**IA-502 Des Moines/Polk County CoC**

**Special NOFO to Address Unsheltered Homelessness**

**HMIS**

**To qualify as a new project and submit an application, at least one staff member from your agency must have attended the**

**Open Meeting on August 24, 2022, at 2:00 p.m.**

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Angie Arthur at aarthur@homewardiowa.org no later than

**September 9, 2022, at 5:00 p.m.** in order to be considered.

**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.

**Project Type:** Choose an item.

**Requested amount:** Click here to enter text.

**GRANT TERM: 3 years**

**Applicants are STRONGLY URGED to review**

* ***Section V. Eligibility Information* of the Special NOFO to Address Unsheltered and Rural Homelessness, beginning on page 17, before starting their application.**
* **First time applicants for HUD’s CoC funding are also STRONGLY URGED to review 24CFR 578 Subpart D and Subpart F before completing Sections III through VIII 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

1. **Project Description**

1. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (**2,000 characters**)

1. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA **(2,000 characters)**.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. If your project includes multiple structures, you will complete one column for each structure. Non-applicable fields can remain blank, or you can enter “0” or “NA.”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestone** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** | **Days to Execution of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **Begin hiring staff or expending funds** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Begin program participant enrollment** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Closing on purchase of land, structure(s), or execution of structure lease** | Click here to enter text | Click here to enter text | Click here to enter text | Click here to enter text |
| **Start rehabilitation** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Complete rehabilitation** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Start new construction** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |
| **Complete new construction** | Click to enter a date. | Click to enter a date. | Click to enter a date. | Click to enter a date. |

**II. Project Description**

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? [ ]  **Yes** [ ]  **No**
2. If no, explain why and the planned steps for correction.
3. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.) [ ]  **Yes** [ ]  **No**
4. If no, explain why and the planned steps for correction.
5. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? [ ]  **Yes** [ ]  **No**
6. If no, explain why and the planned steps for correction.
7. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? [ ]  **Yes** [ ]  **No**
8. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures. (**2,000 characters)**
9. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? (**2,000 characters)**
10. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards? [ ]  **Yes** [ ]  **No**
11. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS? (**2,000 characters)**
12. Is your organization a victim service provider as defined in 24CFR 578.3 and uses a comparable HMIS database? [ ]  **Yes** [ ]  **No**

**III. HMIS Training**

|  |  |
| --- | --- |
| **Activity** | **Date of Last Training or Proposed Next Training** (mm/yyyy) |
| Basic Computer Training |  |
| HMIS Software Training for Sys Admin |  |
| Data Quality Training |  |
| Security Training |  |
| Privacy/Ethics Training |  |
| HMIS PIT Count Training |  |
| Other (must specify below) |  |
|  |  |
|  |  |
|  |  |
|  |  |

# IV. Budget/Cost Effectiveness

# Will funds requested in this new project application replace state or local government funds?

☐ **Yes** ☐ **No**

1. **HMIS Budget**

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”

|  |  |  |
| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Annual Assistance Requested** |
| Equipment | Click to enter text | Click to enter text |
| Software | Click to enter text | Click to enter text |
| Services | Click to enter text | Click to enter text |
| Personnel | Click to enter text | Click to enter text |
| Space & Operations | Click to enter text | Click to enter text |
| **Total Budget** |  |  |

**3. Budget Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item** | **Annual CoC Request**  | **Grant Term** | **Total CoC Request for Grant Term** |
| Leased Units |  |  |  |
| Leased Structures |  |  |  |
| Rental Assistance |  |  |  |
| Supportive Services |  |  |  |
| Operating |  |  |  |
| HMIS | Click to enter text | 3 Years | Click to enter text |
| **CoC Request (subtotal lines 1-6)** |  |  | Click to enter text |
| Administration (up to 10% of CoC Request) |  |  | Click to enter text |
| **Total Request Plus Admin (subtotal lines 7 & 8)** |  |  | Click to enter text |
| Cash Match |  |  | Click to enter text |
| In-Kind Match |  |  | Click to enter text |
| **Total Match** |  |  | Click to enter text |
| **Total Budget** |  |  | Click to enter text |

**4. Cash and/or In-Kind Match (Must be >25% of total grant request)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Source** | **Name of Source** | **Amount** |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |
| Choose | Choose  | Click to enter text | Click to enter text |

# Submit your match letters and in-kind MOU agreements, no later than October 12, 2022, at 5:00 p.m. to Angie Arthur at aarthur@homewardiowa.org.

**Application submission:** Please submit this application form and required attachments by emailing an electronic application packet to Angie Arthur at aarthur@homewardiowa.org no later than **September 9, 2022, at 5:00 p.m.** in order to be considered.