For submission information, refer to the NC ESG Application Information Packet, Section IV: Application Submission Information. This application must be received by October 26, 2018.

# Application Summary

## Local Planning Area Lead Agency Information

|  |  |
| --- | --- |
| Name of Organization: | |
| Street Address: | Mailing Address: |
| Telephone: | Website: |
| 1.1 Does your LPA Lead Agency have paid staff to provide administrative support to the Local Planning Area as a part of their job description?   * + 1. If yes, enter the # of PT staff:     2. If yes, enter the # of FT staff:   Please **attach** job descriptions for staff under Tab 5 if applicable.  1.1.3 If no, please describe how your LPA Lead Agency will fulfill the responsibilities of LPA Lead Agency.   |  | | --- | | Enter Response Here- Maximum 2500 Characters | | |
| 1.2 Does your LPA Lead Agency provide direct services? | |
| 1.3 Is the LPA Lead Agency requesting ESG funding for itself? | |
| 1.4 If yes, which activity type?  SO ES RRH Prevention HMIS | |

## LPA Primary Contact

*Please provide the following information for the person to whom all communication regarding this application should be directed.*

|  |  |
| --- | --- |
| Name: | Title: |
| Organization Name: | Telephone: |
| E-mail: | |

## LPA Alternate Contact

*Please provide the following information for an additional person to whom all communication regarding this application should be directed.*

|  |  |
| --- | --- |
| Name: | Title: |
| Organization Name: | Telephone: |
| E-mail: | |

## LPA Coordinated Entry Contact

*Please provide the following information for the person to whom all communication regarding this LPA’s Coordinated Entry should be directed.*

|  |  |
| --- | --- |
| Name: | Title: |
| Organization Name: | Telephone: |
| E-mail: | |

# Fiscal Sponsor

## General Information

* 1. Has your LPA chosen to use a Fiscal Sponsor this year?

*If yes, complete the following questions. If no, jump to section 4.*

* 1. Fiscal Sponsor Organization Name

|  |
| --- |
|  |

# Infrastructure

## Street Outreach Coverage

* 1. *Please fill out the following chart, indicating which populations can access street outreach in the Local Planning Area. Please include information pertaining to all street outreach programs in the LPA, including those not currently funded by ESG and those that receive and/or are applying for funds from ESG.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Population Type** | **Not Available** | **Limited Availability** | **Full Coverage** |
| Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men |  |  |  |
| Single Women |  |  |  |
| Families, female head of household |  |  |  |
| Families, male head of household |  |  |  |
| DV only |  |  |  |
| Unaccompanied children 17 years old and under |  |  |  |

* 1. If limited availability is selected for any population type, please explain which geographic areas are not covered.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## Emergency Shelter Coverage

7.1 *Please fill out the following chart, indicating which populations can access emergency shelter beds in the Local Planning Area. Please include information pertaining to all emergency shelters in the LPA, including those not currently funded by ESG and those that receive and/or are applying for funds from ESG.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Population Type** | **Not Available** | **Limited Availability** | **Full Coverage** |
| Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men |  |  |  |
| Single Women |  |  |  |
| Families, female head of household |  |  |  |
| Families, male head of household |  |  |  |
| DV only |  |  |  |
| Unaccompanied children 17 years old and under |  |  |  |

* 1. If limited availability is selected for any population type, please explain which geographic areas are not covered.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. What are the LPA’s plans and timeline to achieve full coverage?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. What are the barriers to achieving full coverage?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

7.5 Will the requested funding ensure that Emergency Shelter will be available across the entire geographic region of the Local Planning Area?

## Rapid Rehousing Coverage

* 1. *Please fill out the following chart, indicating which populations have access to rapid rehousing in the Local Planning Area. Please include information pertaining to all rapid rehousing programs in the LPA, including those not currently funded by ESG/CoC and those that receive and/or are applying for funds from ESG/CoC.*

|  |  |  |  |
| --- | --- | --- | --- |
| Population Type | Not Available | Limited Availability | Full Coverage |
|  | Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men |  |  |  |
| Single Women |  |  |  |
| Families |  |  |  |
| DV only |  |  |  |
| Youth (18-24) |  |  |  |

* 1. If limited availability is selected for any population type, please explain which geographic areas are not covered.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. What are the LPA’s plans and timeline to achieve full coverage?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. What are the barriers to achieving full coverage?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

8.5 Will the requested funding ensure that Rapid Rehousing will be available across the entire geographic region of the Local Planning Area?

## Homelessness Prevention Coverage

* 1. *Please fill out the following chart, indicating which populations have access to homelessness prevention in the Local Planning Area. Please include information pertaining to all homelessness prevention programs in the LPA, including those not currently funded by ESG and those that receive and/or are applying for funds from ESG.*

|  |  |  |  |
| --- | --- | --- | --- |
| Population Type | Not Available | Limited Availability | Full Coverage |
|  | Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men |  |  |  |
| Single Women |  |  |  |
| Families |  |  |  |
| DV only |  |  |  |
| Youth (18-24) |  |  |  |

* 1. If limited availability is selected for any population type, please explain which geographic areas are not covered.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## Coordinated Entry

* 1. Explain your LPA’s coordinated entry system describing how it covers the entire geographic area.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

**Attach** Coordinated Entry written policies and procedures under Tab 3 that includes all information outlined in CPD-17-01 (Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System), including the standardized assessment process, prioritization policies, the handling of data collected, addressing the needs of households fleeing domestic violence, fair housing laws and requirements, prevention services, grievances, privacy policies. Additional information may be requested about your CE system if not addressed in the policies and procedures.

10.2 How does the Local Planning Area ensure that all those experiencing homelessness have fair and equal access to the homeless crisis system?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Does your Local Planning Area use a standardized tool to assess housing needs for every household?
  2. If no, please explain.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Does your Coordinated Entry System operate 24 hours a day for7 days a week?    
     1. If no, please describe how households gain access to the homeless crisis response system when coordinated entry is not operating.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* + 1. When does the LPA anticipate that 24/7 access will be available?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Do you have a process by which a household can file a discrimination complaint?
  2. If yes, **attach** the non-discrimination policy under Tab 3. If no, please explain the process your Local Planning Area will have to create this process.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Does your Local Planning Area currently conduct an annual evaluation of the Coordinated Entry Process?

If yes, **attach** the most recent evaluation with findings and outcomes under Tab 3.

* + 1. If no, please explain when system evaluation will begin.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

10.9 How are providers included in the decision making about the Coordinated Entry process?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## Written Standards

* 1. Does your Continuum of Care have approved Written Standards for the following activities?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Emergency Shelter |  |  |
| Street Outreach |  |  |
| Rapid Rehousing |  |  |
| Homelessness Prevention |  |  |
| Permanent Supportive Housing |  |  |

If yes, please **attach** written standards under Tab 3.

* 1. If the Continuum of Care does not have approved Written Standards, please explain why and describe your anticipated process and plan for developing and approving them.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. ESG subrecipients are required to adhere to the Continuum of Care’s Written Standards. Please describe how the Continuum of Care will ensure compliance.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

11.4 How are providers included in the decision making about Written Standards?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

# Performance Data

## Continuum of Care Data

**Attach** the 2018 HDX CoC Competition Report in Tab 6.

*This report should be exported from the HUD HDX.*

# Application & Selection Process

*In this section, we want to understand how your Local Planning Area determined which organizations and activities should be funded. Local Planning Areas must inform applicants of their funding decision by October 12, 2018 and allow for an appeal process for applicants. Please* ***attach*** *funding notifications in Tab 4.*

## Solicitation

*For this section, LPAs must demonstrate the existence of a coordinated, inclusive, and outcome oriented community process for the solicitation, objective review, ranking, and selection of project applications.*

* 1. How did your region solicit interest in ESG funds?

|  |  |
| --- | --- |
| Request for Proposals/Request for Applications | Mail |
| LPA meetings (Continuum of Care/regional) | Advertising in a local paper |
| Website | Advertising on the radio or television |
| Email | Social Media (Twitter, Facebook, etc.) |
| Other: | |

## 14. Project Applications

* 1. List the agencies that submitted project applications. Indicate submitted applications for the ESG activity in the “S” column. Indicate approved activity applications in the “A” column.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency | Emergency Shelter | | Street Outreach | | Rapid Rehousing | | Prevention | | HMIS | |
| S | A | S | A | S | A | S | A | S | A |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

* 1. Have Projects been notified of the decision.
  2. If no, please explain.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Provide any other additional information regarding application process, if needed.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## 15. Selection Committee

* 1. Please list all members of your selection committee for ESG funding below. Please note: representatives from applicant agencies should not be on the selection committee.

|  |  |
| --- | --- |
| Name | Affiliation/Organization |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* + 1. Are any of these members on an applicant’s Board?
    2. Are any of these members related to an applicant’s staff or Board member?
    3. Do any of these members have any other shared financial interest with an applicant?

15.2 Does your LPA have an established Selection Committee Code of Conduct that covers conflict of interest or confidentiality?

## 16. Selection Process

* 1. Select the appropriate response(s) that demonstrate the criteria the LPA used to rank and select project applications:

Used objective criteria for review, rating and ranking

Evaluated applicant’s ability to spend award, including past spending performance

Evaluated applicant’s ability to meet goals and outcomes

Evaluated applicant’s ability to reduce barriers to services and serve the most vulnerable

* 1. Please describe the review process implemented by the Selection Committee to choose applications for funding. Include meeting dates.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. What tools were used to aid the Selection Committee’s evaluation of project applications?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

*LPAs must* ***attach*** *the scoring materials and tools used to evaluate applications for funding in Tab 4.*

## 17. Notification & Appeals

* 1. Were there any appeals filed?
  2. If there were appeals filed, list the agencies that filed appeals, the applicable ESG activity (e.g. emergency shelter, rapid rehousing), and resolution.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## 18. Additional Requirements

* 1. Is the LPA Lead Agency or Selection Committee imposing any additional requirements beyond the ESG contract requirements on one or more of the project applicants?    
     1. If yes, explain the additional requirements and how the LPA will ensure compliance.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

* 1. Explain how the mix of funds and the choice of project applicants for this application will help reduce the number of people who are homeless over the next year.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

# Final Information

## 19. Additional Information

* 1. Optional: What additional information not covered elsewhere in this application would be helpful, regarding the LPA or LPA Lead Agency?

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## Authorized Signature

**To the best of my knowledge and belief, all information in this application is true and correct.**

|  |  |
| --- | --- |
| Name of LPA Lead Agency Organization | |
| Name of Authorized Official | |
| Title | Telephone: |
| E-mail: |  |
| Signature | Date |

# Regional Application Checklist

Each LPA should submit one regional application and one project application for each agency recommended for funding. The following charts outline the required documents for each application type.

**Regional Application Required Documents**

|  |  |  |
| --- | --- | --- |
| **TAB** | **Document** |  |
| **1** | Signed, completed Regional Application (Word document) | **** |
| **2** | Regional Budget Worksheet (Excel spreadsheet) | **** |
| **3** | CoC Policies (in order): |  |
| * Written Standards | **** |
| * Coordinated Entry, including: * The standardized assessment process, * Prioritization policies, * The handling of data collected, * Addressing the needs of households fleeing domestic violence, * Fair housing laws and requirements, * Prevention services, * Grievances, * Privacy policies | **** |
|  | * Most recent annual evaluation of coordinated entry process (findings & outcomes) | **** |
|  | * Violence Against Women Act Policies | **** |
|  | * Nondiscrimination Policy with Complain Procedure identified | **** |
| **4** | Materials used to solicit and evaluate ESG project applications and funding notifications to project applicants | **** |
| **5** | Staff Job Descriptions (if applicable) | **** |
| **6** | 2018 HDX CoC Competition Report | **** |