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DuPage County

## 2020 Continuum of Care Application

3/6/2020 deadline

# Print Preview Prop

Jump to: [Project Performance Evaluation](#) [Business Plan](#) [Documents](#)

**\$ 0.00** Requested

**Additional Contacts**  
*none entered*

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## Project Performance Evaluation [top](#)

### Project and Performance Overview

#### 1. This project is a:

Select one.

- Renewal - no changes proposed
- Renewal - changes proposed
- New project - agency has received CoC funding within the last three years
- New project - agency has not received CoC funding within the last three years

#### 2. Please provide a brief description of your project. Include information about the type of assistance and housing you plan on providing or have been providing, your project's accomplishments, and planned goals for next program year.

Maximum characters: 2,500

-no answer-

#### 3. Performance Thresholds.

Please check all that apply. If no APR has been completed for this project, please check all which you anticipate may apply for those thresholds. To calculate income measures in Sage, please use documentation in Reference Library.

- Most recent APR shows utilization rate below 90%
- Most recent APR shows unspent HUD funds in the last completed operating year
- Most recent APR shows fewer than 80% of participants remaining in PSH or exiting to PH
- Most recent APR shows fewer than 50% of participants (leavers and stayers) meeting employment income OR total income measures
- Applicant agency had significant managerial changes or lost key personnel in last year
- There have been significant program changes in the last year

- None of the above

**4. Do 100% of participants enrolled currently meet HUD eligibility criteria for the project at the time of entry?**

Select one.

- Yes
- No - renewal is not eligible
- N/A - new project

**5. Tell us about your project capacity?**

Please answer each question below.

<input type="text"/>	Total # Units in project
<input type="text"/>	Average Length of Stay - Leavers
<input type="text"/>	Average Length of Stay - Stayers
<input type="text" value="0.00"/>	<b>TOTAL</b>

**6. Has HUD or another entity monitored this CoC project within the last 12 months?**

Select one.

- Yes
- No

**7. If your agency has had any reporting, monitoring or billing deficiencies related to this CoC project, please provide an update.**

Select one.

- No concerns and no findings
- Yes, concerns or findings that have since been resolved
- Yes, concerns or findings that the agency is currently working to resolve
- N/A - no entity has monitored our agency or project

**8. If you answered "Yes" to question 7, please provide a brief outcome of the monitoring and/or explain any deficiency or finding. Please include your agency's resolution or plan for resolution, including dates if applicable.**

If No, type N/A. Maximum characters 1000.

-no answer-

**9. Describe your agency's policy which addresses affirmatively furthering fair housing, anti-discrimination, and equal access in accordance with an individual's gender identity.**

Refer to the HUD Fair Housing Rights and Obligations Document in the Reference Library.

-no answer-

**Other Basic Project Information**

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**10. Grant Term**

Select one.

- 1 year
- 2 years
- 3 years
- N/A

**11. Project Type**

Select one.

- HMIS
- Joint Transitional and Rapid Rehousing
- Permanent Supportive Housing
- Rapid Re-housing
- Rental Assistance
- Safe Haven
- Supportive Services Only
- Transitional Housing

## 12. Expiring HUD Grant Number

If you do not have a HUD grant number, indicate 'N/A'

-no answer-

## Business Plan [top](#)

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### Populations Served and Approach

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#### 1. Is the project description the same as submitted in the PPE? If not, please describe the changes to the project below, and what factors necessitated the change.

Not scored. If no changes were made, indicate "N/A"

-no answer-

#### 2. High Need Populations Served: In the past year, which HUD defined populations have been served by this project?

Check all that apply to indicate your project's commitment to serving those with the highest needs. New Projects, please indicate this project's target populations. (1 point for each population served up to a maximum of 5 points)

- Chronically homeless persons
- LGBTQ persons
- Youth
- Veterans
- Low or no income persons
- Current substance abuse, significant health or behavioral health challenges, or functional impairments
- Coming from the streets
- Criminal history
- Abuse/victimization or a history of victimization/abuse, Domestic Violence, Sexual Assault, Childhood Abuse
- Not Applicable

#### 3. Housing First. Project participants are NOT terminated for:

Check all that apply to show this project's commitment to utilizing a Housing First approach. (1 point per each criterion met up to a maximum of 5 points)

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income
- Being a victim of domestic violence
- Any other activity not included in a typical lease agreement
- Not Applicable

#### 4. Low Barrier. Project does NOT screen participants out for:

Check all that apply to show this project's commitment to a low barrier approach (1 point for each criterion met up to a maximum of 5 points)

- Too little or no income
- Active substance abuse or a history of substance abuse
- Criminal record
- Victim of Domestic Violence
- Any other activity not included in a typical lease agreement
- Not Applicable

#### 5. Describe how your program uses a Housing First model. How will you strengthen these practices or lower barriers to housing in the coming year? Be sure to include how this project will address barriers of those with criminal histories in accessing housing.

Refer to the Housing First Assessment located in the Reference Library. (Maximum 3 points possible) Limit 1,500 characters.

-no answer-

#### 6. Veteran's Priority

1 point each for each designated bed for Veterans (maximum of 3 points possible)

<input type="text"/>	Number of current beds designated for Veterans
<input type="text"/>	Number of beds to be designated for Veterans through turnover
<input type="text"/>	Number of new Veteran beds
<input type="text"/>	Not Applicable
<input type="text" value="0.00"/>	<b>TOTAL</b>

**7. Mainstream Benefits. Which of the following methods do you employ to help participants secure mainstream benefits?**

Check all that apply. (1 point for each criterion met up to 5 points maximum)

- Project provides transportation assistance to appointments
- Use of a single application form for 4 or more benefits
- Annual follow-ups to ensure benefits are received and renewed
- Helping participants applying for SSI/SSDI get the technical assistance they need
- Having a staff person who has completed SOAR training in the past 24 months
- Not Applicable

**8. Bed Utilization. What was the project's bed occupancy rate over the past operating year?**

Select the best answer based on this project's most recent completed APR (Q2). If this project hasn't completed its first operating year, attach the DPC CoC Interim Project Report found in the Reference Library. (Up to 5 points possible)

- 95% or over (5 points)
- 90% to 94.9% (4 points)
- 80% to 89.9% (3 points)
- Less than 80% (0 points)
- New project proposed, or no data available for bed occupancy rate (0 points)
- Project has not completed first operating year - See Interim Project Report

**9. HUD Housing Stability Goals: PSH = 80% of participants remain or exit to other permanent housing, or TH = 80% leavers exit to permanent housing. Refer to Sage Calculations worksheet in the Reference Library for Housing Stability formula calculations. Using this project's most recent completed APR, participants met the following:**

If project hasn't completed its first operating year, complete and attach the DPC CoC Interim Project Report found in the Reference Library. (Maximum 5 points possible)

- Met goal of 80% remaining or exiting to permanent housing destination - 5 points
- Had at least 65% remaining or exiting to permanent housing destination - 2 points
- Had less than 65% remaining or exiting to permanent housing destination - 0 points
- New project proposed, or no data available for bed occupancy rate - 0 points
- Project has not completed first operating year - See Interim Project Report

**10. HUD income goals are that 50% of participants (leavers and stayers) meet employment income OR total income measures. Refer to Sage Calculations worksheet in the Reference Library for income formula calculations. Using this project's most recent completed APR, participants (both leavers and stayers) met the following:**

Refer to your most recent completed APR (Q18) If your project hasn't yet completed its first operating year, complete and attach the DPC CoC Interim Project Report found in the Reference Library (Maximum 5 points possible)

- At least 50% met employment income OR total income measures - 5 points
- At least 25% met employment income OR total income measures - 2 points
- Less than 25% met employment income OR total income measures - 0 points
- New project proposed, or no data available for income goals - 0 points
- Project has not completed first operating year - See Interim Project Report

## HUD Compliance

**11. Were HUD funds unspent from this project in the last operating year? State the unspent amount as a percentage of this project's total HUD award. If funds were unspent, please also add the total dollar amount of awards not spent.**

(0 – 5 % unspent (5 points), 5.1 - 10% or less of funds unspent (4 points), 10.1 - 15% or less of funds unspent (2 points), 15.1% or more of funds unspent (0 points). If project hasn't completed its first operating year, attach CoC Interim Report.

<input type="text"/>	Percentage of HUD Award unspent
<input type="text"/>	Total dollar amount unspent
<input type="text"/>	New Project Proposed (N/A)
<input type="text"/>	Project has not completed first operating year - See Interim Project Report
<input type="text" value="0.00"/>	<b>TOTAL</b>

**12. HUD Reporting Requirements - Annual Progress Report (APR) for last operating year**

*Check all that apply. If your project hasn't completed its first operating year, complete and attach the DPC CoC Interim Project Report found in the Reference Library. (Maximum 5 points possible)*

- APR submitted on time (5 points)
- APR submitted after due date (0 points)
- New project proposed
- Project has not completed first operating year - See Interim Project Report

**13. Renewal Projects: Have you made modifications to this project in the last year? What qualitative or quantitative evidence indicated a need for modifications or indicated the strength of the project if you did not make modifications?**

*If this is a new project, please state N/A. (Maximum 2 points possible). Limit 1,500 characters.  
-no answer-*

**14. New Projects: Describe the timetable established to achieve proposed project goals. How will the project be staffed? Are there any obstacles to successful implementation?**

*Please respond to each part of the question. If renewal, please state N/A. (Maximum 10 points possible). Limit 2,000 characters.  
-no answer-*

**Linguistic and Cultural Competence**

Please describe efforts and strategies to broaden the inclusivity of your organization to ensure non-discrimination and equal access to persons regardless of race, culture, ethnicity, gender identity, sexual orientation, disability or language.

**15. Describe the process used to ensure persons of persons of all races, ethnicities, gender identities, sexual orientations, and abilities have equal opportunity and access to the project. Please identify cross cultural strengths which currently exist within the organization.**

*Please respond to each statement. (Maximum 2 points possible; 1 point per statement) Limit 2,000 characters.  
-no answer-*

**16. Provide an explanation of changes made within your organization to improve service delivery to culturally diverse populations. Identify dates of Cultural Competency training or educational instruction to agency leadership, staff or board provided to build awareness, knowledge and skills related to cultural difference.**

*Please respond to each statement. (Maximum 2 points possible; 1 point per statement) Limit 2,000 characters.  
-no answer-*

**17. Identify the data used to develop a plan to support the organization's goals for cultural competency. Describe how information used to notify persons served of their right to receive language assistance and consumer related materials is provided within your organization.**

*Please respond to each statement. (Maximum 2 points possible; 1 point per statement) Limit 2,000 characters.  
-no answer-*

**Organization's Demonstrated Capacity**

**18. What other organization(s) review and verify the practices of your organization? What kind of application or process initiated your relationship with this reviewing entity? Answer N/A if no other organization(s) review and verify your practices.**

*Reviewing organizations cannot include DuPage County, U.S. Dept. of Housing & Urban Development (HUD) or the agency auditor. Maximum characters: 1,500.  
-no answer-*

**19. What types of reviews were completed by the organization(s) listed in Question 18 and what were the results of those reviews?**

*Check all that apply. See "Required Documents" tab; UPLOAD REQUIRED FOR FUNDING LETTER, CERTIFICATION, OR*

ACCREDITATION DOCUMENT. (Scored with question 18 for a maximum 5 points possible - see scoring matrix in the Reference Library).

- Financial and organizational review of agency
- Program review of the agency
- Site visit
- Result was funding (upload commitment documentation)
- Result was certification or accreditation (upload documentation)
- Not Applicable

**20. How does this project meet CoC goals towards ending homelessness? If new, discuss how this project a) fills a demonstrated need in the CoC; b) is not a duplication of existing services; and c) cooperates/collaborates with other agencies.**

*If your agency hasn't received CoC funding in the past 3 years, upload a description of your agency history and recent years service to homeless persons in DuPage. (3 points possible). Please see in Reference Library: CoC Goals. Max characters 2000*

-no answer-

**21. Compliance with McKinney-Vento laws regarding education of homeless students.**

*Please check all that apply. (Maximum 4 points possible).*

- Agency has a dedicated staff person to coordinate linkages to services for homeless students (1 point)
- Agency has policies and procedures around this requirement (1 point)
- Agency has adopted policies and procedures through board action (1 point)
- If serving children, there are written agreements with agencies serving infants, toddlers and pre-school children (1 point)
- Not Applicable

## Financial Compliance

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**22. Drawdown of Funds. Funds must be drawn on a quarterly basis. If your project is a renewal, please state drawdown dates from last project year.**

*If this is a new project, or a project with no opportunity to draw down funds, please state "N/A". (Maximum 4 points possible).*

Drawdown date for Quarter 1

Drawdown date for Quarter 2

Drawdown date for Quarter 3

Drawdown date for Quarter 4

New project - State N/A

**TOTAL**

**23. Upload completed 2019 COST FORMS (See Required Documents). Cost Form must show a funding request, appropriate to scope/size of project, with sufficient detail to tie reasonable, justified costs to program activities and 25% non-federal cash match.**

*Select one. (Maximum 6 points possible; up to 5 points possible for cost forms and 1 point possible for cash match).*

- This project has a minimum 25% cash match
- This project has insufficient cash match

## Continuum Participation

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**24. How does your agency actively participate in the Continuum of Care?**

*Please check all that apply. Points will be awarded based on input from appropriate Continuum Committee Chairs and HMIS Team. (Up to 15 maximum points possible; see 2019 CoC Scoring and Ranking Criteria)*

- Active and regular participation in one CoC committee
- Active and regular participation in two CoC committees
- Active and regular participation in more than two CoC Committees
- Agency staff member has been Committee Chairperson within last year
- Agency staff member has participated in special CoC projects, subcommittees, etc
- Participation in HMIS

- Ⓔ Domestic Violence Service Provider with data base comparable to HMIS
- Ⓔ Agency participation in Street Count
- Ⓔ Not Applicable

## Domestic Violence

**25. FOR DV PROJECT APPLICANTS ONLY. Describe how agency collects information to determine need for homeless services for survivors of DV and their families who are defined as homeless at 24CFR 578.3 (4).**

*(Up to maximum 5 points possible). Maximum characters: 2,000*

-no answer-

**26. FOR DV PROJECT APPLICANTS ONLY. Describe your project's previous performance in serving survivors of domestic violence, dating violence, sexual assault or stalking and the ability to house this population and improve program safety outcomes.**

*(Up to maximum 5 points possible). Maximum characters: 2,000*

-no answer-

## Continuous Improvement

**27. Please describe how your agency has worked to increase employment opportunities for those you serve.**

*Your response is not scored but asked to demonstrate community partnerships created to address underserved populations.*

*Maximum characters: 2,000.*

-no answer-

**28. Please describe how your agency has worked to maximize non-employment income for your population.**

*Your response is not scored but asked to explore opportunities within our CoC to address innovative or improved service delivery and help persons optimize their personal, social, and vocational competency and live successfully in the community.*

-no answer-

## Other

**29. If any of your previous answers require more detail, or if there is something else you would like to state about the project, please do so. Otherwise, please state "N/A."**

*Maximum characters: 2,000.*

-no answer-

## Documents [top](#)

### Documents Requested \*

### Required? Attached Documents \*

RENEWAL - previous APR; NEW PROJECT - summary of populations to be served

Narrative history of agency and how it serves homeless in DuPage over last three years - REQUIRED for agencies that have not been funded in last three years per Question 9

Funding letter, certification or accreditation document. REQUIRED for agencies stating they have received in Question 19

Program Participant Charts

2019 Cost Forms

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 124545

