2022 Application Cycle

Part 2 – Program Application Instructions

Homeless Housing and Services (Non-Shelter) NOFA

Program Description

1. **Total Amount of Funds Requested** – Enter the amount of funds you are requesting for this program from this grant process.
2. **Program Information** – In the form fields provided, please enter the following information:
   * Enter a program title
   * Enter the location(s) where the services will be provided
   * Enter the service area of the program
   * Enter the number of unduplicated **individuals** that will benefit from the program in 2022
   * Enter the number of unduplicated **households** that will benefit from the program in 2022
   * Select the Program Type you will provide, in reference to the categories below:

**🞏 Homeless Outreach and Survival**

* + Person-to-person outreach to engage people experiencing homelessness who are otherwise not accessing services for the purpose of connecting them with emergency shelter, housing, and other critical services
  + Provision of outdoor survival gear (*e.g.* tents, sleeping bags, tarps)
  + Provision of bus tokens and transportation assistance
  + Assistance for showers, laundry, and personal hygiene supplies
  + Assistance with state IDs, drivers’ licenses, and other legal documentation
  + Funds may not be provided directly to individuals; gift cards are not allowed.

**🞏 Targeted Prevention/Diversion/Rapid Rehousing**

* + Can include diversion from homelessness activities through problem-solving conversations, linkages to mainstream and natural supports, and/or flexible and light touch financial expenses (non-housing expenses that prevent homelessness)
  + Can include program operations expenses in the form of assistance for alternative housing options (*e.g.* Tiny House Village fees, Safe Park, home share, etc.)
  + Can include eviction prevention for households at imminent risk of homelessness within 14 days
  + Can include Rapid Rehousing rental assistance for households that are unsheltered, sheltered in Emergency Shelter or Transitional Housing, or are coming from an institution where they have resided for less than 90 days and were previously unsheltered.

**🞏 Transitional Housing**

* + Households come directly from unsheltered or sheltered homelessness
  + Provide Housing Stability Case Management, using the Kitsap County Housing Stability Planning and Progress Reports (HSPPR)
  + Stays are limited to no longer than 24 months, with exceptions possible
  + For O&M funding, building must have received in the past, or be currently eligible to receive, Washington State Housing Trust funds, and require supplemental rental income to cover ongoing operating expenses

**🞏 Permanent Supportive Housing Subsidy**

* + Must prioritize households coming directly from homelessness
  + Provide Housing Stability Case Management, using the Kitsap County Housing Stability Planning and Progress Reports (HSPPR)
  + Provide access to, but do not require participation in, additional supportive services
  + Household incomes must be 30% AMI or below AND individual must have a disability (including mental health, substance use disorders, or physical disability)
  + Funding may be for program operations in the form of rental subsidies for households or for building operations and maintenance
  + For O&M funding, building must have received in the past, or be currently eligible to receive, Washington State Housing Trust funds, and require supplemental rental income to cover ongoing operating expenses

**🞏 Permanent Affordable Housing Subsidy**

* + Household incomes must be 50% AMI or below
  + Funding may be for program operations in the form of rental subsidies for households or for building operations and maintenance
  + May or may not offer supportive services
  + Individuals do not have to have a disability to be eligible
  + For O&M funding, building must have received in the past, or be currently eligible to receive, Washington State Housing Trust funds, and require supplemental rental income to cover ongoing operating expenses

**🞏 Other Homeless Services**

* + Can include other services and assistance to households experiencing homelessness that directly contributes to their attaining and maintaining shelter and/or stable housing
  + Give a summary of your program including the activities it will provide **(Word Limit – 100)**
  + Provide a brief description of your program goal(s) **(Word Limit – 100)**
  + List the specific expenses the requested grant funds will pay for **(Word Limit – 100)**

1. **Agency Information** – In the form fields provided, please enter the following information:
   * Enter the staff contact for this application
   * Enter the staff contact’s title
   * Enter the staff contact’s phone number
   * Enter the staff contact’s email address
2. **Type of Expenses** – Please indicate the type of expenses being requested (check all that apply):

🞏 **Building operations and maintenance**, including janitorial staff and supplies, building maintenance, landscaping, utilities, property management expenses, equipment repair (but not replacement or upgrade of equipment or property with a useful life of over one year), real estate taxes, building insurance, building security, and other expenses related to operating the building out of which the program operates.

Indirect administrative expenses are not allowed for building operations and maintenance.

Buildings must house extremely low-income households with incomes at or below fifty percent (50%) of the area median income.

🞏 **Homeless housing or services program operations**, including staff salaries and benefits for supervision and program administration (but NOT case management expenses), advertising, program supplies, office supplies, telephone, client transportation, program audit, accounting, client direct services (paid to other entities on behalf of services provided to the client, but not including rent or housing-related costs or food, *e.g.* bus tokens), program administrative costs, and indirect administrative costs (only if the agency has a federally negotiated indirect rate).

Rental subsidy (for households) is an allowable program expense for Permanent Supportive Housing and Permanent Affordable Housing programs (see below).

Targeted eviction prevention is allowable for households at imminent risk of homelessness within 14 days.

Rapid Rehousing rental assistance is allowable for households who are unsheltered, sheltered in Emergency Shelter or Transitional Housing, or are coming from an institution where they have resided for less than 90 days and were previously unsheltered. It must be administered using the same guidelines as the Consolidated Homeless Grant program.

🞏 **Case management for housing stability**, including salaries and benefits for staff, staff travel, training, and other costs directly related to providing case management that supports housing. Case managers must use the Kitsap County Housing Stability Planning and Progress Reports (HSPPR) to assist clients. Case managers should be, at a minimum, trained in ACES/Resiliency, trauma-informed care, racial equity, gender identity, progressive engagement, and mental health first aid.

1. **Program Narrative** **(Word Limit - 300)** **–** Provide a detailed description of your program and include:

* Specific activities it will provide,
* Linkage to program goals, and
* A summary of what requested grant funding will pay for.

1. **Program History (Word Limit - 200)–** In the text box provided:
   * Give a brief history or background of the program to be funded, and
   * How the program fits with the overall mission of the organization.
     + If funding is for an existing program, describe how it has evolved over time.
     + If funding is for a new program, give a brief description of how the program came about.
2. **Program Staff** **(Word Limit - 500)**– In the text box provided, please list:
   * All the staff that are involved with this program,
   * Their qualifications and experience, and
   * Their roles in the program.
   * Any changes to staff or program management in the last six months or anticipated in the next six months.
3. **Challenges (Word Limit - 200)–** In the text box provided:
   * Provide a description of the challenges that face this program
     + Include challenges such as serving a difficult to reach population, lack of stable funding, outcomes that are difficult to measure; and
   * How you plan to address these challenges.
4. **Performance Measurement**

**a.** Download the form 2022 Kitsap County Performance Measurement Worksheet with attached instructions and fill it out completely, indicating at least one output and at least one outcome for the proposed program. You may add additional pages if there are more outcomes or outputs. Upload the completed form.

**b**. **Unsheltered Performance Measure:** How many total households will the program serve? How many of these are unsheltered?

* Unsheltered definition: people who are living in a place not meant for human habitation or fleeing from domestic violence when they enter the program
* How many total households will the program serve?
* How many of these are unsheltered?

**c**. **Housing Type Performance Measure:** Are you providing one of the following program types: Rapid Rehousing Rental Assistance, Transitional Housing, Permanent Supportive Housing, or Permanent Affordable Housing?

* Yes or no?
* If yes, you will enter information about:
  + Total number of households served in 2022
  + Total number of households exiting the program within 2022
  + Total number of households exiting to a permanent housing destination in 2022
  + Total number of households retaining housing (for Permanent Supportive Housing and Permanent Affordable Housing only)

**d. Additional Performance Measures:** In the boxes provided, list AT LEAST TWO ADDITIONAL performance measures that the program will track and report on in 2022.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **2019 YTD Performance** (if using same measure in 2019 YTD and 2022) | **Estimated 2022 Performance** | **Notes** |
|  |  |  |  |
|  |  |  |  |
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1. **Measuring Success (Word Limit - 300)–** In the text box provided please answer the following:
   * Describe the method used to collect and analyze data for each outcome and/or output listed on the Kitsap County Performance Measurement Worksheet 2022.
   * What are you measuring so you know if the program is successful?
   * How are you measuring these things?
   * How this information is used to make changes to improve your program?
     + If you have outcome/output data from prior years, please include it.
2. **Evidence-based Practices and Best Practices (Word Limit - 200)–** In the text box provided please answer the following:
   * Select the evidence-based practices and best practices that the program uses or that staff are required to be trained in and incorporate into their work from the list provided:

|  |  |
| --- | --- |
| * + Trauma-Informed Care | * + Progressive Engagement |
| * + Motivational Interviewing | * + ACES/Resiliency |
| * + Client satisfaction exit surveys/interviews | * + Housing Stability Plans developed for all clients/residents |
| * + Low barrier/low demand/Housing First model – shelter/housing eligibility are not contingent on sobriety, treatment compliance, income requirements, criminal records, or other conditions | * + Other, please describe |

* + List any additional training and/or additional best practices used by the program and describe how each one supports the client outcomes.

1. **Complaint Process** **(Word Limit - 200)**– In the text box below, respond to the following:
   * Please describe the program’s complaint process (when a client has a complaint) and how the program responds to complaints.
   * Please describe how clients are informed about the complaint process and how the program ensures that clients feel safe to make complaints.
2. **Racial Equity Placeholder Question**

Community Need and Benefit

1. **Community Need and Impact (Word Limit - 500)–** In the text box provided, please answer the following:
   * What is the need this program is filling in the community?
   * How did your agency determine there was this need (include supporting statistics)?
   * Specify the target population and their income level.
   * How did you tailor your program design to specifically respond to the community need?
   * What will be the impact of this program on the individuals and/or households served?
   * What will be the impact of this program on the community?
2. **Intake & Eligibility Criteria** **(Word Limit – 200)**– In the text box provided describe the following:
   * + The eligibility requirements for entry to your program; and
     + Requirements for program participation.
3. **Non-discrimination and Religious Activities** – By checking the boxes below, you are verifying that the program does not discriminate or require participation in religious activities:

**🞏 Non-Discrimination:** The shelter program ensures equal access for people experiencing homelessness regardless of race, national origin, gender identity, sexual orientation, marital status, age, veteran or military status, disability, or the use of an assistance animal.

**🞏 Religious Activities:**  County grant funds are not used to support any explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, nor may the provision of shelter services provided be conditioned upon a program participant’s engaging in any such explicitly religious activities.

1. **Community Collaboration (Word Limit - 200**)**–** In the text box provided, please answer the following:
   * How are the services this program provides integrated with other community services?
   * Please indicate which staff are responsible for attending Kitsap Housing and Homelessness Coalition meetings, their level of participation, any sub-committees on which they serve, or activities in which they participate.
   * Describe any formal partnerships with other Kitsap agencies that this program utilizes to benefit clients.
2. **Consistency with Plan (Word Limit – 200) – Describe how this program fits into the Core Strategies and/or a New Action Step of the 2018 Kitsap Homeless Crisis Response and Housing Plan.**

* List the one specific Core Strategy and/or the one New Action Step where your program best fits. (Please list ONLY the one that BEST fits.)
* Describe how your program meets that Core Strategy and/or New Action Step.

1. **2022 Priorities –**
2. **Does this program serve unsheltered homeless households and/or households experiencing chronic homelessness?**

* Yes or no?
* If yes, how many chronically homeless households will the program serve?
* Describe how the program specifically addresses the special needs of this population. **(Word Limit - 200)**

1. **Does this program prioritize individuals/households based on vulnerability or need?**
   * Yes or no?
   * If yes, what tool or method is used to prioritize based on vulnerability or need? **(Word Limit - 100)**
2. **Does this program use a low-barrier model for program entry and client participation?**
   * Yes or no?
   * If yes, please describe how the program specifically eliminates or lowers barriers for program entry and client participation. **(Word Limit - 200)**

Low-barrier is defined as not screening homeless households out of eligibility for the program for:

* + - having too little or no income,
    - having poor credit or financial history,
    - having poor or lack of rental history,
    - having involvement with the criminal justice system,
    - having active or a history of alcohol and/or substance use,
    - having a history of victimization,
    - the type or extent of disability-related services or supports that are needed,
    - lacking ID or proof of US Residency status, or
    - having other behaviors that are perceived as a lack of “housing readiness,” including resistance to receiving services.

Program Financial Information

1. **Program Budget –** Download the Excel workbook, 2022 Homeless Program Budget and fill it out depicting your program budget. Upload the completed workbook. Please note:
   * The workbook has three worksheets. The first tab contains instructions; please read first. The second tab is set up for you to enter your program budget. The third tab is for you to complete if a budget category is 10% or more than the total budget.
   * The requested funds column should only include the breakdown of funds shown in Question 1.
   * The total budget should equal the total of all sources.
   * DO NOT overwrite the GREY cells, which will automatically provide totals for you.
2. **Sources of Financing –** Download the Excel form, 2022 Sources of Financing and fill it out to describe what sources of funding you anticipate using for the program and whether the sources are committed, conditional, or tentative. Upload the completed form. Please note:
   * Funds that are committed or conditional should have a letter or email from the funder
     + Conditional funding would be conditioned on something like local matching funds
   * The total of all sources should equal the total budget.
   * The total request at the top of the form should equal Question 1.
3. **Funding Commitments** **–** Indicate if you have funds shown in the committed or conditional columns on the 2022 Sources of Financing form.
   * + If yes, upload documentation from the funding source to show the commitment. This is typically a letter or an email from the funder.
     + If no, you may skip the upload and proceed to the next question.
4. **Board and Fundraising (Word Limit – 200) –** Funding from these grant sources should not be the sole funding for the program. In the text box below:

* Indicate the amount of the gap in funding between how much these funding sources will provide and the cost to operate the program.
* Describe how the agency will secure the additional funds to support the program.
* Describe the Board’s involvement in, and activities to, support the program funding.

1. **Sustainability (Word Limit - 200)–** Describe your agency’s plan for financial sustainability for this program.
2. **Request Rationale (Word Limit - 200) –** What is the rationale behind the amount of funds requested? What percentage of funding for this program is budgeted to come from these grant funds?

**This is the end of the Homeless Housing and Services Application.**