**Western PA Continuum of Care**

**DV Bonus Preliminary Application for TH/RRH Joint Component**

**Instructions:**

* This document is a “Form”. Before you begin to respond to questions, save the document. Once saved you can complete the Form.
* To enter text, Click or tap here to enter text. and begin typing. To indicate a check a response, click inside the shaded box  and an “X” will appear within the box - .
* All applications must be returned to [westerncoc@pennsylvaniacoc.org](mailto:westerncoc@pennsylvaniacoc.org) by COB on August 17 using e-mail subject line “DV Bonus TH/RRH Application – **YOUR AGENCY NAME”**.

|  |  |
| --- | --- |
| **Agency Name** | Click or tap here to enter text. |
| **Contact Person** | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **County/ies your organization serves** | Click or tap here to enter text. |

**1) Please provide the below requested information about your existing TH project.**

* Name of current TH project:
* Location:
* Description of TH building and project, including single-site or scattered-site, the number of units or configuration of the building, number of beds, etc.:
* # of households served during last operating year and the number of those households that exited to permanent housing:
* Budget of existing TH project:
* Funding source(s) of existing TH project:

**2) In addition to your existing Transitional Housing project, describe your organization’s**

**experience providing housing – emergency-based, other transitional or permanent – to**

**individuals and families fleeing domestic violence.**

* Response: Click or tap here to enter text.

**3) Describe the need for a TH/RRH DV project in your community. This need should**

**incorporate data, as well as the reason you are looking to modify the expanding the**

**existing TH project to also include RRH.**

* Response: Click or tap here to enter text.

**4) Do individuals and families receiving (any type of) services from your organization have**

**access to Rapid Re-Housing assistance, either through your organization, a community**

**partner, Coordinated Entry, other?**  Yes  No

* If yes, how are these services currently accessed: Click or tap here to enter text.
* If no, why not: Click or tap here to enter text.

**5) What is your current relationship with the Western PA CoC? Please check any of the**

**following ways you participate in the CoC:**

Operate a Domestic Violence Access Center

Refer clients you serve to the CoC’s Coordinated Entry System

Attend SW RHAB or NW provider meetings

Attend CoC meetings (twice per year)

Participate on a Committee/Sub-Committee. Which: Click or tap here to enter text.

Participate in the planning of the annual point-in-time count

Provide data for the annual point-in-time count

Other. Please describe: Click or tap here to enter text.

**6) Project description: Describe the project you want funded. Within your description,**

**please include the following:**

* The number of households to be assisted throughout the year;
* The number of households to be assisted at a point-in-time in TH and the number to be assisted at a point-in-time in RRH;
* expected program participant to staff ratio;
* your agencies ability to work with landlords to house program participants in the community;
* ensure client eligibility and adhere to documentation requirements;
* administer rental assistance, which includes processing rent checks and conducting inspections;
* documentation of costs billed to the grant;
* documentation of in-kind match provided;
* data entry into the HMIS comparable database;
* provide tenancy supports to ensure client is able to maintain housing.

Note: PCADV will be providing technical assistance to DV-RRH projects. If this TA is desired, please indicate this within your response.

* Response: Click or tap here to enter text.

**7) How will your organization maximize client choice for and autonomy regarding housing**

**and services while ensuring safety and confidentially? If you are working with a**

**community partner, please include the partner organization’s role as well.**

* Response: Click or tap here to enter text.

**8) Describe your organization’s philosophy or approach to case management services and**

**how your organization has or will implement a DV Housing First philosophy, which**

**includes providing trauma-informed, victim-centered and culturally competent services.**

**Please reference any policies, training, relevant experience, etc.**

Note: Technical assistance from PCADV is available regarding DVHF implantation. Please

identify if this assistance is needed, and know that lack of current implementation does

not disqualify your organization.

* Response: Click or tap here to enter text.

**9) Does your organization have experience (either currently or previously) operating projects**

**funded through homeless assistance grants – ESG or CoC?**  Yes  No

* If yes, please describe: Click or tap here to enter text.

**10) Does your organization have any unresolved monitoring or audit findings for**

**any HUD grants (including ESG) or PCADV grants?** Yes  No.

* If yes, please explain. Click or tap here to enter text.

**11) Proposed budget (enter budget information in the below templates)**

For a list and description of eligible cost, please refer to the Continuum of Care

regulations at 24 CFR Part 578, Subpart D – Program Components & Eligible Costs

**BUDGET FOR EXISTING TRANSITIONAL HOUSING PROJECT**: This page should only be completed by organizations currently receiving TH CoC funding.

**Does your TH project currently use operations or leasing dollars?**  Operations  Leasing

**IF OPERATIONS - complete the below chart:**

|  |  |  |
| --- | --- | --- |
| **PROGRAM COMPONENT** | **REQUESTED BUDGET** | **DESCRIPTION OF USE** |
| Maintenance and repair | $ |  |
| Property taxes and insurance | $ |  |
| Reserves for replacement of major systems | $ |  |
| Building security | $ |  |
| Electric, gas and water | $ |  |
| Furniture | $ |  |
| Equipment | $ |  |
| TOTAL OPERATING BUDGET | $ | |

**IF LEASING – provide the below information:**

**Requested Leasing Budget:** $     

**Description of leasing costs:**

**SUPPORTIVE SERVICES COSTS – please provide your existing supportive services budget and the services provided in your TH project:**

**Requested Services Budget:** $     

**Services covered under existing budget:**

**ALL APPLICANTS -** Rental Assistance Budget

**Complete the below chart based on the number of Rapid Re-Housing units included in this project.**

**\* To find Fair Market Rents (FMR) in your community, please reference the attached chart, which reflects 2017 Fair Market Rent levels. This is what is used within HUD’s FY2018 New Project Application.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY:** Click or tap here to enter text. | | | | | | | |
| **Size of Units** | **# of Units** |  | **Fair Market Rent\*** |  | **12 months** |  | **Request** |
| SRO | # | x | enter $ | x | 12 | = | $ enter $ |
| 0 Bedroom | # | x | enter $ | x | 12 | = | $ enter $ |
| 1 Bedroom | # | x | enter $ | x | 12 | = | $ enter $ |
| 2 Bedrooms | # | x | enter $ | x | 12 | = | $ enter $ |
| 3 Bedrooms | # | x | enter $ | x | 12 | = | $ enter $ |
| 4 Bedrooms | # | x | enter $ | x | 12 | = | $ enter $ |
| 5 Bedrooms | # | x | enter $ | x | 12 | = | $ enter $ |
| **TOTAL** | | | | | | **$** enter $ | |

**ALL APPLICANTS –** Supportive Services Budget

Please review 24 CFR § 578.53 Supportive services, for a description of eligible supportive service costs.

|  |  |  |
| --- | --- | --- |
| **PROGRAM COMPONENT** | **REQUESTED BUDGET** | **DESCRIPTION OF USE** |
| Annual Assessment of Service Needs | $ enter $ | Click or tap here to enter text. |
| Assistance with moving costs | $ enter $ | Click or tap here to enter text. |
| Case management | $ enter $ | Click or tap here to enter text. |
| Housing search and counseling services | $ enter $ | Click or tap here to enter text. |
| Outreach services | $ enter $ | Click or tap here to enter text. |
| Transportation | $ enter $ | Click or tap here to enter text. |
| Utility deposits | $ enter $ | Click or tap here to enter text. |
| Direct provision of services | $ enter $ | Click or tap here to enter text. |
| \*\*Child care | $ enter $ | Click or tap here to enter text. |
| \*\*Education services | $ enter $ | Click or tap here to enter text. |
| \*\*Employment assistance and job training | $ enter $ | Click or tap here to enter text. |
| \*\*Food | $ enter $ | Click or tap here to enter text. |
| \*\*Legal services | $ enter $ | Click or tap here to enter text. |
| \*\*Life skills training | $ enter $ | Click or tap here to enter text. |
| \*\*Mental health services | $ enter $ | Click or tap here to enter text. |
| \*\*Outpatient health services | $ enter $ | Click or tap here to enter text. |
| \*\*Substance abuse treatment services | $ enter $ | Click or tap here to enter text. |
| **Supportive Services Total** | **$ enter $** | |

\*\*If supportive service dollars are requested for child care, education services, employment assistance and job training, food, legal services, life skills training, outpatient health services, or substance abuse treatment services, please indicate why these services cannot be leveraged. If leveraged through a MOU, these services can count towards your required match commitment. Click or tap here to enter text.

**HMIS COSTS -** If your organization has not yet added the HMIS Program enhancements to your ETO site, this cost can be included under the HMIS Budget Line Item.

**Requested HMIS funding:** $ enter $

**ADMINISTRATIVE COSTS -** Please review 24 CFR § 578.59 for a description of eligible administrative costs.

**Requested Administrative funding:** (cannot exceed 5% of total grant)$ enter $

**MATCH - A match of 25% is required. Match can be in-kind or cash.**

**Please indicate your anticipated amount and source(s) of matching funds:** Click or tap here to enter text.

**12) Please indicate which of the following requirements you commit to follow:**

Use a Housing First approach

Comply with all CoC policies and HUD regulations and notices. This includes

compliance with Fair Housing; Prohibition against involuntary family separation;

designate a staff person to ensure children are engaged with educational

programming (for projects that serve families); HUD’s Equal Access to Housing Rule

and Equal Access in Accordance with Gender Identity Final Rule; and any other

terms and conditions within the NOFA.

Participate in the Western PA Coordinated Entry System

Follow the CoC’s written standards for providing assistance, once completed

Enter data into HMIS comparable database

Participate in and attend meetings of the RHAB and CoC

**Name/ Signature and Title of Responsible Party:** Click or tap here to enter text.

**Western PA CoC: Final FY2017 Fair Market Rent (FMR)**

(2017 FMR is to be used within the FY2018 New Project Application)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  | |  | |  | |
| **Locality Name** | **SRO** | **Efficiency/**  **0 bedroom** | | **One-Bedroom** | | **Two-Bedroom** | | **Three-Bedroom** | | **Four-Bedroom** |
| [Armstrong County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4200599999&year=2017&selection_type=county&fmrtype=Final) | $366 | $488 | | $527 | | $681 | | $870 | | $939 |
| [Butler County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4201999999&year=2017&selection_type=county&fmrtype=Final) | $425 | $566 | | $657 | | $822 | | $1,028 | | $1,133 |
| [Cameron County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4202399999&year=2017&selection_type=county&fmrtype=Final) | $388 | $517 | | $590 | | $681 | | $932 | | $1,141 |
| [Clarion County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4203199999&year=2017&selection_type=county&fmrtype=Final) | $388 | $517 | | $590 | | $681 | | $852 | | $939 |
| [Clearfield County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4203399999&year=2017&selection_type=county&fmrtype=Final) | $412 | $549 | | $665 | | $796 | | $1,063 | | $1,182 |
| [Crawford County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4203999999&year=2017&selection_type=county&fmrtype=Final) | $435 | $580 | | $607 | | $760 | | $951 | | $1,063 |
| [Elk County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4204799999&year=2017&selection_type=county&fmrtype=Final) | $382 | $509 | | $512 | | $681 | | $852 | | $939 |
| [Fayette County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4205199999&year=2017&selection_type=county&fmrtype=Final) | $425 | $566 | | $657 | | $822 | | $1,028 | | $1,133 |
| [Forest County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4205399999&year=2017&selection_type=county&fmrtype=Final) | $403 | $537 | | $541 | | $719 | | $900 | | $1,267 |
| [Greene County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4205999999&year=2017&selection_type=county&fmrtype=Final) | $422 | $563 | | $576 | | $682 | | $854 | | $940 |
| [Indiana County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4206399999&year=2017&selection_type=county&fmrtype=Final) | $450 | $600 | | $629 | | $726 | | $913 | | $1,001 |
| [Jefferson County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4206599999&year=2017&selection_type=county&fmrtype=Final) | $407 | $543 | | $546 | | $681 | | $859 | | $939 |
| [Lawrence County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4207399999&year=2017&selection_type=county&fmrtype=Final) | $335 | $447 | | $544 | | $701 | | $898 | | $966 |
| [McKean County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4208399999&year=2017&selection_type=county&fmrtype=Final) | $329 | $439 | | $541 | | $692 | | $866 | | $954 |
| [Mercer County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4208599999&year=2017&selection_type=county&fmrtype=Final) | $386 | $514 | | $546 | | $713 | | $892 | | $1,014 |
| [Potter County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4210599999&year=2017&selection_type=county&fmrtype=Final) | $388 | $517 | | $576 | | $681 | | $852 | | $1,063 |
| [Venango County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4212199999&year=2017&selection_type=county&fmrtype=Final) | $401 | $535 | | $569 | | $681 | | $852 | | $977 |
| [Warren County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4212399999&year=2017&selection_type=county&fmrtype=Final) | $419 | $558 | | $586 | | $681 | | $903 | | $951 |
| [Washington County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4212599999&year=2017&selection_type=county&fmrtype=Final) | $425 | $566 | | $657 | | $822 | | $1,028 | | $1,133 |
| [Westmoreland County](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/2017summary.odn?fips=4212999999&year=2017&selection_type=county&fmrtype=Final) | $425 | $566 | | $657 | | $822 | | $1,028 | | $1,133 |