

**STRATEGIC PLAN TO END HOMELESSNESS
ACTION IMPLEMENTATION GRANT (AIG) APPLICATION FORM**

April 14, 2021



Offered on behalf of the City of Memphis, Division of Housing and Community Development

Purpose

The Implementation Fund is intended to create “seed funding” or leverage of other grants to fulfill key objectives of the 901 Home, Together: Strategic Plan to End Homelessness and Continuum of Care Strategic Objectives. Some examples of suitable projects include the following (but not limited to):

- Pre-development costs related to initiation of new Permanent Supportive Housing programs.
- Matching funds for new or enhanced services including: Housing First for chronically homeless individuals, Rapid Rehousing for families, street outreach and engagement (Note: funds may not be used to supplant/replace existing funding sources)
- One-time capital improvements to improve/expand the use of shelter or permanent housing facilities.

Instructions/Threshold Requirements

Before you begin, review the threshold requirements listed below and the 901 Home, Together: Strategic Plan to End Homelessness to be sure that your project is eligible for funding. Review all of the following:

1. The 901 Home, Together: Strategic Plan to End Homelessness is found at <http://www.cafth.org/strategic-plan>.
2. All successful applicants will be subgrantees with the City of Memphis. Subgrantee requirements are in effect including compliance with City of Memphis Living Wage Ordinance, Fair Labor Standards Act, Americans with Disabilities Act, Occupational Safety and Health, and Fair Housing. The City of Memphis requires all subgrantees to carry automobile, property, and commercial general liability with the City of Memphis listed as “additional insured.”
3. The agency must have a LIVEGIVEmidSouth profile (www.LIVEGIVEmidSouth.org) reviewed and approved by the Community Foundation of Greater Memphis prior to the application due date. Once your organization has submitted your profile for review, it can take up to four business days for CFGM staff to review your submission and publish it to the directory. If you have questions about your profile status, please email Olivia Wilmot (owilmot@cfgm.org) or call her at (901) 722-0028.
4. The agency must be an active and paid Member of the Memphis/Shelby County Homeless Consortium (current list at www.cafth.org/consortium-members)
5. The agency must be an HMIS active or qualified participant. If funded, the agency must enter program level data and pay a user license fee for the use of the HMIS system.
6. Agency must participate in the Memphis/Shelby County Homeless Consortium’s Continuum of Care (CoC) Coordinated Entry System.

2021 - 2022 Strategic Plan to End Homelessness Action Implementation Grant

Application Instructions

7. Agency must have been in existence for more than one year and have documented experience with administration, management and reporting requirements of public funds, preferably federal, either direct or as state/local pass through.
 8. The agency must agree to a possible Site Visit and/or Interview with the Review Committee.
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Application Components

1. NOTE: Future funding is dependent on appropriations from the City of Memphis. Only one-year budgets will be awarded. The budget period is July 1, 2021 to June 30, 2022.
 2. Complete all sections of Application
 3. Add Agency/Date to footer. Number all pages.
 4. Include All Attachments – *See Attachment List* –
 5. Assemble in order and combine as one PDF document
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Due Date: Friday, May 21, 2021, by 3:00 p.m. CT

(LATE APPLICATIONS WILL NOT BE REVIEWED)

- **One** full New Project Application **Electronic copy** emailed to: applications@cafth.org
 - Award Selections announced by **June 15, 2021**.
 - Subgrantee agreements will be executed based on approval of the City of Memphis and funding availability.
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100 Points - Evaluation Categories

- Organization Capacity – 20 points
 - Project Quality – 25 points
 - Need for Project – 10 points
 - Alignment with Strategic Plan – 20 points
 - Community Impact – 15 points
 - Budget – 5 points
 - Renewal of Existing project – 5 points
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Review Committee

The Memphis/Shelby County Homeless Consortium Rank and Review Committee will review and score the applications

Application Instructions

Due: Friday, May 21, 2021 by 3:00 p.m. CT

**One combined electronic PDF copy of the full application
(including all attachments)**

Submitted via email:

applications@cafth.org

to:

Sydne Taylor, Deputy Director
Community Alliance for the Homeless
44 N. Second Street, Suite 302
Memphis, TN 38103

(901) 527-1302 ext 301

Project Application

1. Applicant Information

Name of Agency:

Executive Director/CEO:

Street Address:

City:

Zip Code:

Telephone:

Fax:

E-Mail:

Applicant Federal Tax ID Number:

Federal DUNS Number:

Application Preparer/Contact:

Telephone:

Fax:

E-Mail:

2. Project(s)

Name of Project	TYPE (Outreach, ES, PSH, RRH)	Total Funds Requested	Total Program Cost

Is this a renewal project that currently receives AIG funding?

	Yes, this project currently receives AIG funding
	No, this application is for a new project that does not currently receive AIG funding

3. Partners

List below any collaborating agencies:

Project Application

I. Organization Capacity (*not to exceed two pages*)

1. Describe the basic organization and management structure of the applicant agency.
2. Describe the agency's experience in:
 - a. Effectively administering federal, state, city, and private funds;
 - b. Managing basic organization operations including financial accounting systems; and
 - c. Include description of internal and external controls and an adequate financial accounting system.
3. Describe why the agency is the appropriate entity to receive funding. Provide concrete examples that illustrate the agency's experience and expertise in the following:
 - a. Working with and addressing the target population's identified housing and supportive service needs;
 - b. Developing and implementing similar program systems, services, and/or residential property construction and rehabilitation; and
 - c. Identifying and securing matching funds from a variety of sources.

Begin narrative on following page

I. Organization Capacity (*not to exceed two pages*) – page 1 of 2

I. Organization Capacity (*not to exceed two pages*) – page 2 of 2

II. Project Description

A. Approach and Overview *(Not to exceed three pages)*

1. Provide a description that addresses the entire scope of the proposed project. Include:
 - a. Program type (Coordinated Entry, Shelter, Outreach, Permanent Supportive Housing, Rapid Re-Housing);
 - b. Location;
 - c. Type and capacity of housing or service;
 - d. Services provided and those accessed by participants;
 - e. How the program moves persons from homelessness to permanent housing;
2. Does your agency participate in the CoC Coordinated Entry Process? Describe how your agency participates.
3. Describe your screening process for applicants to your program. Include:
 - a. What makes an applicant eligible?
 - b. What makes an applicant ineligible (e.g. little or no income, active or history of substance abuse, having a criminal record with exceptions for state-mandate restrictions, history of domestic violence)?
4. Describe how your proposed project implements a Housing First/Low Barrier approach to providing services.
5. Note unique features of the project. If acquisition, rehab or new construction, describe activities to be undertaken. Include a work write up and cost estimate.
6. Describe other sources of funds that have already been secured.

Begin narrative on following page

Project Application

Approach and Overview (*Not to exceed three pages*) – page 1 of 3

Project Application

Approach and Overview (*Not to exceed three pages*) – page 2 of 3

Approach and Overview (*Not to exceed three pages*) – page 3 of 3

II. Project Description

B. Project Outcomes, Evaluation and Client Satisfaction (Not to exceed two pages)

1. List project outcomes. Include:
 - a. Average length of stay in the program,
 - b. Number of households and persons to be served, and
 - c. Expected program outcomes including the number of households exiting into permanent housing.
2. Describe practices and plans for achieving, measuring, and maintaining outcomes.
3. Describe how your agency will determine program effectiveness.
4. Describe the tools you use to determine client satisfaction. Be specific.
5. For RENEWAL APPLICATIONS ONLY: List program outcomes from current grant. Program outcomes can be printed from HMIS.
 - a. Average length of stay in the program,
 - b. Number of households and persons served, and
 - c. Program outcomes including the number of households exiting into permanent housing.

Begin narrative on following page

Project Application

Project Outcomes, Evaluation and Client Satisfaction (*Not to exceed two pages*) – pg. 1 of 2

Project Application

Project Outcomes, Evaluation and Client Satisfaction (*Not to exceed two pages*) – pg. 2 of 2

Project Application

III. Need for Project

Please describe the need for the project. Include any information from your organization that directly supports the need for this program (e.g. waiting lists, client demographic information, documentation of unmet needs, an increase in referrals; and evaluation results). *(Not to exceed one page)*

IV. Alignment with 901 Home, Together: Strategic Plan to End Homelessness and CoC Strategic Objectives

(Not to exceed one page)

Eligibility for projects is limited to those that align with the 901 Home, Together: Strategic Plan to End Homelessness and Continuum of Care strategic objectives.

1. State the specific **objective and strategy** as outlined in the 901 Home, Together: Strategic Plan to End Homelessness.
2. Note all that apply and describe how the project will address each objective and strategy for the funds you are requesting.
3. Describe how this program contributes to the 901 Home, Together: Strategic Plan to End Homelessness' overarching goals of ensuring homelessness is a rare, brief, one-time experience, and sustaining an end to homelessness.

Begin narrative on following page

IV. Alignment with 901 Home, Together: Strategic Plan to End Homelessness and CoC Strategic Objectives (*Not to exceed one page*) – page 1 of 1

V. Community Impact

A. Effective Use of Community Resources/Leverage *(Narrative not to exceed one page)*

Higher priority will be given to projects that demonstrate effective use of community resources (e.g. leverage or match to other grants and resources).

Describe how the project will use matching funds and/or in kind supports in the project.

Include documentation of match/support such as Letters of Agreement for Collaborations and/or relevant grant awards *(not referral agreements)* in the Attachments Sections. *(Documentation is not included in the page limitation for the narrative)*

Begin narrative on following page

Project Application

Effective Use of Community Resources/Leverage (*narrative not to exceed one page*)

Project Application

V. Community Impact

B. Participation in the Memphis/Shelby County Homeless Consortium and the Continuum of Care Planning Process

1. In the chart below, indicate the committees and/or workgroups for which your staff are active participants.

Committee	Name/title of active committee participants
CoC Planning Committee	
Single Adults Committee	
Families & Youth Committee	
Employment Committee	
HMIS Committee	
Landlords Committee	
Outreach Committee	
Youth Action Board	
Individuals By-Name List	
Veterans Committee (BNL)	

2. Describe other ways that your organization participates in the Consortium and the CoC Planning process (i.e. Governing Council, Project Homeless Connect, Point-in-Time Count, etc.) and the ways you participate in each activity. *(Narrative not to exceed one-half page)*

V. Community Impact

C. Project impact on the community (*Narrative not to exceed one page*)

Describe the expected impact on the community if this project did not exist or does not exist.

VI. Detailed Budget(s)

A. Project Budget *(Not to exceed one page)*

Use the Excel Spreadsheet provided to develop a detailed project budget. Include:

1. The total project costs,
2. Amount of request, and
3. All other sources of funds committed to the project.

Insert a copy of the budget worksheet here.

Project Application

VI. Detailed Budget(s)

B. Budget Justification (*Narrative Description not to exceed one and one-half pages*)

1. Provide a detailed narrative description of costs and costs justification using the “Sample Budget Justification” provided.
2. Describe how the project will be sustained at grant expiration.
3. For RENEWAL PROJECTS ONLY
 - a. Were (or will) all grant funds expended?
 - b. If no, please provide a detailed explanation.

Budget Justification (*narrative not to exceed one and one-half pages*) – page 1 of 2

Project Application

Budget Justification (*narrative not to exceed one and one-half pages*) – page 2 of 2

VII. Local Assurances

1. The applicant is in compliance with all applicable civil rights laws and Executive Orders and meets all standards outlined in the U.S. Department of Housing and Urban Development Notice of Funding Availability.
2. The organization’s Board of Trustees has approved the submission of this application.
3. The applicant acknowledges that its organization has been in existence for at least one year as a non-profit entity.
Employer/Taxpayer Identification Number _____
Organizational DUNS Number _____
4. The applicant acknowledges that it maintains a detailed financial management system and has a fund accounting system in place.
5. The Applicant agrees to participate in an interview and/or host a site visit if deemed appropriate or needed by the review team.
6. If Applicant is selected and subsequently receives grant funds, the applicant will upon request agree to a scheduled monitoring visit by CAFTH.
7. If Applicant is selected and subsequently receives grant funds, the Applicant acknowledges and understands that, although the Community Alliance for the Homeless will review each reimbursement request and provide technical assistance to applicants and advise applicants of obvious errors and omissions as time permits, the applicant assumes ultimate responsibility for maintaining compliance with all City contract requirements.
8. If Applicant is selected and subsequently receives grant funds, the applicant agrees to enter program level data into the Memphis/Shelby County Homeless Consortium Homeless Management Information System (HMIS).

Signature, Executive Director

Signature, Board Chair

Print Name of Executive Director

Print Name of Board Chair

Date

Date

VIII. Required Attachments

1. Screenshot verification of LIVEGIVEmidsouth (<https://www.livegivemidsouth.org/>) profile *reviewed and approved* by CFGM (with **green checkmark** on profile page)
2. Organizational Chart – Divisional Structure that relates to the program for which funds are requested
3. Documentation of cash match (current grant awards specific to this project), in-kind match, and/or collaboration agreements, letters of support (not referral agreements) as applicable