

Polk County Continuum of Care Board 2019 Project Application

To qualify as a new or renewal project and submit a 2019 CoC application, at least one staff member from your agency must have attended the Open Meeting on July 26, 2019, at 1:00pm.

Application submission: Please submit this application form and required attachments by accessing the electronic version at https://ica.formstack.com/forms/pccoc_application_2019 the deadline for submission is **no later than August 13, 2019, at 5:00pm** in order to be considered.

Please indicate the program type for this application **Choose an item.**

Please indicate if the application is a renewal or new application **Choose an item.**

Grant Number (if renewal): Click here to enter text.

Organization: Click here to enter text.

Contact Name: Click here to enter text.

Email: Click here to enter text.

Contact telephone #: Click here to enter text.

Project Name: Click here to enter text.

Requested amount: Click here to enter text.

Number of households to be served: Click here to enter text.

Both renewal and new project applicants are STRONGLY URGED to review

- *2019 Annual CoC Program Competition Priorities and Ranking;*
- *2019 Annual CoC Program Competition Score Sheet; and*
- *Section V. Eligibility Information of the 2019 NOFA, beginning on page 24, before starting their application.*

New applicants are also STRONGLY URGED to review 24CFR 578 Subpart D and Subpart F before completing Sections III through VII of this application.

PLEASE NOTE: The wording of questions in this project application may not be the exact wording found in comparable questions of Exhibit 2 when it is uploaded to e-SNAPS. Therefore, read the questions in Exhibit 2 carefully before using the answers provided in this application.

I. Centralized Intake System

1. Will the project for which you are requesting funding take referrals ONLY from the Polk County Centralized intake? **Yes** **No**

If “NO”, your project is not eligible for HUD CoC funding.

2. **Renewal Projects:** Through the end of the most recently completed project year, how many CI referrals made to this project were denied admission? Please briefly explain **(1,000 characters)**

II. Housing First

All PCCoC permanent supportive housing and rapid rehousing projects as well as transitional housing serving exclusively homeless youth **must operate as a Housing First model**. Please complete the checklist below by checking the box in front of each of the criteria that applies to your project.

1. Will/Does the project require a background screening prior to project entry (excluding sexual offender check for site-based projects with legal requirements)?
 Yes **No**
2. Will/Does the project prohibit persons with certain criminal convictions from entering your project (excluding registered sexual offender for site-based projects with legal requirements)?
 Yes **No**
3. Will/Does the project require participants to be clean and sober prior to project entry and/or during project stay?
 Yes **No**
4. Will/Does the project require alcohol/drug tests on participants suspected of being under the influence?
 Yes **No**
5. Will/Does a positive alcohol/drug test result in termination from the project and/or require participant to participate in substance abuse treatment and/or detox to resume project services?
 Yes **No**
6. Will/Does the project require participants to have a mental health evaluation prior to project entry?
 Yes **No**
7. Will/Does the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance (*excluding those who present a danger to self or others*) as a condition of services?
 Yes **No**
8. Will/Does the project require participants to have income at time of project entry?
 Yes **No**
9. Will/Does the project require participants to obtain an income as a condition of remaining in the project?
 Yes **No**
10. Will/Does the project require participants to participate in supportive services (such as vocational training, employment preparation, budgeting or life skills classes; not including required case management meetings) as a condition of continued services?
 Yes **No**

11. Will/Does the project require participants to be ‘progressing’ in their goals in order to remain in the project?
 Yes No
12. Will/Does the project require participants to sign a services plan agreement to receive your services? *(Please note a service plan is not the same as a housing plan.)*
 Yes No
13. Will/Does the project exclude or refuse project entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression?
 Yes No
14. Will/Does the project include any requirements, outside of those typically found in a lease Agreement in Polk County *(applicable to housing projects)*?
 Yes No N/A
15. Will/Do project participants have to travel to the agency’s office(s) to receive the majority of their services, including case management, after they are housed *(applicable to scattered-site housing projects)*?
 Yes No N/A
16. Will/Does the project exclude any dependent children in the household, based on age and/or gender, from remaining with the household at the project *(applicable to projects serving families)*?
 Yes No N/A
17. Will/Does the project prohibit any member(s) of a household *(as defined by the household)*, based on age, gender, biological relationship and/or marital status, from residing together at the project?
 Yes No N/A
18. Will/Does the project exclude any family composition type: single dad, single mom, same gender couples, opposite-gender couples, multi-generational, and non-romantic groups who present for services as a family? *(applicable to projects serving families)*?
 Yes No N/A
19. Will/Does project require project participants to be “placed” in accordance with their sex assigned at birth and/or “perceived” gender; and/or require participant to “prove” their gender identity prior to receiving services?
 Yes No
20. Will/Do the project exclude participants who do not have a form of identification?
 Yes No

INCLUDE WITH THIS APPLICATION ONE COPY OF YOUR ADMITTANCE POLICY, ONE COPY OF YOUR TERMINATION POLICY AND ONE COPY OF YOUR TERMINATION APPEAL PROCESS.

III. Project Description

1. *PROJECT DESIGN & HOUSING TYPE(PSH/RRH/TH-RRH)*:

- (a) Describe the target population(s) to be served and the plan for addressing the identified needs/issues of the target population(s). Rapid rehousing applicants: indicate the maximum length of assistance provided; Transitional housing exclusively serving homeless youth: maximum program length **(1,000 characters)**.

Renewal Projects: In the blank before each criteria listed in questions (b) and (c) list the percent of persons served for that criteria. **New Projects:** Place an “x” in the blank before each criteria that reflects the primary characteristic(s) of the population you propose to serve.

Specific Population Focus. (Select ALL that apply):

- Click. Chronic Homeless Click. Veterans Click. Youth (under 25)
Click. Families with Children Click. Domestic Violence (recent or past)
Click. Substance Abuse Click. Mental Illness Click. HIV? AIDS
Click. Households with No Minor Children

Residence Prior to Homelessness (Select ALL that apply):

- Click. Literally homeless (emergency shelter or place not meant for human habitation)
Click. Transitional housing for homeless persons

- (b) Housing Type (select one)

- Single Structure Scattered site

Click. Total Number of Units Click. Total Number of Beds

If scattered-site leasing, describe strategies that will be used to develop a network of landlords willing to lease homeless individuals, youth or families. How will you mitigate the reluctance of landlords to lease households with potential credit issues, histories of evictions or legal issues? **(1,000 characters)**

- (c) Does the project use a harm-reduction model for drugs and/or alcohol use?

- Yes No

If you answered “Yes”, please provide a specific example (without identifying anyone) illustrating a time when a harm-reduction model was used. If answered “No”, please explain why not. **(1,000 characters)**

- (d) Does the project have specific policies and procedures that work to prevent evictions (If “Yes”, please attach copy of the policies and procedures to your application)?

- Yes No

Please explain your response **(1,000 characters)**

- (e) Describe how the project improves the safety of the DV survivors being served.

(DV BONUS- NEW & RENEWAL) 2,000 characters

2. *PROJECT DESIGN (SSO-CI)*:

- (a) General Description - Describe the community's approach to coordinated entry, how outreach, access, assessment, and referrals will be or are conducted and the role that this grant will play in supporting the process's development or implementation. The description must also include the community partners involved in coordinated entry and how other funds will be leveraged to support any CoC Program funds during implementation and operation. **(1,000 characters)**
- (b) Describe any administrative changes made (policies and procedures, staff, funding sources, etc.) during the most recently completed project year. **(1,000 characters)**
- (c) Describe at least two elements of CI that are working. **(1,500 characters)**
- (d) Describe at least two elements of CI that aren't working, include steps that could be taken to improve the CI process and access to the CI by people experiencing homelessness. **(1,500 characters)**
- (e) Describe your three greatest opportunities and/or concerns about CI over the next project year and resources that may need to be addressed. **(1,000 characters)**
- (f) Specific Population Focus. (Select ALL that apply):
 - Chronic Homeless Veterans Youth (under 25)
 - Families with Children Domestic Violence (recent or past)
 - Substance Abuse Mental Illness HIV/AIDS
 - Households with No Minor Children

3. SUPPORT SERVICES:

(a) Support Services and Frequency (PSH/RRH/SSO-CI/TH-RRH)

For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**. Please include all Medicaid services whether provider by the applicant or through partnerships with other organizations that provide Medicaid funded services.

SSO-CI Project should only select services that will be paid for by HUD CoC funds that are replacing the loss of nonrenewable funding (private, federal, and other excluding state/local government).

For Provider, indicate: **“Applicant”** if the applicant will provide the service directly; **“Partner”** if an organization with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, **“Non-Partner”** to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

		Frequency – select one per service type				
Supportive Service	Provider	Daily	Weekly	Bi-Monthly	Monthly	Does Not Apply
Assessment of Service Needs	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Moving Costs	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search/Counseling Services	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Services	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment Services	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Deposits	Click here to enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Describe efforts to identify and enroll all Medicaid-eligible participants. Describe opportunities for Medicaid-financed services, including case management, tenancy supports, behavioral health services and mental health supports. (PSH/RRH/TH-RRH) (1,000 characters)

(c) The project has staff (or contract with another agency who has staff) who participated in a SOAR training or refresher in the last 24 months? (PSH/RRH/TH-RRH/SSO-CI)

Yes No

If yes, please complete the following table for each SOAR-trained staff person.

<u>Staff Person Name</u>	<u>Title</u>	<u>Year of Last SOAR Training</u>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

(d) Collaboration with Local School Districts (PSH/RRH/TH-RRH):

For projects serving **families with dependent children and single adults 21 years old or younger**, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided under subtitle B of title VII of the Act (42 U.S.C. 11432, et seq.) and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness? Yes No

ATTACH A COPY OF YOUR POLICY TO THE APPLICATION

For projects serving **families with dependent children and single adults 21 years old or younger**, does the applicant have a designated staff person responsible for ensuring that children are enrolled in school and connected with the appropriate services with the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and subtitle B of title VII of the Act (42 U.S.C. 11432, et seq.) services? Yes No

Name: _____ Title: _____

IV. Project Quality (Please answer questions based on applicant type):

- 1. Renewal applicants (PSH, RRH, TH-RRH or SSO-CI):** These projects will be considered as having met these requirements through its previously approved grant application, unless information to the contrary is received, and will automatically receive full points for this section.
- 2. New applicants (PSH/RRH or TH-RRH):** Based on your answers to questions in section III(1)(a & b), Please describe how your project meets the following project quality criteria:
 - (a) How the type of housing and number and configuration of units will fit the needs of the program participants (e.g., 2 or more bedrooms for families) (1,000 characters);**
 - (b) How the type of the supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing—this includes all supportive**

services, regardless of funding source (e.g., child care for families with children, case management, life skills, drug counseling) **(1,000 characters)**;

- (c) How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the participants' housing?
- Very accessible
 - Somewhat accessible
 - Not accessible
- (d) A specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) **(1,000 characters)**; and
- (e) How program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention of permanent housing) **(1,000 characters)**.

V. Project Administration:

Renewal and New Project Applicants with a History of HUD CoC/ESG Project Administration:

- (a) Does the applicant have any existing/history of HUD CoC or ESG grants with any monitoring or audit findings (A-133 or general accounting-level audit) in the **last three years**? **Yes** **No**

If yes, please explain each finding and any applicable corrective action that has been or will be taken. **(750 characters)**

- (b) Are/were funding draws from Line of Credit Control System (LOCCS) completed at least once every three (3) months for this project? **Yes** **No**

- (c) Do you anticipate you will have unspent funds at the expiration date of this current contract? **Yes** **No**

If yes, how much? Please explain the reason for the unspent funds **(500 characters)**.

- (d) Did you have unspent HUD funds at the expiration of grant terms in any of the previous years listed below? **Yes** **No**

If yes, how much? (Enter 0 if all funds were spent & N/A if it does not apply)

2017 - 2018 (ended in 2018):

2016 - 2017 (ended in 2017):

2015 – 2016 (ended in 2016):

2014 – 2015 (ended in 2015):

- (e) Is/did the applicant participate in HMIS or DVIMS? **Yes** **No**

VI. Performance Measures

1. Renewal applicants:

- a.) All Renewal Applicants with Projects in Operation in 2018: Run the **IA-502 (Des Moines/Polk County) Monitoring Report** for the most recently completed project year to answer the following questions (**Projects administered by a domestic violence program should run the aforementioned report from the comparable database DVIMS**)

Total Households Served = _____ Total Positive Housing Destination = _____

- b.) Renewal Applicants with IA-502 (Des Moines/Polk County) Monitoring Reports - Using the numbers in this project's monitoring report, please fill in the chart below, based on the project type (PSH, RRH, TH-RRH or SSO-CI serving exclusively homeless youth). **The project's IA-502 (Des Moines/Polk County) Monitoring Report must be attached to your application.**

Project Type	Performance Measure	Answer
	Data Timeliness:	
TH, RRH, PSH, SSO-CI	<u>Benchmark</u> : 14 days	Click here to enter text.
	Data Completeness: (points described below; up to 5 points)	
TH, RRH, PSH, SSO-CI	<u>Benchmark</u> : <2% missing (null) values in ServicePoint (HMIS or DVIMS)	Click here to enter text.
	Exit Destination Errors:	
TH, RRH, PSH	<u>Benchmark</u> : Total exit destination error <20%	Click here to enter text.

For each performance measure, above, whose benchmark hasn't been met, please explain how your agency plans to improve in each measure. **(1,000 characters)**

Project Type	Performance Measure	Answer
	Income Increases	
RRH, TH	b1. Percentage of all adult participants who increased <u>total income</u> from entry to exit <u>Benchmark</u> : ≥35%	Click here to enter text.
PSH	b2. Percentage of adults remaining (stayers) who increase <u>total income</u> <u>Benchmark</u> : ≥25%	Click here to enter text.
	Average length of time from enrollment to permanently housed? (10 points)	

RRH, PSH	<u>Benchmark</u> : Average time to permanent housing <30 days	Click here to enter text.
	Percent of successful exits	
RRH, TH	c1. Percentage of exits to Permanent Housing <u>Benchmark</u> : ≥80%	Click here to enter text.
PSH	c2. Percentage of successful exits/retention: <u>Benchmark</u> : ≥85%	Click here to enter text.

Please describe what the data above is telling you about what is needed and what is working. **(1,000 characters)**

For each performance measure, above, whose benchmark hasn't been met, please explain how your agency plans to improve in each measure. **(1,000 characters)**

Project Type	Performance Measure	Answer
	Percentage of adults or HoH participants that met literally homeless definition prior to entry.	
TH, RRH, PSH	<u>Benchmark</u> : ≥93%	Click here to enter text.
	% chronic individuals served	
RRH, TH	d1. RRH or TH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: full points for youth-focused projects) <u>Benchmark</u> : ≥10%	Click here to enter text.
PSH	d2. PSH Only: Percentage of adult participants who met HUD definition of chronically homeless (note: full points for youth-focused projects) <u>Benchmark</u> : 100%	Click here to enter text.

Please describe what the data above is telling you about the impact on the program from the percentage of literally homeless and/or chronically homeless participants served. **(1,000 characters)**

- 2. New applicants for PSH/RRH or TH-RRH and 2018 new projects without a contract:**
These projects will automatically receive full points for this section since they do not as yet have a performance track record.

VII. Project Evaluation/Client Input

1. Describe the evaluation plan for this project. Also, describe how your agency incorporates outcome data into a quality improvement process for this project and for the agency. **(750 characters)**
2. Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback? **Yes** **No**
3. Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving? **Yes** **No**
4. Will the program present customer feedback to the Board of Directors? **Yes** **No**
5. Is there a person with lived experience involved in your agency’s decision making process?
 Yes **No**
 If yes, please describe **(500 characters)**

VIII. Budget/Cost Effectiveness

1. **Rental Assistance** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level or HUD Paid Rent, multiply units times rent amount times 12 (1 year grant) and enter totals. **(DO NOT use “HUD Paid Rent (Actual Rent)” column unless previously approved).**

Indicate the Type of Rental Assistance:

- Project Based Tenant Based Sponsor Based

Unit Size	No. of Units	FMR	HUD Paid Rent (Actual Rent)	Term (months)	Total
Efficiency	Click here to	\$614	\$Click here to enter	12	Click here to
1 Bedroom	Click here to	\$736	\$Click here to enter	12	Click here to
2 Bedroom	Click here to	\$910	\$Click here to enter	12	Click here to
3 Bedroom	Click here to	\$1,226	\$Click here to enter	12	Click here to
4 Bedroom	Click here to	\$1,357	\$Click here to enter	12	Click here to
Total	Click here to				Click here to

2. Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description	Annual Assistance
Maintenance and repair	Click here to enter text.	Click here to enter text.
Property Tax and Insurance	Click here to enter text.	Click here to enter text.
Replacement Reserve	Click here to enter text.	Click here to enter text.
Building Security	Click here to enter text.	Click here to enter text.
Electricity, Gas and Water	Click here to enter text.	Click here to enter text.
Furniture	Click here to enter text.	Click here to enter text.
Equipment (lease, buy)	Click here to enter text.	Click here to enter text.
Total		Click here to enter text.

- 3. Supportive Services:** Enter the quantity and total budget request for each supportive services cost in the chart below. The request entered should be equivalent to the cost of one year of the relevant supportive service. Enter the quantity in detail (e.g. 1 FTE Coordinated Entry Specialist Salary + benefits) for each supportive service activity for which funding is being requested. Please note that simply stating 1FTE is NOT providing “Quantity AND Detail”

Applicants for SSO-CI projects should only request funds in eligible cost categories that are specifically relevant for the expansion of the CoC’s coordinated entry process. Please also note that the only cost category not included on this screen is “Direct provision of services.” The project applicant should include those costs under one of the other applicable eligible costs when specifically relevant for coordinated entry.

Eligible Costs	Quantity Description	Annual Assistance Requested
Assessment of Service Needs	Click here to enter text.	Click here to enter text.
Assistance with Moving Costs	Click here to enter text.	Click here to enter text.
Case Management	Click here to enter text.	Click here to enter text.
Child Care	Click here to enter text.	Click here to enter text.
Education Services	Click here to enter text.	Click here to enter text.
Employment Assistance	Click here to enter text.	Click here to enter text.
Food	Click here to enter text.	Click here to enter text.
Housing/Counseling Services	Click here to enter text.	Click here to enter text.
Legal Services	Click here to enter text.	Click here to enter text.

Eligible Costs	Quantity Description	Annual Assistance Requested
Life Skills	Click here to enter text.	Click here to enter text.
Mental Health Services	Click here to enter text.	Click here to enter text.
Outpatient Health Services	Click here to enter text.	Click here to enter text.
Outreach Services	Click here to enter text.	Click here to enter text.
Substance Abuse Treatment Services	Click here to enter text.	Click here to enter text.
Transportation	Click here to enter text.	Click here to enter text.
Utility Deposits	Click here to enter text.	Click here to enter text.
Operating Costs	Click here to enter text.	Click here to enter text.
Total		Click here to enter text.

4. Budget Summary

Line Item	CoC Request	Applicant Match, Cash or In-kind	% of Match	Total CoC Project Budget
Rental Assistance	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Leasing	Click here to enter text.	NA	NA	Click here to enter text.
Supportive Services	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Operations	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
CoC Request (subtotal lines 1 thru 5)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Administration (7% of CoC Request)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total CoC Request (total lines 6 and 7)	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Cash and/or In-Kind Match (Must be $\geq 25\%$ of total grant request, with the exception of leasing costs.)

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

Submit your match letters and in-kind MOU agreements, no later than September 25, 2019 at 5:00pm to Angie Arthur at aarthur@pctf.org.

6. Cost Effectiveness

- (a) What is the average cost per person served (**full project budget**)?
- (b) What is the average cost per person served (**HUD funds being applied for only**)?
- (c) What is the average cost per exit to, or maintenance of, permanent housing over the course of the program year (**full project budget**)?
- (d) What is the average cost per exit to, or maintenance of, permanent housing over the course of the program year (**these HUD funds only**)?

Application submission: Please submit this application form and required attachments by accessing the electronic version at https://ica.formstack.com/forms/pccoc_application_2019 the deadline for submission is **no later than August 13, 2019, at 5:00pm** in order to be considered.

SUBMISSION SUMMARY

- _____ 2019 Project Application
- _____ Attachment: Admittance Policy
- _____ Attachment: Termination and Termination Appeal Policy
- _____ Attachment: Policies and Procedures to Prevent Eviction
- _____ Attachment: Provision of Educational and Related Services Policy
- _____ Attachment: IA-502 (Des Moines/Polk County) Monitoring Report
- _____ Attachment: Supplemental Questionnaire

Please submit this application form and required attachments by accessing the electronic version at https://ica.formstack.com/forms/pccoc_application_2019 the deadline for submission is **no later than August 13, 2019, at 5:00pm** in order to be considered.