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

**2022 Continuum of Care Application**

**Letter of Interest – New Project**

**OVERVIEW**

To assist in planning for the 2022 HUD Continuum of Care Application process, Homeward is implementing a Letter of Interest (LOI) process. The LOI process will assist Homeward in requesting assistance in implementing new permanent housing projects needed to fill specific gaps in the local continuum using HUD Continuum of Care (CoC) CoC bonus funds or through reallocation of existing program funds.

If your organization is considering an application for a new Rapid Rehousing project (RRH) for adults or families, you must submit a *non-binding* LOI by email to **Angie Arthur** at [aarthur@homewardiowa.org](mailto:aarthur@homewardiowa.org) **no later than June 6th 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 2022 HUD CoC funds.

**NEW PROJECTS**

1. New projects will be created by using funds made available through Reallocation and/or through HUD’s CoC Bonus.
2. Priorities for new projects funded through the CoC Bonus:

1. Permanent Supportive Housing (PSH)\* for youth.
2. Rapid Rehousing (RRH)\* for individuals.
3. Priorities for new projects funded through Reallocation:
4. Permanent Supportive Housing (PSH)\* for youth.
5. Rapid Rehousing (RRH)\* for individuals.

\* Persons to be served in RRH must meet the following criteria:

(a) residing in a place not meant for human habitation;

(b) residing in an emergency shelter;

(c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;

(d) residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or

(e) residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of the NOFA); or

(f) receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or (d) at initial intake to the VA's homeless assistance system.

1. To verify if your project is eligible, please review the 2021 HUD CoC NOFA:

<https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf>

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

1. Propose to serve homeless adults or homeless families coming directly from the streets or emergency shelters.

(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.

(8) Be a current participant or agree to participate in the DSM/PC CoC’s coordinated assessment system.

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

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.

1. The expected grant amount for the CoC Bonus will be up to five percent (5%) of the CoC Final Pro Rata Need (FPRN), which totaled $903,323 in 2021. New project applications will be ranked by Homeward’s Grant Committee along with the current renewals. Projects will be prioritized and ranked as described in the *2022 CoC Program Competition Priorities and Ranking.*

**Letter of Interest – New Project**

**ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | | | | | |
| **Address:** | Click here to enter text. | | | | | | |
| **City:** | Click here to enter text. | **State:** | Click here to enter text. | **Zip:** | Click here to enter text. | |
| **Phone:** | Click here to enter text. | **Fax:** | Click here to enter text. | **Email:** | | Click here to enter text. | |

**CONTACT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Contact Person:** | | | Click here to enter text. | | |
| **Phone:** | *Click here to enter text.* | | | **Email:** | *Click here to enter text.* |
| **Agency Director:** | | Click here to enter text. | | | |
| **Phone:** | Click here to enter text. | | | **Email:** | Click here to enter text. |

**PROJECT SUMMARY**

|  |  |
| --- | --- |
| **Project Name:** | Click here to enter text. |
| **Program Type/Population Served (Choose one):** PSH for youth  RRH for adults | |
| **Unit Configuration (Indicate number of units in front of each unit type below):** | |

**#** 0 BR **#** 1 BR **#**  2 BR  **#** 3 BR  **#**  4 BR  **#** TOTAL

Project Description (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)

**Project Budget Worksheet**

|  |  |
| --- | --- |
| **Line Item** | **Total Assistance Request**  **for 1 Year Grant Term** |
| 1a. Leased Units | $0 |
| 1b. Leased Structures | $0 |
| 2. Rental Assistance | $0 |
| 3. Supportive Services | $0 |
| 4. Operations | $0 |
| 5. HMIS | $0 |
| **6. Subtotal Cost Requested (lines 1a.- 5)** | **$**0 |
| 7. Administration (7% of line 6) | $0 |
| **8. Total Assistance plus Admn. (total lines 6 and 7)** | **$**0 |
| 9. Cash Match | $0 |
| 10. In-Kind Match | $0 |
| **11. Total Match (lines 9 and 10)** | **$**0 |
| **12. Total Budget (lines 8 and 11)** | **$**0 |

**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 (Check if Yes)** |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| Click here to enter text. | $0 |  |  |  |
| **TOTAL** | **$**0 |  |  |  |

**ELIGIBILITY**

Centralized Intake Verification – This project will accept referrals exclusively from the DSM/PC CoC’s 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 DSM/PC CoC’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:**

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Name Signature Title

*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.*

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Executive Director/CEO/President Date

**Letter of Interest Submission:** Please submit this LOI by email to **Angie Arthur** **at** [aarthur@homewardiowa.org](mailto:aarthur@homewardiowa.org) **no later than June 6, 2022 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 2021.