

**MAYORS' ACTION PLAN TO END HOMELESSNESS
IMPLEMENTATION GRANT APPLICATION FORM**

March 15, 2019



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 Mayors’ Action Plan to End Homelessness and Continuum of Care Strategic Objectives. Some examples of suitable projects include the following:

- 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 Mayors’ Action Plan to End Homelessness to be sure that your project is eligible for funding. Review all of the following:

- The Mayors’ Action Plan to End Homelessness is found at <http://www.caftb.org>.
- 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.”
- The agency must be a HMIS *active or qualified* participant. If funded, agency must enter program level data into the MSCHC HMIS system.
- The agency must be an active and paid Member of the Memphis/Shelby County Homeless Consortium.
- Agency must participate in the Memphis/Shelby County Consortium’s Continuum of Care (CoC) Coordinated Entry System.
- Agency has been in existence for more than one year and has documented experience with administration, management and reporting requirements of public funds, preferably federal, either direct or as state/local pass through.
- The agency must agree to a possible Site Visit and/or Interview with Review Committee.

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, 2019 to June 30, 2020.
2. Complete all sections of Application – 12 pt type (Times New Roman) 11 pt - Arial
3. Add Agency/Date to footer. Number all pages.
4. Assemble in order. No Staples. No Dividers. No Folders or Jackets. Binder Clip only.
5. Attachments – *See Attachment List* –
6. Mark Submissions as Original & Copy.

Due Dates: *Monday, April 15, 2019, by 3 p.m.*

(LATE APPLICATIONS WILL NOT BE REVIEWED)

- **One** full New Project Application **Electronic copy** emailed to: applications@cafth.org
- **One** full New Project Application **Hardcopy Original** delivered to Community Alliance for the Homeless, 44 N. Second St, Suite 302, Memphis, TN 38103

100 Points - Evaluation Categories

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

Process Schedule (tentative)

- Applications submitted **Monday April 15, 2019** by 3 p.m.
- Award Selections announced **May 15, 2019**.
- Subgrantee agreements will be executed based on approval of the City of Memphis and funding availability.

Review Committee

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

Project Application

Due: Monday, April 15, 2019 by 3 p.m.

**One original, three copies, and one electronic pdf copy of the full application
(including all attachments)**

submitted to:

Sydne Taylor, Grants Compliance Administrator
Community Alliance for the Homeless
44 N. Second Street, Suite 302

Memphis, TN 38103

(901) 527-1302 ext 301

Email: applications@cafth.org

2019 - 2020 Mayors' Action Plan to End Homelessness Project Application

1. Applicant Information

Name of Lead 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

3. Partners

List below any collaborating agencies:

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

1. Describe the basic organization and management structure of the applicant.
2. Describe the applicants 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 applicant is the appropriate entity to receive funding. Provide concrete examples that illustrate their 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.

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;
 - e. How the program moves persons from homelessness to permanent housing;
 - f. Average length of stay in the program;
 - g. Number of households and persons served;
 - h. Expected program outcomes including the number of households exiting into permanent housing.
2. Does your agency participate in the CoC Coordinated Entry Process? Describe the way you participate.
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 have already been secured.

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 household exiting into permanent housing.

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 Mayors' Action Plan to End Homelessness and CoC Strategic Objectives

(Not to exceed one page)

Eligibility for projects is limited to those that align with the Mayors' Action Plan to End Homelessness and Continuum of Care strategic objectives.

1. State the specific goal and objective as outlined in the Mayors' Action Plan to End Homelessness.
2. Note all that apply and describe how the project will address each goal for the funds you are requesting.
3. Describe how this program contributes to the Mayors' Action Plan to End Homelessness' overarching goal of preventing and ending homelessness.

V. Community Impact

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

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)*

V. Community Impact

B. Participation in the Memphis/Shelby County Homeless Consortium and the Continuum of Care Planning Process *(Narrative not to exceed one page)*

Please describe how your agency participates in the Homeless Consortium and the CoC Planning Process. Include:

1. In the chart below indicate the number of Memphis/Shelby County Homeless Consortium and the Continuum of Care Planning meetings has your organization attended:

Title of meeting	Date	Name/title of staff who attended

If none, explain?

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

Committee	Name/title of committee members
CoC Planning Committee	
Emergency Housing Partnership	
By-Name List	
Veterans Committee	
HMIS Committee	
Outreach Committee	
Single Adult Committee	
Youth Committee	
Other:	
Other	

3. Describe other ways that your organization participates (i.e. Governing Council, Project Homeless Connect, Point-in-Time Count, etc.) and the ways you participate in each activity.

V. Community Impact

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

Describe the 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.

VI. Detailed Budget(s)

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

1. Provide a detail 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.

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 _____
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 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. Charter
2. Tennessee Certificate of Existence dated after 1/1/2019
3. By-Laws
4. Documentation of Non-profit status 501(c)(3)
5. Most Recent Independent Audit or Financial Statement and Management Letter
6. Most Recent Income/Expense Report
7. Most recent IRS Form 990
8. Organizational Chart – Divisional Structure that relates to the program for which funds are requested
9. Officers and Board Members List including contact information and term start dates
10. 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