**Consolidated Homeless Fund**

**FY 2023 (JULY1, 2022-June 30, 2023)**

**Project/Program**

**Application Form**

Name of Agency: Click here to enter text.

Applicant Status: Choose an item.

Contact Person: Click here to enter text.

Agency Mailing Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

Contact Person Email Address: Click here to enter text.

Project Name: Click here to enter text.

Project Address: Click here to enter text.

Project Type: New or Renewal, please specify: : Click here to enter text.

HMIS Number, if applicable: Click here to enter text.

How many licensed HMIS users are assigned to this project: Click here to enter text.

What was your HMIS Data Quality Score for this project as of December 31, 2021: Click here to enter text.

Amount of Request: Click here to enter text.

Total Program Cost: Click here to enter text.

Check Program Type: \_\_\_ Street Outreach

\_\_\_ Emergency Shelter

 *Type:*

\_\_\_ Individual \_\_\_# Individual Beds

\_\_\_ Family \_\_\_\_#Family Beds

\_\_\_ Operation First Step \_\_\_# Individual Beds

\_\_\_ Rapid Rehousing/State Rental Assistance

 \_\_\_\_ Total Number of Units to be Provided

 \_\_\_\_ # of Project Based Units

 \_\_\_\_# of Scattered Site Units

\_\_\_\_ Homelessness Prevention

 Systems Projects

 \_\_\_\_ Coordinated Entry System

 \_\_\_\_ Systemwide Housing Navigators

 \_\_\_\_ HMIS

 \_\_\_\_ Innovative Projects to Address Homelessness

1. Projected # of Households to be Served: Click here to enter text.
2. Projected # of Adults to be Served: Click here to enter text.
3. Projected # of Children to be Served: Click here to enter text.
4. Total # of Unduplicated Individuals (adults and children or homelessness staff) to be Served: Click here to enter text.
5. Geographic Service Area (Services Projects Only): Describe the proposed service area for this project. Will services be offered to clients statewide or is there a specific geographic region to be served?

Click here to enter text.

1. Population to be Served: Describe the characteristics of the clients to be served (chronically homeless, youth, victims of domestic violence, newly homeless, re-entry population, other populations etc.)? If this is a homelessness systems project, please explain how this project will assist agencies statewide serving the homeless population. Click here to enter text.
2. **Need for Project:** Describe the need for the project, including an explanation of how the need for the project was identified? Explain how this project addresses the identified need? If you are applying for funding under Systems Projects, please describe how your project meets one or more goals of Opening Doors RI. Click here to enter text.
3. Scope of Services: Describe the specific services you will provide and how these services will benefit the target population? How will the proposed services ensure an individual’s or family’s successful transition out of homelessness? What specific steps will your project take to ensure that individuals and families obtain permanent housing? Or how will your systems project will benefit and/or improve the homelessness system statewide? Click here to enter text.
4. **Prevent, Prepare, Respond:** If your project, addresses any aspect of preventing, preparing for and/or responding to the Coronavirus epidemic, please describe below?

Click here to enter text.

1. Compliance with RI Coordinated Entry System (Services Projects Only): Please describe how your program/project will use the RI Coordinated Entry System to fill vacant program slots? Click here to enter text.
2. **Shelter Layout:** (Only answer, if you are requesting funding for an emergency shelter): In the space below, describe the current layout of the shelter facility. For example, is shelter provided in a large room with multiple beds and/or are there separate “bedrooms” with multiple beds? Do people from different households stay in the same bedroom or do you separate households into private rooms by household? Include information about bathrooms, common areas, kitchens, etc.
3. For Shelter Construction/Renovation Projects Only: Use as much space as necessary to describe the activity to be undertaken; providing area, locations and other information necessary to clearly define the proposed construction/renovation project. Illustrative material may be appended including a target area map and/or architectural (site plan and elevations) drawings if appropriate. If the project will be Energy Star compliant or have any other special design/siting considerations, please specify them herein. Click here to enter text.
4. Timeline For Construction Project Only. Please detail the projected timeline for completion of this activity. Minimally (for construction projects) show when bid documents will be available, when construction is anticipated to commence and complete and when the project will be occupied. Click here to enter text.
5. Housing Stabilization Case Management (Services Project Only) : Please provide a brief description of your plans and timeline for enrolling in and billing Medicaid for eligible services? Please provide your Medicaid legacy id number (Services Projects Only). Click here to enter text.

1. **Mainstream Benefits (Services Projects Only):** Describe how this program will ensure that homeless individuals and families will be connected to mainstream benefits (SSI/SSDI,SNAP etc.) and/or employment, if eligible and able? Click here to enter text.
2. Staffing Plan: Identify agency personnel who will be directly involved in implementing the program, describe their specific role in implementing the project and their relevant experience. Click here to enter text.
3. Case Management (Services Projects Only): What is the client to case manager ratio for this project? Click here to enter text.
4. Does Case management staff develop housing plans with clients? \_\_\_Y or No
5. If no, please explain why not?Click here to enter text.
6. Please describe how these plans are utilized to ensure that clients are transitioning into permanent housing and retaining housing once housed?Click here to enter text.
7. **Unique Nature of Project:** Describe what distinguishes your project from other programs providing similar services? Why specifically should your program be funded? Click here to enter text.
8. **Project Outcomes (Services Projects Only):** Specifically provide the number & percentage of individuals who will achieve the following outcomes:

|  |  |  |
| --- | --- | --- |
| Measure | Number | % |
| Leavers who will exit to Permanent Destinations |  |  |
| Leavers who will exit to Shelter or other Temporary Destinations |  |  |
| Adult participants who will gain or increase EARNED income from entry to exit/follow-up (leavers and stayers) |  |  |
| Adult participants who will gain or increase OTHER (NON-EARNED) Income (non-cash benefits (health insurance, food stamps) from entry to exit/follow-up (leavers and stayers). |  |  |
| Bed Utilization Rate |  |  |

1. **Systems Projects Only:** Please describe the specific (S.M.A.R.T) goals/outcomes to be achieved by your project.
2. **Project Impact: (Only answer, if you are applying for renewal funding**). Please describe your programs level of success in achieving CHFP performance objectives for the year? Is your program on track to achieve its objectives, if not, please explain corrective action measures taken, if any? Click here to enter text.
3. Budget Funding Request:
4. If your program does not receive the full amount of funding requested, is it financially viable? Click here to enter text.
5. If you are requesting an increase in funding over your FY 2021 allocation, please explain why this increase is needed? Click here to enter text.
6. If your program can not meet the 100% match requirements and wish to apply for a partial match waiver, please detail the amount of match and sources of match that your program can provide (source of match may include federal, state, local grants, private foundations, the United Way and program income). State the reasons why you are unable to meet the 100% match requirements? Click here to enter text.