



**2018 COC PROGRAM COMPETITION
RENEWAL PROJECT APPLICATION**

All projects requesting renewal must demonstrate minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.

Check One:

- Permanent Supportive Housing
- Rapid Re-Housing

Agency Profile	
Legal Name of Agency	Community Mental Health of Ottawa County
Project Name	Permanent Housing Assistance for Chronically Homeless Individuals (Informally called HUD 4)
Contact Person	Anna Bednarek
Title	Program and Community Development Coordinator
Address	12265 James Street, Holland, MI 49424
E-Mail	abednarek@miottawa.org
Phone	616-393-5648

Authorized Representative:

I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.

Name: Lynne Doyle	Title: Executive Director
Date of Executive Director Authorization:	8/1/2018
Date of Anticipated ED Authorization:	Click here to enter a date.

Recipient Performance

1. Has the applicant successfully submitted on time the previous year (ending 6/30/2017) Annual Progress Report related to this renewal project?

Yes No

If no, please explain.

[Click here to enter text.](#)

2. Does the recipient have any unresolved HUD monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

Yes No

If yes, please explain.

[Click here to enter text.](#)

3. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2017 application?

Yes No

If yes, please explain.

4. Once funds became available did the recipient maintain consistent Quarterly Drawdowns for the most recent grant term related to this renewal project?

Yes No

If no, please explain.

[Click here to enter text.](#)

5. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes No

If yes, please explain.

CMHOC completes a rent calculation for each participant in the program. The rent calculation determines the portion of rent a participant is responsible for paying to their landlord and what CMHOC is responsible for paying to the landlord. Because we are a rental assistance program the lease is with the tenant and they are responsible for paying their portion of rent to the landlord. CMHOC then pays the balance of the rent owed to the landlord. We will also assist with security deposits and rent payments when it is determined the participant is unable to make their portion of the payment. CMHOC only draws funds down from HUD that have been expended by the program. At the end of the most recent grant term CMHOC drew down 84% of available grant funds. CMHOC is able to serve two chronically homeless individuals in this program. At this time we are serving the number of people we have stated in our application. We would consider serving at least one more individual who is chronically homeless in this project once all of our openings are filled in our other permanent supportive housing project. If we are able to serve more than that we will.

Project Description

6. Provide a description that addresses the entire scope of the proposed project.

This renewal project will provide scattered site rental assistance for individuals residing in Ottawa County who are chronically homeless. This project proposes to serve at least two individuals throughout the operating year. The project will serve more individuals as long as funding is available. CMHOC will provide supportive services to assist eligible participants with locating decent and affordable housing, accessing transportation, obtaining and maintaining entitlements or employment, providing mental health services, and linking to other supportive services as identified in each participant's Individual Plan of Service. The bulk of the supportive services for this program are funded through other CMHOC programs. The only supportive service dollars from HUD are for completing the Housing Quality Standards inspection initially for new units and annually thereafter.

In order to be eligible for participation in this program the individual must have documentation of being chronically homeless as defined by HUD. Rental assistance is provided to eligible CMHOC consumers who are working directly with us or through a contract provider. In an attempt to fill vacancies we have been accepting referrals from Good Samaritan Ministries and InterCare. Participants who are single are eligible for one-bedroom units, but due to the limited availability of rental units in Ottawa County exceptions can be made for two-bedroom units. All rental prices need to be within the current fair market rent amount for that unit size.

Participants are referred to this program by their assigned worker. The assigned worker completes the Supportive Housing Program referral in the Electronic Medical Record or the paper referral if from an outside source and sends it to the CMHOC Program and Community Development Coordinator. If the program is full a waiting list will be maintained and referrals will be completed to the HARA for other housing programs. CMHOC will prioritize persons experiencing chronic homelessness and other vulnerable homeless persons for open slots in the program as set forth by the Lakeshore Housing Alliance.

Eligible participants are able to locate their own units in Ottawa County. Staff will assist as necessary, but the participant is the one who ultimately selects their housing. Once a participant has selected a unit a Housing Quality Standards inspection must be completed initially and annually thereafter. If a unit fails to pass inspection the landlord will be provided with a description of the items that failed. The landlord has 30 days to make the necessary repairs and have a re-inspection completed. If the issues are the tenant's responsibility then the assigned worker will assist with making sure the concerns are fixed.

In this program the participant's portion of the rent (including utilities) is based on 30% of their adjusted annual income. The types of income sources included are: Social Security, Earned Income, State Disability, Child Support, DHHS Cash Assistance, Food Assistance, etc. Participants are required to report any change in their income to their assigned worker so their portion of the rent can be recalculated if necessary.

CMHOC is required to participate in the Michigan State Homelessness Management

Information System. We provide participants with a Privacy Notice and a release of information to be signed so we can enter data into this system. This system is used for data tracking and grant reporting.

CMHOC does not have time limits for program participation, but we do have participants terminate from the program for a variety of reasons, such as accessing other mainstream resources, achieving economic self-sufficiency, or failure to comply with lease requirements. Terminations from the program are handled on a case-by-case basis and should be coordinated with the CMHOC Program and Community Development Coordinator. Participants will be notified of termination in writing and offered an opportunity to present objections to the termination. The program may resume assistance to a participant whose assistance was previously terminated.

- a. If applicable, justify the expansion of this project.

[Click here to enter text.](#)

7. Does your project participate in a CoC Coordinated entry process?

Yes No

If no, please explain.

[Click here to enter text.](#)

8. Does your project have a specific population focus? Yes No

If yes, please identify. (Select all that apply)

Chronic Homeless	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>

Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

9. Does the project quickly move participants into permanent housing (within 30 days of program acceptance)?

Yes No NA

If no, please explain.

[Click here to enter text.](#)

10. Does the project ensure that participants are not screened out based on the following items? Select all that apply. *By checking the first four boxes this project will be considered **low barrier**.*

Having little or no income	<input checked="" type="checkbox"/>
Active history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state=mandated restrictions.	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement.	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

11. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in Ottawa County	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

12. Does the project follow Housing First? Yes No

If no, please explain.

[Click here to enter text.](#)

Supportive Service for Participants

13. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes No

If no, please explain.

[Click here to enter text.](#)

14. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

Yes No N/A

If no, please explain.

[Click here to enter text.](#)

15. For all supportive services available to participants, indicate who will provide them, how they will be accessed and how often they will be provided.

Provider: enter one of the following:

- “Applicant” to indicate that the applicant will provide the service;
- “Sub-recipient” to indicate a provider that is a sub-recipient of CoC funds;
- “Partner” to indicate that an organization that is not the recipient or subrecipient of CoC Program funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service; or
- “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to program participants.

Frequency: Select the most common interval of time for which the service is accessible to program participants. If two frequencies are equally common, choose the interval with the highest frequency.

- Daily
- Weekly
- Monthly
- Annually
- As needed

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Annually
Assistance with Moving Costs	Applicant	As Needed
Case Management	Applicant	As Needed
Child Care	Click here to enter text.	Choose an item.
Education Services	Click here to enter text.	Choose an item.
Employment Assistance or Job Training	Applicant	As Needed
Food	Click here to enter text.	Choose an item.
Housing Search/Counseling Services	Applicant	As Needed
Legal Services	Click here to enter text.	Choose an item.
Life Skills Training	Applicant	As Needed
Mental Health Services	Applicant	As Needed
Outpatient Health Services	Click here to enter text.	Choose an item.
Outreach Services	Applicant	As Needed
Substance Abuse Treatment Services	Applicant	As Needed
Transportation	Applicant	As Needed
Utility Deposits	Click here to enter text.	Choose an item.
Operating Costs		

16. Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training or jobs? Yes No
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes No

Housing Type

17. Total Units: 2
 Total Beds: 2
 Total Dedicated Chronic Beds: 2
 Total Prioritized Chronic Beds: 0
18. How many of the beds not dedicated for chronically homeless will likely become available through turnover in the FY 2018 operating year? All beds in this project are dedicated to chronically homeless individuals.
19. How many of the beds listed in question 2 will be prioritized for use by the chronically homeless in the FY 2018 operating year? All beds in this project are dedicated to chronically homeless individuals.

Project Participants

20. Please complete the tables below with the household characteristics. In each non-shaded field list the number of households or persons served at maximum capacity. The numbers should reflect a single point in time at maximum capacity and NOT the number served over the course of a year or grant term.

Households	HH with at least 1 adult and 1 child	Adult households w/o children	Households with only children	Total
Total Number of Households	0	2	0	2

Characteristics	Persons in HH w/ at least 1 adult and 1 child	Adult persons in HH w/o children	Persons in HH's with only children	Total
Adults over age 24	0	2		2

Adults ages 18-24	0	0		0
Accompanied children under 18	0		0	0
Unaccompanied children under age 18			0	0
Total Persons	0	2	0	2

Performance Standards

Measure 1 – Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Answer only ONE Income Measure

Metrics	Earned income during the reporting period (stayers and leavers)	
Income Measure	Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit	
Actual # served	Enter the actual number served during the most recently completed operating year	3
Actual %	Enter the actual achieved percent for the project performance	33%

OR

Metrics	Earned income during the reporting period (stayers and leavers)	
Income Measure	Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit	
Actual # served	Enter the actual number served during the most recently completed operating year	Click here to enter text.
Actual %	Enter the actual achieved percent for the project performance	Click here to enter text.

Measure 2.A – Successful Placement in Permanent Housing (Transitional Housing and Rapid – ReHousing)

Metrics	Exit to or retention of permanent housing
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Income Measure	Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	
Actual # served	Enter the actual number served during the most recently completed operating year	
Actual %	Enter the actual achieved percent for the project performance	

Measure 2.B – Successful Retention of Permanent Housing (Permanent Supportive Housing)

Metrics	Exit to or retention of permanent housing	
Income Measure	Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	
Actual # Served	Enter the actual number served during the most recently completed operating year	3
Actual %	Enter the actual achieved percent for the project performance	100%

Metrics	Length of stay in permanent housing	
Income Measure	The percent of participants who remained housed in permanent housing for at least 6 months in the most recently completed operating year.	
Actual # Served	Enter the target percent that was submitted on the project’s e-snaps application for the most recently completed operating year	3
Actual %	Enter the actual achieved percent for the project performance	100%

HMIS Data Quality

Projects will be scored based on the project’s participation in HMIS. For victim service providers, an HMIS comparable database must be used for all persons served for each grant and should be able to generate an Annual Performance Report.

21. Did the applicant submit an HMIS 625 ART (APR) report or comparable report for victim service providers for the same time frame as the most recently submitted APR?

Yes No

22. Are at least 90% of the Universal Data Elements (UDE’s) complete?

Yes No

Project Budget

23. Total Units Requested: 2

24. Rental Assistance Budget

Activity	Requested Funds	Other Funding	Total Project Costs	% of Total Budget
Acquisition	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
New Construction	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Rehabilitation	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.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Rental Assistance	\$16,080	Click here to enter text.	\$16,080	75%
Supportive Services	\$3,269	\$817	\$4,086	19%
Operating Costs	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HMIS	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Project Administration (limited to 7%)	\$1,179	Click here to enter text.	\$1,179	5%
Total Project Cost	\$20,528	\$817	\$21,345	100%

25. Supportive Services Budget

Eligible Costs	Quantity and 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.
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	3 Inspections @ \$105, 3 re-inspections @ \$55, Security Deposit Assistance at \$1406 and Furniture Purchases \$550 = \$2,346 including cash match	\$1,949
Legal Services	Click here to enter text.	Click here to enter text.
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	Hotel Stay for 30 days @ \$55 = \$1,650 including cash match	\$1,320
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 Annual Assistance Requested		\$3,269

Sources of Leverage

26. Leverage Detail

Type	Contributor	Date of Commitment	Value of Commitment
Cash	CMHOC	8/3/2018	\$817
In Kind	CMHOC	8/3/2018	\$30,173
In Kind	MDHHS	7/2/2018	\$722
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.

Required Documentation

- HUD Monitoring Letter (if applicable) and communication indicating resolution of issues or on-going follow-up.
- Line of Credit Control System (LOCCS) report showing drawdowns and final balance.
- ART > Public Folder > Data Quality > UDE Completeness and Null Data Reports 0252 > Data Completeness Report Card (EE) – v15 (if applicable).