
- Has your agency recognized any potential disparities or equity issues? (5 points)
- Does your plan provide any steps for promoting equity? (5 points)

b. **Demographics of program participants is reflective of those experiencing homelessness in the CoC during the most recent Point In Time (PIT) count. (5 points)**

Scored from the HMIS data on the project scoring sheet item 10.

Other information for the Racial Equity Task Force (not scored)

Please provide additional information to assist the CoC Racial Equity Task Force for analysis and planning. Please indicate if you submit a separate attachment.

Please provide information about a disparity or potential equity issue identified within your organization:

What is the agency plan to address the disparity or issue?

July 2022-June 2023	Total #	# African-American	# Hispanic or Latino	# Asian	# White	# Other Racial or Ethnic Identities	People who have lived homeless experience
Clients who Participated in the CoC Program							
Staff							
Board Members							

Improving Safety for Survivors of Domestic Violence (DV) - 10 points

Programs with a population focus serving survivors of DV and Trafficking:

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 in place since program enrollment (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
- Safety planning measures are indicated in an HMIS comparable database

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

(Input this percentage on item 11 on the Project Scoring Sheet)

All Other CoC Programs (that do not focus on serving survivors) – 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? (Your program does not require the survivor to obtain a restraining order or a policy report.)

- 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 include the Notice of Occupancy Rights Under VAWA in the lease or through a lease addendum?

- 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

Total number of measures taken by your program as indicated by affirmative responses above: _____ of 7

(Input this number on item #11 on the Project Scoring Sheet)

Deploying Additional Resources – Employment (5 points)

Indicate activities undertaken by this project to increase employment income for program participants during the past 12 months and the number of participants in your program who have participated in each activity.

Written MOU or other written agreement with:

- Workforce Investment Board
- Employment training provider
- Education provider
- Private employers
- Supported employment provider

Number of participants who have benefit from above activities: _____

Other Employment partnerships and activities:

- Supported employment program at my agency
- Partnerships with employment programs, education, private employers, supportive employment (no written MOU or written agreement)
- Other: _____

Number of participants who have benefit from above activities: _____

Submit MOU or other agreement to receive full scoring points for scoring item 12b.

Utilizing Health Care Resources (5 points)

Since July 1, 2022, 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 my CoC program
- My agency is a health care provider that provides services through an MOU to participants in other CoC programs.

Name of Other agency & program: _____

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

**All responses are subject to monitoring by UNITY.*

CoC Participation (25 points)

Use the CoC Competition report posted on the UNITY website with the information from CoC Administrative records that will be used for the project score for meeting attendance and timely dues payment for scoring item #7a and #7b.

7a. SPPA Meeting Attendance: # of monthly SPPA meetings attended by a staff person of this program _____

7b. SPPA Dues Payment: Date of SPPA dues payment _____

7c. Advocacy Participation - (Self report)

Agency has participated in advocacy efforts to increase permanent housing for the homeless and increase affordable housing through 1) CoC Advocacy Meetings; 2) Advocating with City, Parish, State or Federal officials; 3) Other advocacy.

- Participated in CoC Advocacy Meetings
- Advocated for more permanent housing for the homeless with City, Parish, State or Federal officials
- Advocated for more affordable housing with City, Parish, State or Federal officials

____ Other advocacy – please describe:

Project Performance (420 points)

Complete the Project Performance Scoring Sheet to provide information on the role of your program in our homeless System Performance Measures, addressing equity, and cost-effectiveness of programs. The Project Performance Scoring Sheets 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
- Serving priority populations
- Addressing Racial Disparities
- Deploying Additional Resources – Housing
- Cost Effectiveness

The scores calculated through the Project Performance Scoring Sheets will be reviewed for accuracy and corrected as needed based on the APR data, CoC Competition Reports, and data submitted with this application for the following measures:

CoC Participation – Advocacy Participation

Increasing Safety for Survivors of Domestic Violence

Deploying Additional Resources – Employment

Deploying Additional Resources – Health Care

UNITY will send applicants any corrections to project scores prior to the final project performance rankings.

Bonus Points (3 points)

Applicants are encouraged to submit renewal applications prior to the deadline. Project applicants will receive 3 bonus points for early submission of the completed application with all attachments by **Friday, August 25, 2023**. Bonus points will not be awarded for submissions that are incomplete or do not have all the attachments.

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, 2022 – June 30, 2023.
- Project Performance Scoring Sheet (Excel)
- Racial Equity Analysis Conducted by your program with action steps taken and action steps planned.
- Documentation of required match commitment for the renewal project for the 2023-2024 operating year.
- To receive full points for “Deployment of Additional Resources” the MOU’s must be submitted do demonstrate Healthcare and Employment partnerships.

*Direct grantees of CoC funds who are not sub recipients through UNITY must ALSO complete and submit the application in eSNAPS no later than August 29, 2023.

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 FY2023 CoC NOFO. The information submitted will be used by CoC Evaluation and Project Selection Committee to score and rank projects for the project prioritization listing 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 Tuesday, August 29, 2023.
via email to proposals@unitygno.org***

If you have any questions or if you have any problems with the submission, please contact
Valerie Coffin, Director of CoC Programs vcoffin@unitygno.org
504-821-4496 x1012
Additional information is available on the UNITY website
www.unitygno.org/providers/2023-coc-funding-competition/

MATCH TEMPLATE

[AGENCY LETTERHEAD]

Today's Date

Project Sponsor: _____

Project Name: _____

Project Number: LA0xxxL6H0323xx

Expected Sub-Recipient Award: \$ _____

Total Match Required: \$ _____

Project Operating Year: __/__/2024- __/__/2025

This letter is to certify that _____ will provide the required 25% match totaling \$ _____ for the above-mentioned project for the 2024-2025 operating year as indicated below. Documentation of match will be provided to UNITY on a monthly basis with the request for reimbursement.

Type of Commitment (Cash or In-Kind)	Type of Source (Government/ Private / Program Income)	Name the Source of the Commitment (Be specific as possible)	Date of Funding Availability	Value of Written Commitment	Use of Matching Funds (eligible HUD activity)

Sincerely,

Executive Director or Authorized Official Signature and Date