

Polk County Continuum of Care 2018 Continuum of Care Application

Letter of Interest – New Project

OVERVIEW

To assist in planning for the 2018 HUD Continuum of Care Application process, the Polk County Continuum of Care Board (“CoCB”) is implementing a Letter of Interest (LOI) process. The LOI process will assist the Board in requesting assistance in implementing new permanent housing projects needed to fill specific gaps in the local continuum using HUD Continuum of Care (CoC) permanent housing bonus funds or through reallocation of existing program funds.

If your organization is considering an application for a new Permanent Supportive Housing project (PSH), Rapid Rehousing project (RRH) or Supportive Services Only for centralized intake expansion (SSO-CI), you must submit a *non-binding* LOI by email to **Angie Arthur** at **(Insert AA’s email address)** **no later than April 27, 2018 at 12:00 PM.** LOI’s submitted after this deadline **WILL NOT** be accepted and the organization **WILL NOT** be considered for submitting a full project application for 2018 HUD CoC funds.

NEW PROJECTS

A. New projects will be created by using funds made available through reallocation and/or through HUD’s permanent housing bonus.

(1) Through reallocation, the PCCoC will create the following types of new projects:

PRIORITIES WILL BE INSERTED BASED ON THE “2018 PRIORITIES AND RANKING” APPROVED BY THE CoCB AT THEIR APRIL 9, 2018 MEETING.

(2) Through HUD’s permanent housing bonus, the PCCoC will create the following types of projects:

PRIORITIES WILL BE INSERTED BASED ON THE “2018 PRIORITIES AND RANKING” APPROVED BY THE CoCB AT THEIR APRIL 9, 2018 MEETING.

B. To verify if your project is eligible, please review the 2017 HUD CoC NOFA:

<https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>

C. To be eligible for consideration, new projects must:

(1) Propose to serve chronically homeless adults; or homeless adults, unaccompanied youth coming directly from the streets or emergency shelters or persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of HUD’s definition of homelessness.

(2) Provide scattered-site leasing (units or structures cannot be owned by applicant) or tenant-based rental assistance or, if the applicant can provide a deed or long-term lease demonstrating site control for a building or units where evidence of site control exceeds the requested grant term, and where building or units are ready to be

occupied no later than **3 months** after award of funds, the applicant may instead request operating costs or project-based rental assistance.

(3) Be submitted by a project applicant that is in good standing with HUD, which means that the project applicant does not have any open monitoring findings or history of slow expenditure of grant funds;

(4) Demonstrate a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.

(5) Demonstrate a connection to mainstream service systems.

(6) Demonstrate that the type, scale, and location of the housing, as well as the type and scale of the supportive services, fit the needs of program participants.

(7) Demonstrate that program participants will be assisted to obtain and remain in permanent housing in a manner that fits their needs.

(8a) Demonstrate that 100% chronically homeless adults will be served through new permanent supportive housing; or

(8b) Demonstrate that 100% persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness, homeless adults, or unaccompanied youth coming directly from the streets or emergency shelters will be served through new rapid rehousing projects.

(9) Be a current participant or agree to participate in the CoCB's coordinated assessment system.

(10) Provide a 25% match (cash or in-kind contributions) for all non-lease grant funds for which the applicant has applied.

(11) Be the existing contracted administrative agency of the Polk County Continuum of Care Centralized Intake.

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:

(a) Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings.

(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources.

(c) Project applicants must demonstrate they will be able to meet all timeliness standards per §578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project if the request is made by an existing recipient that HUD finds to have significant problems related to capacity, performance, or unresolved auditing or monitoring related to one or more existing grants, or does not routinely draw down funds from e-LOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

The expected grant amount for the Permanent Housing Bonus will be up to six percent (6%) of the CoC Preliminary Pro Rata Need (PPRN), which totaled \$200,140. in 2017. New project applications will be ranked by the CoCB Grant Committee along with the current renewals.

ORGANIZATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CONTACT

Grant Contact Person: _____

Phone: _____ Email: _____

Agency Director: _____

Phone: _____ Email: _____

PROJECT SUMMARY

Project Name: _____

Program Type:

PSH RRH

Primary Population Served: _____

Unit Configuration (PSH and RRH):

0 BR 1 BR 2 BR 3 BR 4 BR Total

Project Description – PSH/RRH (type of housing – scattered site or project-based; strategies to be used in assisting hard-to-serve populations secure housing; scope of services to be provided and specific partners who will provide services; strategies for assisting participants in accessing mainstream resources; and timetable for implementing the project) – 2,000 characters (excluding spaces)

Organization Experience and Capacity (organization’s previous experience in operating a similar project or current centralized intake; challenges faced and specific strategies used to overcome challenges in implementing or operating a similar project or current centralized intake; organization’s ability and qualifications to operate the proposed project - identify key members of the project operations team and briefly describe their relevant experience and duties) – 3,000 characters (excluding spaces)

BUDGET

Complete the attached Project Budget Worksheet.

ELIGIBILITY

Centralized Intake Verification – This project will accept referrals exclusively from the CoCB Centralized Intake System and follows all policies and procedures of the CoCB Centralized Intake System.

Yes No

Housing First Verification – This project will follow the CoCB’s Housing First policy.

Yes No

Are there any unresolved City of Des Moines or HUD monitoring findings, or outstanding audit findings related to this organization? Yes No If “Yes,” briefly describe.

Person completing the Letter of Interest:

Name	Signature	Title
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I certify, on behalf of my organization, that all information contained in this Letter of Interest is accurate and true to best of my knowledge and belief, and is consistent with my organization’s records. I understand and acknowledge that presenting false information or failing to provide accurate and complete information as required could have a negative impact on my organization’s application potentially including, but not limited to, rejection of my organization’s grant application.

Executive Director/CEO/President	Date
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Project Budget Worksheet

Line Item	Total Assistance Request for 1 Year Grant Term
1a. Leased Units	
1b. Leased Structures	
2. Rental Assistance	
3. Supportive Services	
4. Operations	
5. HMIS	
6. Subtotal Cost Requested (lines 1a.- 5)	
7. Administration (7% of line 6)	
8. Total Assistance plus Admn. (total lines 6 and 7)	
9. Cash Match	
10. In-Kind Match	
11. Total Match (lines 9 and 10)	
12. Total Budget (lines 8 and 11)	

Cash and/or In-Kind Match

Source	Amount	Cash (check)	In-kind (check)	Signed MOU or Agreement for in- kind amounts prior to a HUD grant agreement (Y/N)
TOTAL				

Letter of Interest Submission: Please submit this LOI by email to **Angie Arthur** at **(Insert AA's email)** **no later than April 27, 2018 at 12:00 PM**. LOI's submitted after this deadline **WILL NOT** be accepted and the organization **WILL NOT** be considered for submitting a full project application for 2018.