

FY 2023 CoC NOFO

Request for Information (RFI)

Renewal Project Application

Application Deadline: Friday, August 25, 2023 by Noon (central standard time)

Email all application materials before the deadline to nofo@housingsolutionstulsa.org **and** tulsacocnofa@homebaseccc.org**.**

#  Submission Instructions

Applicants are encouraged to review the [FY2023 Notice of Funding Opportunity (NOFO) Continuum of Care (CoC) Program Competition](https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps/fy23_coc)

Renewal projects must complete the local application by responding to the RFI by the deadline outlined in the FY 23 CoC NOFO Timeline. All application items, supplemental materials and attachments must be submitted and completed to be considered for the rank and review process. See NOFO Standards of Operating for more details surrounding late applications and/or penalties for incomplete applications. Renewal projects must indicate what type of renewal application they are requesting below. **First-Time & Auto-Ranked Renewal projects are not required to submit a local application. First-time & Auto-Ranked renewal projects must submit a Letter of Intent to confirm the applicant meets all HUD threshold criteria**. Projects that meet threshold criteria will be auto-ranked at the top of Tier 1 in the Final Project Rank List.

See the **AWH4T CoC NOFO Standards of Operating** for more details surrounding late applications and/or penalties for incomplete applications.

IMPORTANT:

The local application materials do not require submission of a copy of the e-snaps application for the Rank and Review process. All applicants MUST and will be REQUIRED to submit complete and accurate e-snaps applications by the deadlines listed on the FY23 CoC NOFO Timeline posted on the Housing Solutions NOFO page at [NOFO | Housing Solutions Tulsa](https://www.housingsolutionstulsa.org/awh4t-partner-portal/nofo/). For more information about e-snaps, see the resources listed below:

* <https://esnaps.hud.gov/grantium/frontOffice.jsf>
* <https://www.hudexchange.info/programs/e-snaps/>

# Agency Info & Application Type

**Please provide information below regarding agency and staff information:**

Applicant Agency Name: Click or tap here to enter text.

Project Name & Grant #: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Email & Phone Number: Click or tap here to enter text.

Secondary Contact: Click or tap here to enter text.

Email & Phone Number: Click or tap here to enter text.

Other Contact Name and Info (if applicable): Click or tap here to enter text.

SAM ID and Expiration Date: Click or tap here to enter text.

Unique Entity Identifier (UEI): Click or tap here to enter text.

To be eligible as a renewal project, the application must (1) be for the same amount of funding before any adjustments described in this NOFO (e.g. FMR adjustments), or the amount reduced due to reallocation of a CoC; (2) be for the same program component; (3) in the case of CoC renewal projects, must continue to serve program participants who are enrolled in the project under the project’s current grant agreement; and (4) in the case of DV Bonus renewal projects, must continue to serve the same subpopulation.

**Select one of the boxes below that best matches your project application type:**

[ ]  Renewal (no changes)

[ ]  Renewal Expansion\*\*

[ ]  Renewal w/ Changes (reduced award, budget amendment) \*\*

[ ]  Voluntary Reallocation (reduced award)

[ ]  Request to add eligible activities to a project

[ ]  Shift of up to 10% of funds from one approved eligible activity to another

[ ]  Change in population served

[ ]  Renewal Consolidation\*\*

See sections I.B.3.e and III.B.4.b.(8) of the NOFO

Important: \*\* marked items must provide a narrative response in the Program Overview (question 2) describing the changes and reason for needed changes.

Expansion Project: Submit a renewal application for the current/existing project. The applicant must also submit an application using the NEW RFI Application forms to describe the details of the expansion portion of the new project that will be added to the existing project if selected (not the combined project). Provide a brief summary in Program Overview (question 2) of how the expansion will be used to increase the number of persons served and/or provide more robust services.

Consolidation Projects: provide the name and grant numbers of the projects and the name of the surviving project and the expected timeline of the consolidation based on the guidance in the NOFO.

**VAWA Eligible Cost Line Item:**

Will the agency either request an expansion to increase the budget or shift existing funds from the current budget to add eligible costs for the emergency transfer facilitation under the VAWA costs line item?

**Provide a response by selecting one of the boxes below:**

[ ]  Yes [ ]  No

# Required Documents

Please submit the following documents to nofo@housingsolutionstulsa.org AND TulsaCoCNOFA@homebaseccc.org in PDF format:

### Required Attachments

Please check the boxes on the left side of the table to indicate that the applicant has completed the required attachment (check yes), has or will not complete or submit the attachment (check no), or the attachment is not applicable (check N/A) which will be included as a part of the application packet submitted.

|  |  |
| --- | --- |
| [ ]  | Responses to Supplemental Questions in this **Request for Information (RFI) Application** |
| [ ]  | **HUD monitoring documents** (letter, monitoring report and final closeout letter)– if applicable**.** If the project has not been monitored, please provide a **cover page** titled “**HUD Monitoring Records Not Applicable”**. |
| [ ]  | Agency’s **most recent financial audit and management letter**  |
| [ ]  | **Data – Annual Performance Reporting (APR)** Most recent PDF printout of Annual Performance Report (APR) submitted in Sage and/or report generated from HMIS database  |
| [ ]  | **Eloccs: Quarterly drawdowns:**Proof of meeting quarterly drawdown requirements (screenshots from eloccs or other documents) verifying drawdowns have been completed on a quarterly basis for the current and past year of program operating.  |
| [ ]  | **Award Spenddown:** Documentation showing the final spending amount of the three most recently completed operating periods. Source documentation may include screenshot from Sage or eloccs and/or closeout letter from HUD verifying whether the project deobligated funds or expended all CoC Program funds awarded during the operating periods.  |
| [ ]  | **Completed Resilience and Equity Checklist** Completed attachment with all questions having a complete response. See the Renewal Project Scoring Tool for scoring criteria.  |
| [ ]  | Verification of [**PRESTO**](http://prestoevals.org.) **submission** of performance dataApplicants must submit the most recently completed APR data as a csv file or other format approved by Homebase to Homebase (TulsaCoCNOFA@homebaseccc.org) before the RFP application deadline. Data submitted will be uploaded into PRESTO and used to calculate performance-based scores using the scoring rubric outlined in the FY23 NOFO Renewal Scoring Tool. Submissions are used to review performance and scaled scores for Renewal Project Factors 1A-E and 2A-D.  Note: there is a question included at the end of the RFI application where you can provide a response to preliminary and anticipated scores.  |

If your response is *No or N/A* – indicating that required attachments may not be included as a part of the complete application, please provide an explanation.

Limit: 3,000 characters (spaces included)

# Supplemental Questions

### Program Overview

**Project Type: Please select the type of Project the applicant will be renewing (check box):**

[ ]  Permanent Supportive Housing (PSH)

[ ]  Rapid Re-Housing (RRH)

[ ]  Joint Component Transitional Housing to Rapid Rehousing (TH-RRH)

[ ]  Transitional Housing (TH)

[ ]  Homeless Management Information System (HMIS)

[ ]  Supportive Services Only – Coordinated Entry (SSO-CE)

1. Please provide a description that addresses the entire scope of the project. This narrative will be used in your evaluation report to introduce your program to the Project Review Panel – it will not be scored. Applicants may copy narrative used in e-snaps.
	1. Target population (please review eligible populations under NOFO)
	2. # of households served at a single point in time and annually
	3. Services provided to participants and plans for addressing housing and supportive service needs.
	4. Anticipated project outcomes
	5. Coordination with other organizations and how the CoC program Funding will be used.

Limit: 2,000 characters (spaces included)

1. **Renewal with Changes:**

If the applicant provided a response under the Application Type section indicating that the project is requesting a change through an expansion, consolidation, and/or amendment – a description of the changes being requested and how it will improve the program operations, outcomes, and overall service delivery to participants.

**Required**: If the renewal project will be adjusting the budget through an expansion or budget amendment to include the new VAWA eligible cost category, please provide details below (e.g., budget line items that will be reduced and the amount increased for VAWA emergency transfer costs).



Limit: 2,000 characters (spaces included)

### Threshold Requirements

1. These factors are required, but not scored. If the project indicates *No* for any threshold criteria, it is ineligible for CoC funding. To confirm this project complies with each component of the Threshold Requirements as listed in this table, please provide an applicable response by checking the box for each item on the right side of the table.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Definition** | **Yes/No** |
| Services Standards | Applicant participated in [the A Way Home for Tulsa Services Standards fidelity assessment](https://www.housingsolutionstulsa.org/wp-content/uploads/2023/07/AWH4T-Services-Standards-Baseline-Self-Assessment-fillable.pdf) and action planning process during the spring TA meetings with Homebase and Housing Solutions. | [ ]  Yes[ ]  No |
| HMIS Implementation | Projects are required to participate in HMIS, unless the project is operated by a victim services provider. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards.  | [ ]  Yes[ ]  No |
| Coordinated Entry | Projects are required to participate in Coordinated Entry (when it is available for the project type) in compliance with the CoC's Coordinated Entry standards and HUD's Coordinated Entry Notice ([Notice CPD-17-01](https://www.hud.gov/sites/documents/17-01CPDN.PDF)). | [ ]  Yes[ ]  No |
| HUD Threshold | Projects will be reviewed for compliance with the eligibility requirements of the CoC Interim Rule and Subsequent Notices and must meet the threshold requirements outlined in the 2023 Notice of Funding Opportunity (pg. 33-52).**IMPORTANT ELIGIBILITY INFORMATION & RESOURCES:**[Part 200 of Title 2 of the Code of Federal Regulations (2 CFR Part 200)](https://www.federalregister.gov/documents/2020/08/13/2020-17468/guidance-for-grants-and-agreements)[Eligibility Requirements for Applicants of HUD's Grants Programs - 2023](https://www.hud.gov/sites/dfiles/SPM/documents/EligibilityRequirementsFiscalYear2023-10042022.docx) | [ ]  Yes[ ]  No |
| HUD Policies | CoC & ESG funded projects are required to have policies and meet compliance standards including: * Termination of assistance and grievance procedures,
* Equal Access,
* Fair Housing, nondiscrimination requirements,
* VAWA protections, and
* Confidentiality and privacy

Additional Resources: * [CoC Program Grants Administration User Guide](https://files.hudexchange.info/resources/documents/CoCProgramGrantsAdministrationUserGuide.pdf)
* [CoC and ESG Virtual Binders](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/)
 | [ ]  Yes[ ]  No |

1. If your response is *No* to any of the Threshold Requirements, please provide an explanation.

Limit: 3,000 characters (spaces included)

### 1. Outcomes Supporting System Performance Measures

#### 1F. Alignment with Housing First Principles

1. **Please check the boxes** for each situation that would *always* disqualify a person from enrollment or participation in the project, each situation that *mig*ht disqualify a participant depending on circumstances, and each situation that *would not* disqualify a person at program entry and/or from continuing to be enrolled in services based on program expectations and/or eligibility criteria.

|  | **Would *Always* Disqualify from Enrollment/ Participation** | ***Might* Disqualify from Enrollment/ Participation** | ***Would Not* Disqualify from Enrollment/ Participation** |
| --- | --- | --- | --- |
| Person is actively using substances (including alcohol or illegal drugs) |[ ] [ ] [ ]
| Person has chronic substance use issues |[ ] [ ] [ ]
| Person has a mental health condition |[ ] [ ] [ ]
| Person has a mental health condition that is currently untreated |[ ] [ ] [ ]
| Person has a felony conviction |[ ] [ ] [ ]
| Person has an arson conviction |[ ] [ ] [ ]
| Person appears on the Oklahoma Sex Offense Registry |[ ] [ ] [ ]
| Person has a conviction related to domestic violence, intimate partner violence, or sexual assault |[ ] [ ] [ ]
| Person has another type of conviction |[ ] [ ] [ ]
| Person has no current source of income |[ ] [ ] [ ]
| Person has poor credit and/or history of eviction |[ ] [ ] [ ]
| Person has been terminated and/or evicted from the program in the past |[ ] [ ] [ ]
| Person is a survivor of domestic violence or intimate partner violence and has not separated from their abuser and/or does not plan to obtain a protection order |[ ] [ ] [ ]
| Person refuses to participate in services Note: RRH project participants must make contact with program staff once a month but are not required to participate in services (goal planning, case management sessions) |[ ] [ ] [ ]

1. If you checked any of the boxes stating a condition *would always* or *might* disqualify a person from enrollment, please explain why. (limit 500 characters per box checked)
2. Describe all of the ways the agency and/or CoC-funded project works with participants to avoid involuntary project exit, in compliance with the [CoC’s Policy for Participant Termination](https://www.housingsolutionstulsa.org/wp-content/uploads/2021/10/AWH4T-Services-Standards_October-2021.pdf) (starting at p. 25), including: client-centered case management, providing additional support and/or resources, and/or any other strategies. If any of your CoC-funded projects have exited a participant involuntarily in the past four years, how many have been exited in the past operating period and choose one example and describe all the steps the CoC-funded project took to prevent or avoid the involuntary exit. Please change or do not include details that would allow a member of the community to identify the former participant. (limit 3,500 characters)
3. What services are provided (financial assistance, staffing, partnerships, and interventions) are used to minimize barriers and time to housing placement and maximize housing? To what extent did your program use data to monitor return to homelessness rates and strategies your agency and program uses to reduce and prevent returns to homelessness? Applicants are recommended to provide past and/or current program data with future performance improvement goals the agency is wanting to accomplish and/or reach. (limit 2000 characters)

#### 1.G Improving Safety

1. **Domestic Violence Bonus Renewal Projects Only:**

**Please provide a narrative responding to the following items.**

1. Provide the date range of the agency’s most recent HUD APR and how many survivors (persons and households) were served under this project during the period.
2. The number of households that were offered assistance with completing a safety plan, that successfully completed safety plans, and that declined to complete a safety plan during the project period.
3. Provide a description of victim-centered practices used to increase safety outcomes.

Limit: 1,000 characters (spaces included)

1. **All Other Renewal Projects:**
	1. Does the agency have a process in place to assess individuals for risk of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking? Provide a response by selecting one of the boxes below:

[ ]  Yes [ ]  No

* 1. Does the agency have a process in place to provide a warm hand-off to a victim services provider for individuals determined to be experiencing or at risk of experiencing domestic violence?

Provide a response by selecting one of the boxes below:

[ ]  Yes [ ]  No

Provide a brief description of victim-centered practices the agency/project uses and offering Violence Against Women Act (VAWA) housing protections, if any.

Limit: 1,000 characters (spaces included)

### 3. Agency/Collaborative Capacity

#### 3A. Compliance

1. Has your agency had a financial audit?

Provide a response by selecting one of the boxes below:

[ ]  Yes [ ]  No [ ]  Not applicable

**If no or not applicable,** please provide an explanation.

Limit: 1,000 characters (spaces included)

1. Are there any outstanding financial audit findings or concerns?

Provide a response by selecting one of the boxes below:

 [ ]  Yes [ ]  No [ ]  Not applicable

**If yes,** please specify and describe the issue and status, including any steps your agency is taking to resolve the findings or concerns. If N/A provide an explanation.

Limit: 3,000 characters (spaces included)

1. Are there any unresolved HUD monitoring findings or concerns **and/or any history of HUD-imposed sanctions** (including but not limited to suspension of disbursements, required repayment of grant funds, or de-obligation of grant funds due to performance issues) related to any of your agency’s HUD-funded projects?

Provide a response by selecting one of the boxes below:

[ ]  Yes [ ]  No [ ]  Not applicable

If yes, please specify which project(s) and describe the issue and status, including any steps your agency is taking to resolve the findings or concerns and the extent to which your agency has advised the Collaborative Applicant of the outstanding findings or concerns.

Limit: 3,000 characters (spaces included)

#### 3B. Grant Spend-Down

1. Over the past three CoC-funded renewal operating periods that have been closed out (operation period has ended) did the grant deobligate funds? Applicants must provide attachments to support response. Provide an attachment for the two most recent operating periods of the renewal grant showing the expenditure amounts (e.g., eloccs, APR submission from Sage, and/or HUD letter or communication stating deobligated amount). Projects that have completed two years of program operations must provide attachments for both operating periods.

Provide a response by selecting one of the boxes below:

|  |  |
| --- | --- |
| [ ]  | Yes, the renewal project did not spend all grant funds for at least one of the most recent grant periods |
| [ ]  | No, the renewal project fully spent our awarded amount and did not deobligate funds over the past three most recent grant operating periods |
| [ ]  | Not applicable, the renewal project has not completed a full operating period. |
| [ ]  | If yes or no, attachment is included as a part of application (see instructions above) |

If yes, please provide a description of how much was deobligated, the reason for not spending all awarded funds, and the past and current strategies/actions that have been implemented to prevent future unspent funds.

Limit: 1,000 characters (spaces included)

#### 3D. Client Participation in Project Design and Policymaking

1. Please describe at least one strategy your agency uses for gathering participant input and/or building participant leadership. Factor 3D. on the Renewal Project Scoring Tool lists “High Priority Strategies” and "Additional Strategies”. The strategies provided are non-exhaustive -- we welcome other strategies!

Strategies can be agency-wide or project-specific, but they must cover or be available to the project named in this application. E.g., DO tell us if you have a consumer board that advises on agency-wide policy; DO NOT tell us if you have a consumer board that only advises on a specific non-CoC funded program.

If you have an agency-wide strategy, or multiple projects that employ the same strategy, provide one narrative that applies to this project.

Limit: 1,000 characters (spaces included)

1. Please provide an example of feedback or input received from participants in the past four years. Feedback can be from participants in this CoC-funded project or in another project operated by the agency, if the feedback impacted this CoC-funded project. **Describe how the agency or project responded to the feedback, which may include but is not limited to any of the following:**
* Exploring the feasibility of changes in response to the feedback,
* Communicating with agency leadership and/or board of directors about the feedback,
* Communicating with participants about follow-up efforts in a feedback loop, and/or
* How the decision was made to make changes or not make changes based on the feedback, and/or any changes that were made to the project or services.

Limit: 3,000 characters (spaces included)

### 4. Priority Programs and Populations

1. Please respond by checking the box on the right side of the chart enter Yes, No, N/A.

|  |  |
| --- | --- |
|  | **Yes/No** |
| Project provides 100% Chronically Homeless Dedicated or DedicatedPLUS permanent supportive housing | [ ]  Yes[ ]  No[ ]  N/A |
| Project provides rapid rehousing or other permanent housing | [ ]  Yes[ ]  No[ ]  N/A |
| Project is dedicated to serving veterans | [ ]  Yes[ ]  No[ ]  N/A |
| Project is dedicated to serving survivors of domestic violence | [ ]  Yes[ ]  No[ ]  N/A |
| Project is dedicated to serving youth and young adults | [ ]  Yes[ ]  No[ ]  N/A |
| Project leverages funding by partnering with a local public housing authority (MOU or agreement is established between entities) | [ ]  Yes[ ]  No[ ]  N/A |
| Project leverages funding by partnering with a healthcare system provider (MOU or agreement is established between entities) | [ ]  Yes[ ]  No[ ]  N/A |

### Narrative Response to Preliminary and Anticipated Scores

1. You may provide a narrative to supplement the information contained in your APR Data/Project Evaluation Report regarding your program’s performance in the past operating year. Applicants may use this opportunity to direct the Project Review Panel to explanatory or qualifying informationregarding those scoring factors on which their project may not score perfectly and to encourage Panelists to exercise discretion in changing the scoresfor those factors.

Projects will be provided preliminary scores *only* for those scoring factors that are pre-scored or scaled based on APR data. Projects are encouraged to provide explanatory information for any scoring factors they believe may not accurately reflect performance, including those for which they did not receive preliminary scores.

Please refer to the Renewal Project Scoring tool and limit your response to the specific factors that the Panel may take into consideration when exercising discretion.

Limit: 3,000 characters