

Department for Children and Families
OFFICE OF ECONOMIC OPPORTUNITY
COVID-19 SUPPLEMENTAL HOUSING OPPORTUNITY GRANT PROGRAM
SECTION II: APPLICATION

A) COVER SHEET

Include a Cover Sheet with the following (# and label):

- 1) Applicant Name, Address, Telephone
- 2) DUNS # (if applicable)
- 3) Fiscal Agent Name and Address (if applicable)

If using a Fiscal Agent, please attach signed written agreement between applicant and fiscal agent.

- 4) Contact Person, Telephone and Email
- 5) Local Continuum(s) of Care & Agency of Human Services (AHS) District(s)
- 6) Total Supplemental Housing Opportunity Grant Request _____

To the best of my knowledge and belief, information on all forms in this application is true and correct, and the application has been duly authorized by the governing body of the applicant.

 Authorized Signature

 Date

 Printed Name/Title

For numbers 7 & 8 below, please list out each project/location separately for clarity. Attach additional pages as needed.

- 7) For Shelters:
 - a. Name of Shelter and Shelter Address (if applicable)
 - b. Shelter Contact Person, Telephone & Email
 - c. The number of weeks per year that the shelter is operational
- 8) The request for funding will support the following emergency shelter capacity:

	EXISTING	NEW (Proposed)
# of emergency shelter beds:		
# of emergency shelter rooms:		
# of emergency apartment units and rooms:		

B) BACKGROUND NARRATIVE

(NEW APPLICANTS ONLY, i.e., those not previously direct recipients of HOP funds)

- 1) **General Background:** Provide the following background information on your organization: brief history, structure of organization, board members, staffing, affiliations and activities. Make clear how housing programming or services aligns with mission of the organization.
- 2) **Management Experience & Capacity:** Describe past experience and current capacity of the applicant to manage comparable state or federal grant programs in terms of scale/scope, in terms of program and financial management. Optional: attach organizational chart if available.
- 3) **Housing Program Experience:** Briefly describe the experience of the organization in providing housing or services (e.g., emergency shelter, transitional housing, outreach, homelessness prevention, rapid re-housing, case management or service coordination, etc.) and/or other relevant experience working with target population.
- 4) **Demonstrated Results:** Use data from past performance to demonstrate the applicant's ability to reduce the incidence or duration of homelessness in your local Continuum of Care; prevent homelessness or re-house the homeless; provide effective housing stability case management services; and/or connect homeless clients with mainstream benefits.

C) PROGRAM NARRATIVE (please use the following outline; please cross-reference when appropriate)

- 1) **Program Summary:** Briefly describe how funds will be utilized and for whom the program is designed to serve. Be specific beyond the basic eligibility criteria provided (i.e., identify any subpopulations, families with children, etc.). Clearly identify what services will be provided on site (vs. tele-support) as part of the summary or below.
- 2) **Relevant Program Experience:** Does your organization have previous experience in providing the housing or services described above?
 Yes No

If no, please briefly describe the organization's relevant experience and expertise that qualify it to operate the proposed program. (NEW APPLICANTS PLEASE SKIP)

- 3) **Description of Need:** Briefly describe the need for supplemental funding as it relates to one or more objectives outlined in the COVID-19 Supplemental Notice of HOP Funds. Will funding preserve existing community resources or will it provide new or expanded shelter or services? Describe how the proposed activities fill a gap or address a priority identified by the State or community response to COVID-19.
- 4) **Coordination within the Local Continuum of Care and Community Response Efforts:** Describe how funds and activities will be coordinated as part of local COVID-19 response efforts.
- 5) **Mainstream Resources:** Describe the plan for connecting clients with mainstream benefits (e.g., Medicaid, 3SquaresVt, Reach Up, WIC, SSDI/SSI, VA, unemployment insurance, etc.) and services such as medical/mental health treatment, counseling, workforce development/job training, child care, financial empowerment and other services needed to achieve independent living. Clearly identify how participants will be referred and connected to health care support.

- 6) Intake & Admission: Describe any changes to intake and shelter hours put in place as a response to COVID-19. Describe how barriers to emergency shelter access have been reduced or eliminated. Describe how eligibility or prioritization for emergency shelter or essential services is determined. Describe roles of essential services staff to meet emergency needs during the pandemic including: which clients they will be serving, in which locations, in what new ways.
- 7) Assessment:
- a) Describe the assessment process used to determine immediate needs of the individual or family.
 - b) All individuals and families should be able to access the coordinated entry process. Describe how the agency will ensure shelter guests are able to complete the Coordinated Entry Assessment.
- 8) Where Essential Services Funding will be used for *services other than case management or staff*, describe how funds will be utilized to connect homeless individuals and families to critical services needed to achieve self-sufficiency and permanent housing. Describe how funds achieve the objectives specific to COVID-19 Supplemental Funding - e.g., support social distancing, stay home/ stay safe, etc.
- 9) If funding will be used for Essential Services Case Management: ***Please see Appendix E, Standards for Provision of Assistance, for clarification on the definition of “Essential Services Case Management”.***
- Describe the model or approach that will be used, including: overall estimated caseload at any point in time, anticipated level (how often) of services, qualifications or training of case managers (or equivalent), and assessment process, and development of written housing plans/ personal goals.

**APPENDIX G. PROGRAMMATIC ASSURANCES
HOUSING OPPORTUNITY GRANT PROGRAM (HOP)**

(NEW APPLICANTS ONLY: Include as a signed page with submission)

Affirmative Outreach: The grantee will make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis. If it is unlikely that the procedures that the grantee intends to use to make known the availability of the facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for those facilities and services, the grantee will take additional steps to ensure that those persons are made aware of the facilities, assistance, and services. The grantee will also take appropriate steps to ensure effective communication with persons with disabilities to ensure that interested persons receive information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. The grantee will also take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons;

Availability of Shelter: If HOP funds are used for emergency shelter, the grantee will provide services or shelter to homeless individuals and families for the period during which the HOP assistance is provided, without regard to a particular site or structure, so long as the applicant serves the same type of persons (e.g., families with children, unaccompanied youth, veterans, disabled individuals, or victims of domestic violence) or persons in the same geographic area;

Permanent Housing & Support Services: The grantee will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical care, mental health and substance abuse treatment, counseling, supervision, and other services essential for achieving independent living), and other Federal, State, local, and private assistance available for such individuals;

Homeless Participation: To the maximum extent practicable, the grantee will involve, through employment, volunteer services, or otherwise, homeless individuals and families in maintaining and operating facilities assisted under HOP, in providing services assisted under HOP, and in providing services for occupants of facilities assisted under HOP;

Confidentiality: The grantee will implement written procedures to ensure that:

- (i) All records containing personally identifying information of any individual or family who applies for and/or receives assistance funded by HOP will be kept secure and confidential;
- (ii) The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under HOP will not be made public, except with written authorization of the person responsible for the operation of the shelter; and
- (iii) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the grantee and consistent with state and local laws regarding privacy and obligations of confidentiality.

Signature, Executive Director

Date

Printed Name