Application Instructions

Nebraska Homeless Assistance Program (NHAP)

LINCOLN

2015-2016
Request for Funding

NHAP Application Due	Application Review	Intent to Award Notification
Wednesday September 9 2015	Thursday September 17 2015	Monday September 21 2015

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SEPARATE DOCUMENTS – Attached and/or *Available on NHAP Funding Webpage (link below):*

- ***2015-16 NHAP Application Form***
- ***2015-16 NHAP Budget Form – Attachment A***
- ***2015-16 NHAP Personnel Form – Attachment B***
- ***2015-16 CoC Verification of Participation – Attachment C***
- ***2015-16 NHAP Approval of Emergency Shelter Activities by Local Government – Attachment D***
- ***2015-16 Certification of Accuracy and Intent – Attachment E***
- ***ESG Federal Regulations***

NHAP Funding Webpage:
http://dhhs.ne.gov/children_family_services/Pages/fia_nhap_nhap_funding.aspx

SUBMISSION OF QUESTIONS

Questions regarding this application should be directed to Bradd Schmeichel by email at: bschmeichel@lincoln.ne.gov

The deadline to submit questions is 4:30 PM on Tuesday, September 1, 2015.

Answers to submitted questions will be posted online at: http://lincoln.ne.gov
Keyword: NHAP

NOTICE: No verbal questions will be answered. All questions and inquires must be in writing and submitted via authorized format noted above.

PROGRAM SUMMARY

In order to serve the needs of people who are homeless and near homeless more effectively, the Nebraska **Department of Health and Human Services System** (DHSS) has combined the Nebraska **Homeless Shelter Assistance Trust Fund** (HSATF) and the U.S. Department of Housing and Urban Development's (HUD) **Emergency Solutions Grant** (ESG) application process into one single application. The combined process and application will be referred to as the **Nebraska Homeless Assistance Program** (NHAP) application. NHAP will provide technical assistance, as needed or requested, to assist successful NHAP applicants in the appropriate use and administration of NHAP funds.

In 1992, the Legislature created the HSATF through the passage of LB 1192. The bill increased the transfer tax to the seller of real estate by twenty-five cents on each $1,000 of value from $1.50 to $1.75. The revenue from the additional twenty-five cents is collected by County Registers of Deeds, remitted to the Nebraska Revenue Department and deposited into the HSATF.

The Act to Prevent Mortgage Foreclosures and Enhance Mortgage Credit Availability Act was signed into law on May 20, 2009 (Public Law 111-22). Division B of this new law is the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The HEARTH Act amends Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378) to rename the program the Emergency Solutions Grants (ESG) program, expand the range of eligible activities under the program, and add or change certain program requirements. The expanded activities include homelessness prevention and rapid rehousing components. The purpose of the ESG program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

In 2001, the Nebraska Legislature passed LB516, which transferred the administration of the HSATF to the Nebraska Health and Human Services System. In 2013, The City of Lincoln received ESG funds directly for the first time since 2004. Previously, NHAP funds for the City of Lincoln were administered by the State. Since 2013, the City of Lincoln applies for Lincoln's "share" of statewide HSATF funds, and combines that with Lincoln's ESG funding, to determine and administer annual NHAP funding for Lincoln homeless service providers.

PURPOSE

The purpose of the Nebraska Homeless Assistance Program (NHAP) is to provide an overall "Continuum of Care" approach to address the needs of individuals and families experiencing, or at risk of experiencing, homelessness in Nebraska by assisting in the alleviation and prevention of homelessness, providing temporary and/or permanent housing for persons who are homeless, and encouraging the development of projects that link housing assistance programs with efforts to promote self-sufficiency.

It is widely recognized that homelessness is not due to just a lack of shelter; it also involves a variety of unmet needs and underlying economic, physical, and social challenges. To the extent that homelessness encompasses a wide range of conditions, NHAP strongly supports the "Continuum of Care" concept as an effective approach to addressing the needs of people who are homeless or at risk of homelessness. A Continuum of Care process is a community and regional-based process that provides a comprehensive and coordinated housing and service delivery system. The U.S. Department of Housing and Urban Development (HUD) initiated the "Continuum of Care" process in 1994. The process promotes a coordinated, strategic planning approach for programs that assist families and individuals who are homeless or at risk of homelessness.

A Continuum of Care system has the goal of moving persons who are homeless to permanent housing and stably maintaining those who are currently residing in permanent housing. This means identifying all homeless populations in communities, understanding the need of people who are homeless and at risk of homelessness, and building a comprehensive and responsive system. A Continuum of Care approach helps communities and regions provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of people who are homeless or at risk of homelessness and assist them in making the critical transition from homelessness to self-sufficiency and permanent housing. All renewal grantees must actively participate in their Continuums of Care.

INTENT

The intent of this funding is to supplement a homeless service provider's budget, with the priority given to comprehensive homeless service providers offering complete regional continuum of care coverage. Therefore, organizations are encouraged to seek other sources of funding, to collaborate and to coordinate programs and services with other organizations in order to optimize the use of NHAP funds.

SERVICES DESCRIPTION

Eligible activities for NHAP funding are:
1) **Street Outreach**,
2) **Emergency Shelter**,
3) **Homelessness Prevention**,
4) **Rapid Rehousing** and
5) **Data Collection** through the Homeless Management Information System (HMIS).

1) **Street Outreach** – funds may cover costs related to engagement, case management, emergency outpatient health services, emergency outpatient mental health services and transportation). Eligible persons are those who meet the criteria set forth in paragraph (1)(a) of HUD's "homeless" definition (see page 6).

2) **Emergency Shelter** – funds may cover costs related to:
   - ***a) Essential Services*** – case management, child care, education, employment assistance and job training, life skills training, outpatient health services, outpatient mental health services, outpatient substance abuse treatment services and transportation; and
   - ***b) Shelter Operations*** – eligible costs are the costs of maintenance, including minor or routine repairs; rent; security; fuel; equipment; insurance; utilities; food; furnishings; supplies necessary for the operation of the shelter; and hotel/motel vouchers when no shelter is available.
   - ***c) Eligibility*** - Eligible persons are those who meet the criteria set forth in HUD's "homeless" definition (see page 6).

3) **Homelessness Prevention** – funds may cover costs related to:
   - **a)** ***Services*** – housing search and placement, housing stability case management, mediation and credit repair;
   - **b)** ***Financial Assistance*** – rental application fees, security deposits, utility deposits or payments, last month's rent, and moving costs; and
   - **c)** ***Rental Assistance*** - short-term (up to 3 months in a 3-year period) rent; medium-term rent (more than 3 months, but not more than 24 months in a 3-year period); rental arrears (one-time payment for up to 6 months of rental arrears in a 3-year period).
   - **d)** ***Eligibility*** - Eligible persons are those who meet the criteria set forth in HUD's "at risk of homelessness" definition (see pages 6-7) or in paragraphs (2), (3) or (4) of HUD's "homeless" definition (see page 6) and have an annual income below 30 percent of median family income for the area, as determined by HUD.

4) **Rapid Rehousing** – funds may cover costs related to:
   a) ***Services*** – housing search and placement, housing stability case management, mediation and credit repair;
   b) ***Financial Assistance*** – rental application fees, security deposits, utility deposits or payments, last month's rent, and moving costs; and
   c) ***Rental Assistance*** - short-term (up to 3 months in a 3-year period) rent; medium-term rent (more than 3 months, but not more than 24 months in a 3-year period); rental arrears (one-time payment for up to 6 months of rental arrears in a 3-year period).
   d) ***Eligibility*** – Eligible persons are those who meet the criteria set forth in paragraph (1) of HUD's "homeless" definition (see page 6) or in paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition.

5) **Data Collection** – funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include (computer hardware, software, equipment, technical support, office space, utilities related to HMIS work, salaries of staff for operating HMIS, HMIS training costs, and HMIS participation fees).

TARGET SERVICE AREAS

NHAP allocates ESG and HSATF funds to Regions 1-5 and allocates HSATF funds to Regions 6 & 7.

**Regions 6 (Lincoln area) and 7 (Omaha area) receive their ESG award directly from HUD.

TARGET POPULATION

NHAP funds are used to assist individuals and families in Nebraska who are homeless or at risk of homelessness.

HUD defines "Homeless" as *(see 24 CFR 574.2 for more detailed information)***:**

1) An individual or family who lacks fixed, regular, and adequate nighttime residence, meaning:
   a) An individual or family with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camp ground;
   b) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements; or
   c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2) An individual or family who will imminently lose their primary nighttime residence provided that:
   a) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

b) No subsequent residence has been identified; and
c) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   a) Are defined as homeless under other relevant federal statutes;
   b) Have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days immediately preceding the date of application for homeless assistance;
   c) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of application for homeless assistance; and
   d) Can be expected to continue in such status for an extended period of time.
4) Any individual or family who:
   a) Is fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place in their primary nighttime residence or has made them afraid to return to their primary nighttime residence;
   b) Has no other residence; and
   c) Lacks the resources or support networks needed to obtain other permanent housing.

NOTE: There are no Continuums in Nebraska that have been approved to use the Category 3 definition (homeless under other federal statutes). Therefore, you cannot serve anyone with ESG funding unless they meet the qualifications for homelessness under Category 1, 2 or 4.

HUD defines "At Risk of Homelessness" as *(see 24 CFR 574.2 for more detailed information)***:**

1) An individual or family who:
   a) Has an annual income below 30 percent of median family income for the area, as determined by HUD;
   b) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or place described in paragraph (1) of the "homeless" definition; and
   c) Meets one of the following conditions:
      1. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
      2. Is living in the home of another because of economic hardship;
      3. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
      4. Lives in a hotel or motel and the cost is not paid by a charitable or governmental program for low-income persons;

5. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau; or
6. Is exiting a publicly funded institution or system of care.

2) A child or youth who does not qualify as homeless under this Act, but qualifies as homeless under other relevant federal statutes; or
3) A child or youth who does not qualify as homeless under this section of the Act, but qualifies as homeless under another section and the parent(s) or guardian(s) of that child or youth are living with her or him.

NOTE: NHAP funding may not be used to serve wards of the State. This population is not considered homeless for the purposed of NHAP, because the State is legally responsible for the basic needs of such children. Runaway youth who are not a part of the foster care system and are not wards of the State are considered homeless.

ELIGIBILITY

To be eligible to apply for 2015-2016 NHAP funding, applicants must:

A. Have been approved and received a NHAP subgrant in FY 2014-15;

B. Assume responsibility for having knowledge of and the ability and intent to comply with federal and state Emergency Solutions Grant (ESG) and state Homeless Shelter Assistance Trust Fund (HSATF) requirements found in the Code of Federal Regulations Title 24 Part 576 (ESG) and Title 24 Part 84 (HUD Uniform Administrative Requirements) and Nebraska Revised Statutes 68-1601 through 68-1608 (HSATF) and Nebraska Administrative Code Title 462 (HSATF).

C. Have at least two years of experience successfully providing services which address the purpose of NHAP, as previously described;

D. Identify there is a need for the proposed services;

E. Provide evidence of participation in their Continuum of Care (Attachment C);

F. Be exempt from taxation under section 501(c)3 of the Internal Revenue of 1986 or represent a number of eligible applicants;

G. Not discriminate based on age, religion, sex, race, color, disability or national origin;

H. Provide:

(a) Residential housing for at least eight hours of every twenty-four hour period, as defined by the state and federal rules and regulations governing HUD's Emergency Solutions Grant (ESG) program and/or Nebraska's Homeless Shelter Assistance Trust Fund (HSATF); and

(b) Homelessness prevention, rapid rehousing, street outreach and/or shelter services for individuals and/or families who are homeless or at risk of homelessness in compliance with the state and federal rules and regulations governing HUD's Emergency Solutions Grant (ESG) program and/or Nebraska's Homeless Shelter Assistance Trust Fund (HSATF);

I. Operate a drug-free premise;

J. Agree to participate in any count of homeless individuals and/or families and housing inventory undertaken by DHHS or their designee;

K. Agree to comply with the written ESG standards approved by the Lincoln Continuum of Care and found on the City's website at:www.lincoln.ne.gov KEYWORD: NHAP

L. Agree to participate in NHAP's HMIS database by entering data on all persons served and all NHAP-funded activities, with the exception victim or legal service providers who agree to submit annual aggregate data reports, and in addition for DVs, they agree to enter DV data into the secure data reporting system for DVs;

M. If requesting funding for homeless prevention and/or rapid rehousing services, agree to assess client eligibility and obtain the necessary documentation to verify the client, the payment/service provided and the housing unit meet HUD's ESG requirements at 24 CFR 576: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr576_main_02.tpl

N. If requesting funding for shelter services, agree to maintain shelter facility in compliance with HUD's minimum standards at 24 CFR 576.403 and provide Attachment D to verify approval of emergency shelter activities by local government for all cities or counties where shelter will occur – *(HUD requires new NHAP grantees to submit an approval for any and all cities/counties where shelter will occur, even those programs using hotel/motel vouchers. Current NHAP grantees who have previously submitted approvals for cities/counties do not need to resubmit for those identified cities/counties, just those cities/counties where shelter will occur that do not have a prior city/county approval on file at DHHS)*.

O. Conduct and submit an annual, certified, external financial audit/financial report completed within the last 12 months;

P. Submit a correctly completed application, including Attachments A through E (unless not required per instructions) and all additional required documentation such as Board of Directors List, Proof of 501 (c)(3) status, Certification of Good Standing, and Certification of Accuracy and Intent Form by the deadline previously specified; and

Q. ESG funds are not intended for start-up of new homeless service providers or programs, and duplicative efforts should be avoided. First time applicants are expected to have homeless programs established and be active participants in their local CoC prior to participating in the ESG application process.

PERFORMANCE MEASUREMENTS

As part of the new HEARTH implementation Act, performance measures are to be used to demonstrate outcomes. These outcomes in turn measure program progress in meeting the defined goals and objectives. Primary goals the State strives for NHAP sub-recipients to achieve include reducing the length of homelessness, reducing returns to homelessness and maintaining/increasing income. Through a performance report card, performance goals will be measured. Since this is a new expectation for sub-recipients, the first step in moving toward a performance based system will be to establish baselines. For 2015-16, each sub-recipient will be requires to establish baselines for any of the five Activities listed below in which they are requesting NHAP funding to support.

- Street Outreach – Establish baseline and work to increase the % of discharges to Emergency Shelter, Transitional Housing or Permanent Housing; increase the % of persons exiting with income or non-cash benefits; and decrease the % of discharges to Unknown Destinations.
- Emergency Shelter – Establish baseline and work to increase the % of discharges to Transitional Housing or Permanent Housing; increase the % of persons exiting with income or non-cash benefits; and decrease the % of discharges to Unknown Destinations.
- Transitional Housing – Establish baseline and work to increase the % of discharges to Permanent Housing; increase the % of persons exiting with income or non-cash benefits; and decrease the % of discharges to Unknown Destinations.
- Homelessness Prevention & Rapid Rehousing – Establish baseline and work to increase the % of discharges to Permanent Housing; increase the % of persons exiting with income or non-cash benefits; and decrease the % of discharges to Unknown Destinations.
- HMIS – Establish baseline and work to reduce the % of Universal Data Elements (UDEs) with Missing or Null Values in HMIS (left blank). UDEs include Name, DOB, Gender, SSN, Race, Ethnicity, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Zip Code of Last Permanent Residence, Income at Entry/Exit, Benefits at Entry/Exit, Disabilities at Entry/Exit and Discharge Destination.

2015-16 NHAP FUNDING PRIORITIES

NHAP funding for the 2015-16 year will be awarded to eligible applicants, based on the following factors:

- Availability of ESG and HSATF funding;
- Need for proposed service (i.e. if project was discontinued or not funded, would it create a substantial and recognizable gap in services);
- Current and proposed performance;
- Applicant's experience:
    - Agency history and mission;
    - Provision of services to individuals and families experiencing, or at risk of experiencing, homelessness;
    - Work with federal grant programs;
    - Participation and leadership role in local, regional and/or state Continuums of Care (CoC);
    - Participation and leadership role in special events/projects related to ending and/or preventing homelessness and/or promoting self-sufficiency (e.g. Project Homeless Connect, Stand Down); and
    - Verification of CoC attendance and approval of applicant's project by relevant Continuum of Care;
- Applicant's strategies for:
    - Ensuring compliance with this and other grant-funded programs;
    - Monitoring and improving the accuracy and quality of program data;
    - Supporting and improving program participant self-sufficiency;
    - Coordinating services with mainstream service and housing providers;
    - Connecting program participants with mainstream services; and
    - Maintaining/attaining fiscal stability;
- Applicant's fiscal stability; and
- Quality of application, budget, budget narrative and personnel narrative.

2015-16 NHAP REGIONAL ALLOCATION

Should ESG and HSATF funding for 2015-2016 be available in the estimated amounts, NHAP will allocate funds regionally, based on a formula initially developed with input from the State Continuum of Care Committee. This formula provides each of Nebraska's seven geographic regions with a $50,000 hold-harmless base, with the remaining funds allocated based on HUD's current pro rata need amounts for each region. It is anticipated the available NHAP funding for 2015-2016 will be level with the following 2014-2015 regional funding allocations:

Region 1	$190,677.25
Region 2	$348,518.42
Region 3	$315,452.85
Region 4	$399,510.77
Region 5	$378,967.06
Region 6	$349,002.48
Region 7	$458,342.70

Due to annual fluctuations in the pro rata need amounts and the need to help ensure statewide continuity of necessary services, should applying the formula result in a decrease in funding from the prior year for the majority of the regions, all other regions shall be limited to no more than the specific percentage increase that allows all regions to remain level or have an increase.

Should ESG and HSATF funding for 2015-2016 be less than anticipated, regional allocations shall be reduced by the same percentage.

Should ESG and HSATF funding for 2015-2016 exceed that anticipated, regional allocations shall either be enhanced by the same percentage, the additional amount shall be added to the Special Needs funding or a combination

NHAP APPLICATION REVIEW AND FUNDING RECOMMENDATION PROCESS

Applications for the 2015-2016 NHAP noncompetitive renewal grant process will be reviewed by teams composed of State, Regional or Local Continuum of Care Committees; Department of Health and Human Services; and/or other agencies or organizations with experience in service delivery to those experiencing, or at risk of experiencing homelessness. NHAP will facilitate the review process.

Using the criteria identified below, which were developed based on input from the Continuums of Care, the grant review teams will assign points to each application, up to a maximum total of 119 points, and provide recommendations on funding to NHAP.

PLEASE NOTE:

- ***Late (received after deadline)*** *or incomplete (all required attachments and documentation not included with the application packet) NHAP applications will* ***not*** *be considered for 2015-2016 NHAP funding.*

RATING CRITERIA

Criteria 1: Need for Proposed Service(s)

(0-5 Points) Description of the need in the area for services NHAP funding is requested (2 points); description of the population to be served (1 point); counties/cities/parts of cities where services will be provided (1 point). Factual data to support need (1 point).

Criteria 2: Request for Funding and Demonstrated Performance

(0-25 points) Use of data to illustrate the need for the proposed services. For each service type funding is requested, including Outreach, Shelter, HP and RR, the following is provided: funding request in 2014-15 and 2015-16, and if any increase or decrease in funding requested, an explicit explanation is provided (1 point); Detailed Budget per service to be provided is complete and correct with other funds reported (1 point); Performance numbers reported (1 point); Service narrative complete (1 point); Baseline outcome measures complete (1 point). Up to 5 points for each service area funding is requested can be awarded (20 points maximum collectively). For HMIS, performance numbers and outcome baselines completed (5 points). If funding is being requested for HMIS service area, the funding information section for HMIS completed, however, no additional points awarded for funding requested in this area.

Criteria 3: Experience

(0-25 Total Points)

(0-5 points) Description of agency: history (1 point), mission (1 point), target population (1 point) and future goals (1 point). Description of any percent or planned changes in mission, target population and/or services, or if no changes, confirmation of status quo (1 point).

(0-5 points) Description of agency's experience providing services to individuals and families experiencing, or at risk of experiencing, homelessness. Experience serving the homeless (1 point). Description of the services provided (2 points). The number of individuals/families served (1 point) and the dates (1 point) (i.e. start and end dates) agency has provided this service/these services.

(0-5 points) Description of agency's experience working with federal grant programs for the last 5 years, including the name of the federal agency and the specific program (1 point), dates (i.e. start and end dates) agency received the funding (1 point), for each federal grant program reported (1 point) up to a total of (3 points) maximum, and results of any monitoring of these programs by federal or state representatives, such as findings,

sanctions, resolution. Include 10 years of history for any federal grant that has been withdrawn by the awarding agency, voluntarily given up or had any type of finding or concern during monitoring

(0-5 points) Description of agency's participation on your local, regional or state Continuum of Care (1 point ea for regional or state), including dates and name(s) of agency staff who participated and any leadership roles (1 point) (e.g. committee or subcommittee officer/convener/lead), at least 75% attendance in Regional CoC meetings (2 points).

(0-5 points) Description of agency's participation in special events/projects designed to end or prevent homelessness and/or improve the self-sufficiency of individuals or families experiencing homelessness (1 points for each event, up to 3 points maximum) (e.g. Project Homeless Connect, Stand Down), including dates and name(s) of agency staff who participated and any leadership roles (2 points) (e.g. chair of event or subcommittee).

Criteria 4: Strategies
(0-20 Total Points)

(0-5 points) Description of agency's strategies for ensuring compliance with the federal and state regulations and program requirements associated with this and other grant-funded programs (e.g. staff training, requirement checklist).

(0-5 points) Description of agency's strategies for monitoring and improving the accuracy and quality of program data (e.g. regular data reports, data checking by assigned staff, data report review by Director and/or Board).

(0-5 points) Description of agency's strategies for supporting and improving the self-sufficiency of those who are experiencing, or at risk of experiencing, homelessness (e.g. job training, ESL classes, budgeting assistance).

(0-5 points) Description of agency's strategies for coordinating services with mainstream service and housing providers (e.g. regular meetings, cultivation of specific contacts at other agencies) and connecting program participants with mainstream services (e.g. assist with application for public benefits, warm referrals to relevant agencies).

Criteria 5: Fiscal Stability

(0-15 Points) Description of agency's strategies for maintaining or attaining fiscal stability, including information on operational and capital budget structure (e.g. diverse funding sources, ongoing solicitation of non-governmental funding, cash reserve, endowment); segregation of financial duties (e.g. donations are processed by two staff, payments over a certain amount are reviewed by Director/Board, annual budgets and monthly financial reports are reviewed by Board/Finance Committee); submission of timely and accurate billing; and Board involvement in fiscal oversight of agency (e.g. Board's Finance Committee regularly reviews financial statements and has members recruited for their fiscal expertise).

Criteria 6: Quality of Application
(0-20 Total Points)

(0-10 Points) Information appears accurate, complete and well-presented; responses correspond with questions; and information provides understandable overall picture of agency, the programs and services and the need for continued funding.

(0-10 Points) Budget (Attachment A), budget narrative and personnel budget (Attachment B) and description appear accurate, complete, understandable and well-presented; the information is as requested and detailed enough to provide an understandable picture of the request; and the totals are correct.

Bonus Points:
(0-9 Points) Up to 9 additional bonus points can be received by providing supporting documentation which demonstrates the agency is:

- Services targeted to Veterans and/or Chronically Homeless (3 points)
- Services provided for Rapid Rehousing (3 points)
- Services offered in more than 1 County in the CoC Region (3 points)

119 Points TOTAL POSSIBLE POINTS

AWARD NOTIFICIATION

Award of funds is contingent on the availability of State and Federal funding.

Subgrant Award Agreements shall run for a one (1) year term, retroactive to September 1, 2015 and extend through August 31, 2016.

The City of Lincoln will notify applicants of intent to award 2015-2016 Nebraska Homeless Assistance Program (NHAP) funding by September 21, 2015. NHAP funding is a combination of Emergency Solutions Grant (ESG) funds awarded to the City of Lincoln by the U.S. Department of Housing and Urban Development (HUD) and funds received through the Nebraska Homeless Shelter Assistance Trust Fund.

This Notice of Intent to Award NHAP funds is subject to the execution of a written subgrant award. The subrecipients shall not acquire any legal or equitable rights relative to the funding until a subgrant award containing terms and conditions acceptable to the City of Lincoln is executed. If the intended subrecipient fails to negotiate and execute a subgrant award with the City of Lincoln, the intended award may be revoked and the funding reallocated. DHHS further reserves the right to cancel this Notice of Intent to Award at any time prior to the execution of a written subgrant award. The awards are subject to the receipt by the City of Lincoln of an ESG grant award from HUD for the HUD-announced amount and receipt of the projected amount of HSATF funding.

The City of Lincoln and the Nebraska Department of Health and Human Services reserve the right to accept or reject any or all proposals received as a result of this request, to negotiate with all qualified sources, or to cancel in part or in its entirety this Request for Proposal. This Request for Proposal does not commit the Nebraska Department of Health and Human Services to award funding, to pay costs incurred for the preparation of proposals, or to procure or grant agreement for services.

2015-16 NHAP Application Process Timeline and Description		
Date	**Action**	**Responsible Party**
Tuesday August 11	Online posting of the RFA and application via the City of Lincoln website. Notification of the posting will be emailed to the Continuum of Care network.	NHAP
Wednesday September 9	Applications submitted to NHAP	Applicant
September 10-18	Application review process.	NHAP
Monday September 21	Intent to Award notification, contingent upon funding, posted to City website.	NHAP

NHAP APPLICATION CHECKLIST

Please double check to make sure all of following documents are accurate, complete and included with your application.

The following documents must be **received** **(not post marked or in-route)** by **4:30 pm (CT) Wednesday, September 9, 2015**. **1 original and 5** paper copies must be mailed/delivered to the below mailing address as well as **1** electronic copy emailed to the below email address:

Mail to: City of Lincoln, Urban Development Department,
555 S 10th St, Suite # 205 Lincoln, NE 68508

Email to: bschmeichel@lincoln.ne.gov

NOTE: NHAP Applications received after the deadline will **not** be accepted.

Application must include the following by the deadline in order to be considered for funding:

- ☐ ***NHAP Application Checklist*** *(this page)*
- ☐ ***NHAP Application***
- ☐ ***NHAP 2015-16 Proposed NHAP Budget*** – *Attachment A*
- ☐ ***NHAP 2015-16 Proposed NHAP Personnel*** – *Attachment B*
- ☐ ***Signed verification of Participation in Continuum of Care Committee*** – *Attachment C*
- ☐ ***If applying for Emergency Shelter funding, approval of emergency shelter activities by local government for all cities or counties where shelter will occur*** – *(HUD requires new NHAP grantees to submit an approval for any and all cities/counties where shelter will occur, even those programs using hotel/motel vouchers. Current NHAP grantees who have previously submitted approvals for cities/counties do not need to resubmit for those identified cities/counties, just those cities/counties where shelter will occur that do not have a prior city/county approval on file at DHHS)* – *Attachment D*
- ☐ ***Signature Page – Certification of Accuracy and Intent*** – *Attachment E*
- ☐ ***Board of Directors List, including phone numbers and addresses***
- ☐ ***Copy of Independent Auditors Report and Statements of Financial Position completed within the last 12 months.***
- ☐ ***Proof of current 501(c)(3) status (i.e. IRS determination letter, date must be within the last 12 months)***
- ☐ ***Certification of Good Standing (must be copy of current certificate from Nebraska Secretary of State; however not applicable to governmental agencies)***

****Information received after the deadline will not be considered during the application review process unless NHAP staff specifically requested the information.***

2015-16 City of Lincoln
NHAP APPLICATION

SECTION I: APPLICANT INFORMATION

Applicant's Legal Name: Enter Name
Applicant's Mailing Address: Enter Name
Applicant's Website: Enter Website Address
Applicant's Federal TIN/SSN: Enter FTIN/SSN
Applicant's DUNS Number: Enter DUNS Number
Applicant's Fiscal Year Start Date: Select Start Date
End Date: Select End Date
Executive Director/President's Name: Enter Name
Program Contact's Name: Enter Name
Program Contact's Title: Enter Title
Program Contact's Email: Enter Email
Program Contact's Phone: Enter Phone
Congressional District: Select District #

Program Type – *check **all** that apply:*

☐ Emergency Shelter
☐ Transitional Housing
☐ Homeless Outreach
☐ Homeless Prevention
☐ Rapid Rehousing
☐ Services Only
☐ Other

Bed Type (for shelters only) – *select **one**:* Select Type

Population Served – *select **all** that apply:*

☐ Single adult males
☐ Single adult females
☐ Couples with children
☐ Couples without children
☐ Adult males with children
☐ Adult females with children
☐ Unaccompanied young males
☐ Unaccompanied young female

Primary Population/Need Served - *select **one**:* Select Primary

Continuum of Care Region - *if services provided in more than one Region, a **separate** application must be completed for each Region:* Select CoC Region

Counties Your Agency Serves in this Continuum of Care Region – *enter **all** counties your agency serves in this Region:* Enter Counties Served

SECTION II: TOTAL FUNDING REQUEST

Funding Request *(Total NHAP Funding Request, should equal the combined total of the NHAP funding request for each service)*

- **Total 2014-15 NHAP Funding Award:** Enter amount
- **Total 2015-16 NHAP Funding Request:** Enter amount
- **Ratio of NHAP requested funding to Agency's overall Fiscal Budget for NHAP Related Services FY2015-16**

A Amount of NHAP Funds Requested:	**B** Agency's total Budget for NHAP Related Services FY 2015-16	**C** A ÷ B = C (%)
Enter amount	Enter amount	%

- **2015-16 NHAP Funding Request is for the following** – *check **all** that apply:*
  - ☐ Street Outreach
  - ☐ Emergency Shelter
  - ☐ Homelessness Prevention
  - ☐ Rapid Rehousing
  - ☐ HMIS

SECTION III: PERFORMANCE CRITERIA

The following criteria match the NHAP application scoring criteria found on pages 12-14 of the application instructions. A **maximum of 119 points** are possible. For each of the following Criteria, **provide** the requested information:

CRITERIA 1: NEED

NEED FOR PROPOSED SERVICE(S)

1 - Describe the need for your agency to provide each service for which NHAP funding is requested, the population to be served and the counties/cities/parts of cities where your agency is providing each service. Include factual data to support need with low income population numbers and unemployment % in applicant's service area, and if applicable, shelter utilization and point-in-time count for prior year's services. **(5 points)**

Enter explanation

CRITERIA 2: PERFORMANCE

REQUEST FOR FUNDING AND DEMOSTRATED PERFORMANCE

1 - For each service area funding is requested, complete the corresponding service area information found on pages 6–13 in this application. The information presented should be used to illustrate the level of success based on past outcomes and supported projections of individuals and families to be served through the proposed services. Up to 5 points for each service category can be received, including Outreach, Shelter, HP and RR. **(20 points maximum collectively)**

For all applicants, in the HMIS section, performance numbers and outcome baselines need to be completed. **(5 points)** If funding is being requested for HMIS service area, the funding information must be completed as well.

STREET OUTREACH

Funding Request

2014-15 NHAP funding for Street Outreach: Enter amount
Requested 2015-16 NHAP funding for Street Outreach: Enter amount

Please provide a brief explanation for any increase or decrease in requested Street Outreach funding: Enter explanation

Street Outreach Detailed Budget

Street Outreach	NHAP Request	Other Funds	Grand Total
Engagement Activities	Enter amount	Enter amount	Enter amount
Case Management	Enter amount	Enter amount	Enter amount
Emergency Health Services (licensed) provider)	Enter amount	Enter amount	Enter amount
Emergency Mental Health Services (licensed)	Enter amount	Enter amount	Enter amount
Transportation	Enter amount	Enter amount	Enter amount
GRAND TOTAL	Enter amount	Enter amount	Enter amount

Performance

Unduplicated count of individuals served by Outreach in 2014-15: Enter amount
Unduplicated count of individuals proposing to serve by Outreach in 2015-16: Enter amount
Unduplicated count of Families served by Outreach in 2014-15: Enter amount
Unduplicated count of Families proposing to serve by Outreach in 2015-16: Enter amount

Street Outreach: Please provide a narrative description of activity being proposed and the description of the calculations used for the basis of NHAP line items in the above detailed budget.
Enter explanation

STREET OUTREACH BASELINE

A. Population Served Jan 01/14 – Dec 31/14	**B. Outcome Measures**	**C. Percent Achieved** B÷A=C
Unduplicated number of homeless individuals served with Street Outreach # HMIS/DV data for Street Outreach unduplicated number supporting documentation provided on page #	**Housing Destination:** Unduplicated number of persons placed in temporary housing or permanent housing destinations # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Non-Cash Benefits: Unduplicated number of persons with more non-cash benefits at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Increased or Maintained Employment Income: Unduplicated number of persons who increased or maintained employment at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%

EMERGECNY SHELTER

2014-15 NHAP funding for Shelter: Enter amount
Requested 2015-16 NHAP funding for Shelter: Enter amount

Complete and include Attachment D
Please provide a brief explanation for any increase or decrease in requested Shelter funding: Enter explanation

Emergency Shelter Detailed Budget

Emergency Shelter	NHAP Request	Other Funds	Grand Total
ET Serv-Case Management	Enter amount	Enter amount	Enter amount
ET Serv-Child Care (licensed provider)	Enter amount	Enter amount	Enter amount
ET Serv-Education Services	Enter amount	Enter amount	Enter amount
ET Serv-Employment Assistance and Job Training	Enter amount	Enter amount	Enter amount
ET Serv-Outpatient Health	Enter amount	Enter amount	Enter amount
ET Serv-Substance Abuse Trt (licensed provider)	Enter amount	Enter amount	Enter amount
ET Serv-Outpatient Mtl Health (licensed provider)	Enter amount	Enter amount	Enter amount
ET Serv-Transportation	Enter amount	Enter amount	Enter amount
Legal Services (available to an applicant only providing legal services	Enter amount	Enter amount	Enter amount
Shelter Operations	Enter amount	Enter amount	Enter amount
Hotel/Motel Vouchers (if shelter is unavailable)	Enter amount	Enter amount	Enter amount
Facility Renovation (need environmental review)	Enter amount	Enter amount	Enter amount
GRAND TOTAL	Enter amount	Enter amount	Enter amount

Performance

Unduplicated count of individuals served by Shelter in 2014-15: Enter amount
Unduplicated count of individuals proposing to serve by Shelter in 2015-16: Enter amount
Unduplicated count of Families served by Shelter in 2014-15: Enter amount
Unduplicated count of Families proposing to serve by Shelter in 2015-16: Enter amount
Project utilization rate for Shelter beds in 2015-16: Enter amount

Emergency Shelter: Please provide a description of activity being proposed and the description of the calculations used for the basis of NHAP line items in the above detailed budget.
Enter explanation

EMERGECNY SHELTER BASELINE

A. Population Served Jan 01/14 – Dec 31/14	**B. Outcome Measures**	**C. Percent Achieved** B÷A=C
Unduplicated number of homeless individuals served with Emergency Shelter # HMIS/DV data for Emergency Shelter unduplicated number supporting documentation provided on page #	**Housing Destination:** Unduplicated number of persons placed in temporary housing or permanent housing destinations # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Non-Cash Benefits: Unduplicated number of persons with more non-cash benefits at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Increased or Maintained Employment Income: Unduplicated number of persons who increased or maintained employment at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%

HOMELESSNESS PREVENTION

2014-15 NHAP funding for Homelessness Prevention: Enter amount
2015-16 NHAP requested funding for Homelessness Prevention: Enter amount

Please provide a brief explanation for any increase or decrease in requested Homelessness Prevention funding: Enter explanation

Homeless Prevention Detailed Budget

Homeless Prevention	NHAP	Other Funds	Grand Total
Serv-Housing Search and Placement	Enter amount	Enter amount	Enter amount
Serv-Housing Stability Case Management	Enter amount	Enter amount	Enter amount
Serv-Mediation	Enter amount	Enter amount	Enter amount
Serv-Credit Repair	Enter amount	Enter amount	Enter amount
Serv-Legal Service (available to an applicant only providing legal services)	Enter amount	Enter amount	Enter amount
FIN ASST-Rental Application Fees	Enter amount	Enter amount	Enter amount
FIN ASST-Security Deposits (up to 2 months' rent)	Enter amount	Enter amount	Enter amount
FIN ASST-Last Month's Rent (up to 1 month)	Enter amount	Enter amount	Enter amount
FIN ASST-Utility Deposits (gas, water, electric, sewage)	Enter amount	Enter amount	Enter amount
FIN ASST-Utility Payment (gas, water, electric, sewage)	Enter amount	Enter amount	Enter amount
FIN ASST-Moving Costs	Enter amount	Enter amount	Enter amount
Rental ASST-Short-Term (≤ 3 mo)	Enter amount	Enter amount	Enter amount
Rental ASST-Medium-Term (> 3 mo, ≤ 24 mo)	Enter amount	Enter amount	Enter amount
Rental ASST-Rental Arrearage	Enter amount	Enter amount	Enter amount
GRAND TOTAL	Enter amount	Enter amount	Enter amount

Performance

Unduplicated count of individuals served by HP in 2014-15: Enter amount
Unduplicated count of individuals proposing to serve by HP in 2015-16: Enter amount
Unduplicated count of Families served by HP in 2014-15: Enter amount
Unduplicated count of Families proposing to serve by HP in 2015-16: Enter amount

Homeless Prevention: Please provide a brief description of activity being proposed and the description of the calculations used for the basis of NHAP line items in the above detailed budget.
Enter explanation

HOMELESSNESS PREVENTION BASELINE

A. Population Served Jan 01/14 – Dec 31/14	**B. Outcome Measures**	**C. Percent Achieved** B÷A=C
Unduplicated number of homeless individuals served with Homelessness Prevention # HMIS/DV data for Homelessness Prevention unduplicated number supporting documentation provided on page #	**Housing Destination:** Unduplicated number of persons placed in temporary housing or permanent housing destinations # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Non-Cash Benefits: Unduplicated number of persons with more non-cash benefits at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Increased or Maintained Employment Income: Unduplicated number of persons who increased or maintained employment at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%

RAPID REHOUSING

2014-15 NHAP funding for Rapid Rehousing: Enter amount
2015-16 NHAP requested funding for Rapid Rehousing: Enter amount

Please provide a brief explanation for any increase or decrease in requested Rapid Rehousing funding: Enter explanation

Rapid Rehousing Detailed Budget

Rapid Rehousing	NHAP	Other	Grand
Serv-Housing Search and Placement	Enter amount	Enter amount	Enter amount
Serv-Housing Stability Case Management	Enter amount	Enter amount	Enter amount
Serv-Mediation	Enter amount	Enter amount	Enter amount
Serv-Credit Repair	Enter amount	Enter amount	Enter amount
Serv-Legal Service (available to an applicant only providing legal services)	Enter amount	Enter amount	Enter amount
FIN ASST-Rental Application Fees	Enter amount	Enter amount	Enter amount
FIN ASST-Security Deposits (up to 2 months' rent)	Enter amount	Enter amount	Enter amount
FIN ASST-Last Month's Rent (up to 1 month)	Enter amount	Enter amount	Enter amount
FIN ASST-Utility Deposits (gas, electric, water, sewage)	Enter amount	Enter amount	Enter amount
FIN ASST-Utility Payment (gas, electric, water, sewage)	Enter amount	Enter amount	Enter amount
FIN ASST-Moving Costs	Enter amount	Enter amount	Enter amount
Rental ASST-Short-Term (≤ 3 mo)	Enter amount	Enter amount	Enter amount
Rental ASST-Medium-Term (> 3 mo, ≤ 24 mo)	Enter amount	Enter amount	Enter amount
Rental ASST-Rental Arrearage	Enter amount	Enter amount	Enter amount
GRAND TOTAL	Enter amount	Enter amount	Enter amount

Performance

Unduplicated count of individuals served by RR in 2014-15: Enter amount
Unduplicated count of individuals proposing to serve by RR in 2015-16:
Enter amount
Unduplicated count of Families served by RR in 2014-15: Enter amount
Unduplicated count of Families proposing to serve by RR in 2015-16: Enter amount

Rapid Re-Housing: Please provide a description of activity being proposed and the description of the calculations used for the basis of NHAP line items in the above detailed budget.
Enter explanation

RAPID REHOUSING PREVENTION BASELINE

A. Population Served Jan 01/14 – Dec 31/14	**B. Outcome Measures**	**C. Percent Achieved** B÷A=C
Unduplicated number of homeless individuals served with Rapid Rehousing # HMIS/DV data for Rapid Rehousing unduplicated number supporting documentation provided on page #	**Housing Destination:** Unduplicated number of persons placed in temporary housing or permanent housing destinations # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Non-Cash Benefits: Unduplicated number of persons with more non-cash benefits at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%
	Increased or Maintained Employment Income: Unduplicated number of persons who increased or maintained employment at program exit # HMIS/DV data supporting documentation where this number is represented provided on page #	%

HMIS

2014-15 NHAP funding for HMIS: Enter amount
2015-16 NHAP requested funding for HMIS: Enter amount

Please provide a brief explanation for any increase or decrease in requested HMIS funding: Enter explanation

HMIS	NAHP Request	Other Funds	Grand Total
Hardware / Software	Enter amount	Enter amount	Enter amount
Equipment Costs	Enter amount	Enter amount	Enter amount
Data Entry / Analysis	Enter amount	Enter amount	Enter amount
Data Quality	Enter amount	Enter amount	Enter amount
Training	Enter amount	Enter amount	Enter amount
Reporting	Enter amount	Enter amount	Enter amount
TOTAL	Enter amount	Enter amount	Enter amount

Performance

Unduplicated count of total NHAP individuals served in 2014-15: Enter amount
Unduplicated count of total NHAP individuals proposing to serve in 2015-16: Enter amount
Unduplicated count of total NHAP Families served in 2014-15: Enter amount
Unduplicated count of total NHAP Families proposing to serve in 2015-16: Enter amount

HMIS: Please provide a description of activity being proposed and the description of the calculations used for the basis of NHAP line items in the above detailed budget.
Enter explaination

HMIS BASELINE

PROGRAM NAME	# or % MISSING DATA FIELDS
Street Outreach	# or %
Shelter/Transitional Housing	# or %
Homelessness Prevention	# or %
Rapid Rehousing	# or %

CRITERIA 3: EXPERIENCE

AGENCY EXPERIENCE

1 - Describe your agency, including its history, mission, target population and future goals. Include description of any recent or planned changes in mission, target population and/or services. If no changes, confirmation that agency will continue current operation as is. **(5 points)** Enter explanation

2 - Describe your agency's experience providing services to individuals and families experiencing, or at risk of experiencing, homelessness. Include description of the services provided, the number of individuals/families served and the dates (i.e. start and end dates) agency has provided this service/these services. **(5 points)** Enter explanation

3 - Describe your agency's experience working with federal grant programs for the last 5 years, including the name of the federal agency and the specific program, dates (i.e. start and end dates) agency received the funding and results of any monitoring of these programs by federal or state representatives, such as findings, sanctions, resolution. Include 10 years of history for any federal grant that has been withdrawn by the awarding agency, voluntarily given up or had any type of finding or concern during monitoring. **(5 points)** Enter explanation

4 - Describe your agency's participation on your local, regional or state Continuum of Care committee or work group/subcommittee meetings or NCCH Commission meetings, including dates and name(s) of agency staff who participated and any leadership roles (e.g. committee or subcommittee officer/convener/lead). Also complete and provide Attachment C.
(5 points) Enter explanation

5 - Describe your agency's participation in special events/projects designed to end or prevent homelessness and/or improve the self-sufficiency of individuals or families experiencing homelessness (e.g. Project Homeless Connect, Stand Down), including dates and name(s) of agency staff who participated and any leadership roles (e.g. chair of event or subcommittee). **(5 points)** Enter explanation

CRITERIA 4: STRATEGIES

AGENCY STRATEGIES:

1 - Describe your agency's strategies for ensuring compliance with the federal and state regulations and program requirements associated with this and other grant-funded programs (e.g. staff training, requirement checklist).
(5 points) Enter explanation

2 - Describe your agency's strategies for monitoring and improving the accuracy and quality of program data (e.g. regular data reports, data checking by assigned staff, data report review by Director and/or Board).
(5 points) Enter explanation

3 - Describe your agency's strategies for supporting and improving the self-sufficiency of those who are experiencing, or at risk of experiencing, homelessness (e.g. job training, ESL classes, budgeting assistance) and what/if there is a follow-up procedure with clients who were served and then exited the program. **(5 points)**
Enter explanation

4 - Describe your agency's strategies for coordinating services with mainstream services and housing providers (e.g. regular meetings, cultivation of specific contacts at other agencies) and connecting program participants with mainstream services (e.g. assist with application for public benefits, warm referrals to relevant agencies). Include description of effort to work collaboratively with other agencies providing similar services, demonstrating the ability to avoid duplication. **(5 points)**
Enter explanation

CRITERIA 5: FISCAL STABILITY

FISCAL STABILITY

1 - Please describe your agency's strategies for maintaining or attaining fiscal stability, including information on operational and capital budget structure (e.g. diverse funding sources, ongoing solicitation of non-governmental funding, cash reserve, endowment); segregation of financial duties (e.g. donations are processed by two staff, payments over a certain amount are reviewed by Director/Board, annual budgets and monthly financial reports are reviewed by Board/Finance Committee); submission of timely and accurate billing; and Board involvement in fiscal oversight of agency (e.g. Board's Finance Committee regularly reviews financial statements and has members recruited for their fiscal expertise). **(15 points)** Enter explanation

CRITERIA 6: APPLICATION QUALITY

QUALITY OF APPLICATION

1 - Review your application and make sure the information provided is accurate, complete and well-presented; responses correspond with questions; and information provides understandable overall picture of agency, the programs and services and the need for continued funding. **(10 points)**

2 - Please complete your budget (Attachment A), budget narrative and personnel budget (Attachment B) and description. Make sure the information provided is accurate, complete, understandable and well-presented; the information is as requested and detailed enough to provide an understandable picture of the request; and the totals are correct. **(10 points)**

BONUS POINTS:

1 - Provide supporting documentation that the agency is targeting and serving Veterans and/or Chronically Homeless. **(+3 points)**

2 - Provide supporting documentation that agency will be providing Rapid Rehousing services and support. **(+3 points)**

3 - Provide supporting documentation that agency will be providing NHAP services and support in more than 1 County in the CoC Regional planning and service area. **(+3 points)**

Click here to link to an Excel file of the budget.

AGENCY NAME				
FY 2015-2016 NHAP PROPOSED BUDGET		NHAP REQUEST	OTHER SOURCES	GRAND TOTAL
STREET OUTREACH	Essential Services			$0.00
	Indirect Cost*			$0.00
	SUBTOTAL	$0.00	$0.00	$0.00
SHELTER	Essential Services			$0.00
	Renovation/Rehab			$0.00
	Operations			$0.00
	URA Assistance			$0.00
	Indirect Cost*			$0.00
	SUBTOTAL	$0.00	$0.00	$0.00
HOMELESSNESS PREVENTION	Housing R&S: *FINANCIAL ASSISTANCE*			$0.00
	Housing R&S: *SERVICES*			$0.00
	Rent Assistance (Tenant-Based)			$0.00
	Rent Assistance (Project-Based)			$0.00
	Indirect Costs*			$0.00
	SUBTOTAL	$0.00	$0.00	$0.00
RAPID RE-HOUSING	Housing R&S: *FINANCIAL ASSISTANCE*			$0.00
	Housing R&S: *SERVICES*			$0.00
	Rent Assistance (Tenant-Based)			$0.00
	Rent Assistance (Project-Based)			$0.00
	Indirect Costs*			$0.00
	SUBTOTAL	$0.00	$0.00	$0.00
HMIS	Direct Costs			$0.00
	Indirect Costs*			$0.00
	SUBTOTAL	$0.00	$0.00	$0.00
GRAND TOTAL		**$0.00**	**$0.00**	**$0.00**

***To be reimbursed for Indirect Costs, an approved Indirect Cost Rate Proposal must be on file at DHHS**