**LINCOLN Nebraska Homeless Assistance Program (NHAP)**

**APPLICATION**

Because of reduced funding from state Homeless Shelter Assistance Trust Fund (HSATF), Lincoln’s NHAP has significantly fewer dollars to grant than in previous years.

2019-20 NHAP Funding:  870k

2020-21 NHAP Funding:  548k

The 40% cut in State funds means that NHAP will not be able to fund agencies equal to previous years.  We are hopeful the increased federal dollars provided by the CARES Act will help blunt the impact of these cuts to our homeless service system.

In order to mitigate the loss of State funding to Lincoln’s homeless service system, the philosophy behind NHAP allocation will be less reliant on traditional legacy or renewal funding. ​Funding decisions will be driven by Continuum of Care priority need areas and system measures, and data driven cost-benefit analysis to meet the needs of our homeless and at-risk homeless populations.

The priority for these funds will be Emergency Shelter (not to increase capacity, but to respond to and mitigate Covid related responses), Rapid Rehousing, Prevention & Diversion (to keep shelter utilization below 50%), and Homeless Outreach.

All Clarity licenses will be paid for with NHAP Funds, so no need to request licensing fees in your budgets.

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

Applications must be **received by 4:30 pm (CST) Wednesday, September 23, 2020.** Please email an electronic copy email to bschmeichel@lincoln.ne.gov

**Email** to: bschmeichel@lincoln.ne.gov

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

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

**LINCOLN NHAP APPLICATION CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **SUBMISSION REQUIREMENTS** | **REQUIRED DOCUMENTATION** |  |
| 1. Each applicant must submit an electronic copy as a PDF | An electronic copy of the application and all attachments is submitted by  4:30 CST on September 23, 2020 |  |
| 2. NHAP 2020-21 Proposed NHAP Personnel | Attachment A |  |
| 3. The applicant must agree to abide by all policies, regulations, ordinances, or statutes as required by HUD and DHHS by providing a signed statement certifying accuracy and intent. | Attachment B |  |
| 4. Verify level of potential risk by completing and submitting the Risk Assessment | Attachment C |  |
| 5. Non-profit organizations must have an active Board of Directors within the last 12 months (not applicable to governmental agencies). | Board of Directors list, include phone numbers, email, and titles |  |
| 6. The applicant must have audited financial statements prepared by a qualified account or accounting service, completed within the last 12 months or include a letter of justification if beyond that timeframe. | **Only** send the following portions of your most recent audit**:**   * A copy of the Independent Auditor’s Report * Statement of Financial Position pages. * Schedule Expenditures of Federal Awards or Supplementary Schedule of Activities and Changes in Net Assets by Program. |  |
| 7. Proof of 501 (c) (3) status (not applicable for governmental applicants). | Copy of IRS determination letter (must be within the last 12 months). |  |
| 8. Registered to conduct business in the State of Nebraska (not applicable for governmental applicants). | Current certification from the NE Secretary of State or print-out of active state from their site at: **https://goo.gl/cXOFX** |  |
| 9. Indirect Cost Rate (if applicable) | If seeking to claim indirect cost rate on budget, applicant must provide current approved indirect cost rate agreement or if utilizing the “de minimus” rate, provide calculations to support the request. |  |
| 10.Direct Cost allocation (if applicable) | Applications with direct cost allocation requests must include enough documentation to demonstrate that costs were properly allocated. |  |
| 11. Performance Measurements | Supporting documentation provided to validate numbers reported for performance measurements section |  |
| 12. Organization Chart of Applicant | Diagram that shows the structure of the Applicant’s organization |  |

**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

Board Chair/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:*

Street Outreach

Emergency Shelter

Transitional Housing (Only eligible if ESG “grandfathered” program)

Homeless Prevention

Rapid Rehousing

HMIS/Data Collection

**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 2019-2020 NHAP Funding Award:** Enter amount

* **2019-2020 NHAP Program type funded:***– check* ***all*** *that applied:*

Street Outreach

Emergency Shelter

Transitional Shelter (# of ESG eligible units funded by NHAP) Enter Number

Homelessness Prevention

Rapid Rehousing

HMIS

**Total 2020-2021 NHAP Funding Request:** Enter amount

* **2020-2021 NHAP Funding Request is for the following Program Type** *– check* ***all*** *that apply:*

Street Outreach

Emergency Shelter

Transitional Shelter (# of ESG eligible units requested for NHAP funding) Enter Number

Homelessness Prevention

Rapid Rehousing

HMIS

* **Ratio of NHAP requested funding to Agency’s overall Fiscal Budget for FY 2020-2021**

|  |  |  |
| --- | --- | --- |
| **A**  Amount of  NHAP Funds Requested: | **B**  **Agency’s total Budget**  **FY 2020-2021** | **C**  A ÷ B = C (%) |
| Enter amount | Enter amount | % |

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**SECTION III: PROGRAM INFORMATION**

***PROGRAM CRITERIA 1: AGENCY EXPERIENCE & NEED FOR SERVICES IN CONTINUUM***

**AGENCY EXPERIENCE AND NEED FOR SERVICES**

**1.1 -**Describe your agency including its history and mission. 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. Explain how your agency fits into the continuum of services to at-risk of homelessness or homeless individuals and families in your community. Please describe any planned expansion and/or change in the types of services provided as applicable.

Enter Explanation

**1.2 -** Describe your agency’s participation on your local/regional/state Continuum of Care committee or sub-work group/subcommittee meetings, homeless advocacy meetings (e.g. 10-year Plan to End Homelessness meetings, Nebraska Commission on Housing and Homelessness (NCCH) Commission meetings, etc.) Include dates and name(s) of agency staff who participated and any leadership roles (e.g. committee or subcommittee officer/convener/lead). In addition, provide any agency participation in special events designed to end or prevent homelessness, including dates and name(s) of agency staff who participated and any leadership roles pertaining to the special event (Project Homeless Connect, Stand Down, etc.)

Enter Explanation

***PROGRAM CRITERIA 2: COORDINATION OF SERVICES***

**2.1-** Describe your agency’s participation in the Coordinated Entry System to promote the “no wrong door” approach to ensure streamlined accessibility to permanent housing programs and self-sufficiency for program participants. In addition, identify if the agency is either a public access door or other entry point. If not, explain how the agency refers program participants to the applicable agency for placement on the MVRT/By-Name list for Permanent Supportive Housing/Rapid Rehousing. Provide narrative regarding how and when the agency is utilizing the standardized assessment tools adopted by the CoC to determine the needs and prioritization of the agency’s program participants. Detail should be included regarding how confidentiality of program participants who are fleeing domestic violence will be maintained as per the Violence Against Women Act (VAWA).

Enter Explanation

**2.2 -** 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, Rent Wise, life skills, etc.). Provide information on case management and/or other services provided after the program participant has secured permanent housing. Include a description of your agency’s process in linking clients you serve with the SOAR designated agency in your local CoC as applicable.

Enter Explanation

**2.3 -** Describe your agency’s strategies for coordinating with mainstream services (e.g. regular meetings, cultivation of specific contacts at other agencies, etc.) and connecting program participants with other services. Provide a description of how mainstream funding resources are utilized in conjunction with NHAP funds to provide financial assistance to program participants in order to serve the greatest number of individuals with limited funding. In addition, provide explanation regarding how the agency is utilizing diversion processes to prevent individuals from entering the homeless system.

Enter Explanation

**2.4** – Describe your agency’s strategy for incorporating the Housing First approach. Provide an honest assessment which recognizes your agency’s challenges in fully adopting Housing First best practices. In your assessment, consider your agency’s policies, length of stay, type of services, targeted populations, and staff training opportunities. Also please consider how you involve program participants in planning, policies, processes, and procedures.

Enter Explanation

***PROGRAM CRITERIA 3: STRATEGIES***

**AGENCY PROGRAM MANAGEMENT STRATEGIES:**

**3.1 -** Describe your agency’s strategies, policies, and practices, for ensuring compliance with the federal and state regulations and program requirements associated with this and other grant-funded programs (e.g. quality assurance process, staff training, program requirement checklist, etc.).

Enter Explanation

***PROGRAM CRITERIA 4: FISCAL STABILITY***

**FISCAL STABILITY**

**4.1 -** Please describe your agency’s strategies, policies, and practices for maintaining or attaining fiscal stability. In your response consider information regarding diverse funding sources, ongoing solicitation of non-governmental funding, cash reserve, endowment, etc. Also please describe your agency’s segregation of financial duties, audit findings; and Board involvement in fiscal oversight of agency.

Enter Explanation

***PROGRAM CRITERIA 5: REQUEST FOR FUNDING AND DEMONSTRATED PERFORMANCE***

**5.1 – REQUEST FOR FUNDING**

Under the detailed budget narratives on the followingpages (sections 5.1(a)-(e), provide clear, complete and accurate information to support requested funding and demonstrate performance. All requested information needs completed for each Program Type proposed. For each proposed activity, provide clear, complete, and accurate information, which justifies proposed budget. See section in the NHAP program guidance regarding budget requirements.

**5.2** **-DEMONSTRATED PERFORMANCE**

As part of the 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 of NHAP is ensuring that homelessness is brief, rare and only a one-time occurrence.

HUD requires all Emergency Solutions Grants subrecipients to enter required HUD data elements into HMIS or comparable database system.All applicants who have previously received NHAP funding need to complete the Homeless Management Information System (HMIS) Data Performance information or comparable data (if utilizing an alternative database) See NHAP guidance for further information regarding performance standards as established by NHAP and based on HUD’s best practices.

**5.1(a) STREET OUTREACH BUDGET AND SERVICE DESCRIPTION**

**Funding Request**

2019-2020 NHAP funding for Street Outreach: Enter amount

Requested 2020-2021 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 (SO) Services** | **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 provider) | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| SO Services Direct Cost Allocation (if applicable) | Enter amount | Enter amount | Enter amount |
| **SO SERVICES SUBTOTAL** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Street Outreach TOTAL** | Enter amount | Enter amount | Enter amount |

**Street Outreach narrative**: Provide a narrative description of activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.). Provide the total amounts and a description of other funds utilized to support the agency’s street outreach efforts. Please describe if the funding is confirmed or pending. If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain enough budget breakdown detail to replicate the calculated budget totals.

Enter Explanation

**5.2 (a) STREET OUTREACH PERFORMANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Populations Served 7/1/18 to 6/30/19** | | | | |
| Unduplicated total number of program participants served with Street Outreach | **A.**  **All Leavers**  # | **B. Outcome Measures** | | **C. Percent Achieved** |
| B÷A=C |
| **Exits to Permanent Housing Destination** | | |
| Unduplicated number placed in permanent housing destinations at program exit | # | % |
| **\*Supporting documentation: APR/CAPER Q 23and/or b** | | |

**\*Supporting documentation must be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR/CAPER/Osnium) that supports the data that is being requested. Submission of excessive data will be disregarded, and points may be deducted.**

Unduplicated count of individuals served by Outreach from 7/1/18 to 6/30/19: #

Unduplicated count of individuals proposing to serve by Outreach in FY 19**:** #

Unduplicated count of households served by Outreach from 7/1/18 to 6/30/19: #

Unduplicated count of households proposing to serve by Outreach in FY 19**:** #

**Returns to Homelessness Data**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total # of persons who exited to a Permanent Housing destination-(Prior 2 years) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness in from 6 Months to 12 months | | Returns to Homelessness in from 13 Months to 24 months | | Total # of returns to Homelessness in previous 2 years | |
|  |
|  |
|  | # of persons exited to PH | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns |
| Exit was from SO |  |  |  |  |  |  |  |  |  |

Agencies must provide information for changes in numbers served between last and proposed program year. If applicable, provide any program specific information which may result in divergences in standard performance outcomes such as type of service, length of stay, targeted populations, etc.

Enter Explanation

**HMIS/DV DATA ENTRY PERFORMANCE**

**HUD requires all ESG grantees to enter required HUD data elements into HMIS or comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.**

**MISSING HUD REQUIRED DATA**

To calculate the missing/null data percent, add together the percentages of error rates for the HUD required Data Quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of Data Elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of DV/SA/Stalking per VAWA regulations or for immigrants who are not US citizens or nationals since services cannot be withheld when necessary to protect life of safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Street Outreach | % |

For agencies with data error rates for SSN due to VAWA or immigration status, please provide the percentage of error rates and explanation as needed.

Enter Explanation

**5.1(b) EMERGECY SHELTER BUDGET AND SERVICE DESCRIPTION**

2019-2020 NHAP funding for Shelter: Enter amount

Requested 2020-2021 NHAP funding for Shelter: Enter amount

**Complete and include Attachment D, if applicable**

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

Enter Explanation

**Emergency Shelter Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Shelter Essential Services** | **NHAP Request** | **Other Funds** | **Grand Total** |
| Case Management | Enter amount | Enter amount | Enter amount |
| Child Care (licensed) | Enter amount | Enter amount | Enter amount |
| Education Services | Enter amount | Enter amount | Enter amount |
| Employment Assistance and Job Training | Enter amount | Enter amount | Enter amount |
| Outpatient Health Services | Enter amount | Enter amount | Enter amount |
| Outpatient Substance Abuse Treatment. (licensed) | Enter amount | Enter amount | Enter amount |
| Outpatient Mental Health Services (licensed) | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| Life Skills Training | Enter amount | Enter amount | Enter amount |
| ES Services Direct Cost Allocation (If applicable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Emergency Shelter Operations** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Emergency Shelter Operations | Enter amount | Enter amount | Enter amount |
| Hotel/Motel Vouchers (if shelter is unavailable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL OPERATIONS** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Shelter TOTAL eEMEREMERGGENCY** | Enter amount | Enter amount | Enter amount |

**Emergency Shelter narrative**: Provide a narrative description of activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.). Provide the total amounts and a description of other funds utilized to support the agency’s emergency shelter activities. Please describe if the funding is confirmed or pending. If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain enough budget breakdown detail to replicate the calculated budget totals.

Enter Explanation

**5.2 (b) EMERGENCY SHELTER PERFORMANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Populations Served 7/1/18 to 6/30/19** | | | | |
| Unduplicated total number of program participants served with Emergency Shelter | **A.**  **All Leavers**  # | **B. Outcome Measures** | | **C. Percent Achieved** |
| B÷A=C |
| **Exits to Permanent Housing Destination** | | |
| Unduplicated number placed in permanent housing destinations at program exit | # | % |
| **\*\*Supporting documentation: APR/CAPER Q 23and/or b** | | |

**\*Supporting documentation must be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded, and points may be deducted.**

Unduplicated count of individuals served by Shelter from 7/1/18 to 6/30/19: #

Unduplicated count of individuals proposing to serve by Shelter in FY 19**:** #

Unduplicated count of households served by Shelter from 7/1/18 to 6/30/19: #

Unduplicated count of households proposing to serve by Shelter in FY 19**:** #

Average length of stay of Households from 7/1/18 to 6/30/19**:** Enter amount

Projected average length of stay of Households in FY 19**:** Enter amount

Utilization rate for Shelter beds from 2018 Point-in-Time count**:** Enter amount

Projected utilization rate for Shelter beds from 2019 Point-in Time count: Enter amount

**RETURNS TO HOMELESSNESS DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total # of persons who exited to a Permanent Housing destination-(Prior 2 years) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness in from 6 Months to 12 months | | Returns to Homelessness in from 13 Months to 24 months | | Total # of returns to Homelessness in previous 2 years | |
|  |
|  |
|  | # of persons exited to PH | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns |
| Exit was from ES |  |  |  |  |  |  |  |  |  |

Agencies must provide information for changes in numbers served between last and proposed program year. Provide any program specific information which may result in divergences in standard performance outcomes such as type of service, length of stay, targeted populations, etc., if applicable.

Enter Explanation

**HMIS/DV DATA ENTRY PERFORMANCE**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.

**MISSING HUD REQUIRED DATA**

Add together the percentages of error rates for the HUD required Data Quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of Data Elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of DV/SA/Stalking per VAWA regulations or for immigrants who are not US citizens or nationals since services cannot be withheld when necessary to protect life of safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Shelter/Transitional Housing | % |

For agencies with data error rates for SSN due to VAWA or immigration status, please provide the percentage of error rates and explanation as needed.

Enter Explanation

**5.1(c) HOMELESSNESS PREVENTION BUDGET AND SERVICE PERFORMANCE**

2019-2020 NHAP funding for Homelessness Prevention: Enter amount

Requested 2020-2021 NHAP funding for Homelessness Prevention: Enter amount

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

Enter Explanation

**Homelessness Prevention Detailed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Homelessness Prevention Services** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Housing Search and Placement | Enter amount | Enter amount | Enter amount |
| Housing Stability Case Management | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| Mediation | Enter amount | Enter amount | Enter amount |
| Credit Repair | Enter amount | Enter amount | Enter amount |
| HP Services Direct Cost Allocation (if applicable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Homelessness Prevention Financial Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Application Fees | Enter amount | Enter amount | Enter amount |
| Security Deposits (up to 2 months’ rent) | Enter amount | Enter amount | Enter amount |
| Last Month’s Rent (up to 1 month) | Enter amount | Enter amount | Enter amount |
| Utility Deposits (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Utility Payment (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Moving Costs | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL FINANCIAL ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Homelessness Prevention Rent Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Assistance-Short-Term (≤ 3 months) | Enter amount | Enter amount | Enter amount |
| Rental Assistance-Medium-Term (> 3 mo. ≤ 24 mo.) | Enter amount | Enter amount | Enter amount |
| Rental Assistance-Rental Arrearage | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL RENT ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Homelessness Prevention TOTAL** | Enter amount | Enter amount | Enter amount |

(narrative required on next page)

**Homelessness Prevention narrative:** Provide a narrative description of activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.). Provide the total amounts and a brief description of other funds utilized to support the agency’s homeless prevention efforts. Please describe if the funding is confirmed or pending. If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain enough budget breakdown detail to replicate the calculated budget totals.

Enter Explanation

**5.2(c) HOMELESSNESS PREVENTION PERFORMANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Populations Served 7/1/18 to 6/30/19** | | | | |
| Unduplicated total number of all homeless individuals served with Homelessness Prevention | **A.**  **All Leavers**  # | **B. Outcome Measures** | | **C. Percent Achieved** |
| B÷A=C |
|  |  |  |
| **Exits to Permanent Housing Destination** | | |
| Unduplicated number placed in permanent housing destinations at program exit | # | % |
| **\*\*Supporting documentation: APR/CAPER Q 23and/or b** | | |

**\*Supporting documentation must be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded, and points may be deducted.**

Unduplicated count of individuals served by HP from 7/1/18 to 6/30/19: #

Unduplicated count of individuals proposing to serve by HP in FY 19**:** #

Unduplicated count of households served by HP from 7/1/18 to 6/30/19: #

Unduplicated count of households proposing to serve by HP in FY 19**:** #

**RETURNS TO HOMELESSNESS DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total # of persons who exited to a Permanent Housing destination-(Prior 2 years) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness in from 6 Months to 12 months | | Returns to Homelessness in from 13 Months to 24 months | | Total # of returns to Homelessness in previous 2 years | |
|  |
|  |
|  | # of persons exited to PH | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns |
| Exit was from HP |  |  |  |  |  |  |  |  |  |

Agencies must provide information for changes in numbers served between last and proposed program year. Provide any program specific information which may result in divergences in standard performance outcomes such as type of service, length of stay, targeted populations, etc., if applicable.

Enter Explanation

**HMIS/DV DATA ENTRY PERFORMANCE**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.

**MISSING HUD REQUIRED DATA**

Add together the percentages of error rates for the HUD required Data Quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of Data Elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of DV/SA/Stalking per VAWA regulations or for immigrants who are not US citizens or nationals since services cannot be withheld when necessary to protect life of safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Homelessness Prevention | % |

For agencies with data error rates for SSN due to VAWA or immigration status, please provide the percentage of error rates and explanation as needed.

Enter Explanation

**5.1(d) RAPID REHOUSING**

2019-2020 NHAP funding for Rapid Rehousing: Enter amount

Requested 2020-2021 NHAP 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 Services** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Housing Search and Placement | Enter amount | Enter amount | Enter amount |
| Housing Stability Case Management | Enter amount | Enter amount | Enter amount |
| Transportation | Enter amount | Enter amount | Enter amount |
| Mediation | Enter amount | Enter amount | Enter amount |
| Credit Repair | Enter amount | Enter amount | Enter amount |
| RR Services Direct Cost Allocation (if applicable) | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL SERVICES** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Rapid Rehousing Financial Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Application Fees | Enter amount | Enter amount | Enter amount |
| Security Deposits (up to 2 months’ rent) | Enter amount | Enter amount | Enter amount |
| Last Month’s Rent (up to 1 month) | Enter amount | Enter amount | Enter amount |
| Utility Deposits (gas, water, electric, sewage) eelectwater,ssssesesewage) only) | Enter amount | Enter amount | Enter amount |
| Utility Payment (gas, water, electric, sewage) | Enter amount | Enter amount | Enter amount |
| Moving Costs | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL FINANCIAL ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Rapid Rehousing Rent Assistance** | **NHAP Request RRReRequest** | **Other Funds** | **Grand Total** |
| Rental Assistance-Short-Term ( ≤ 3 months) | Enter amount | Enter amount | Enter amount |
| Rental Assistance-Medium-Term (> 3 mo. ≤ 24 mo.) | Enter amount | Enter amount | Enter amount |
| Rental Assistance-Rental Arrearage | Enter amount | Enter amount | Enter amount |
| **SUBTOTAL RENT ASSISTANCE** | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **Rapid Rehousing TOTAL** | Enter amount | Enter amount | Enter amount |

**Rapid Re-Housing:** Provide a narrative description of activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, methods of determining cost allocation percentages, detail of operational expenses, etc.). Provide the total amounts and a brief description of other funds utilized to support the agency’s rapid re-housing services. Please describe if the funding is confirmed or pending. If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain enough budget breakdown detail to replicate the calculated budget totals.

Enter Explanation

**5.2 (d) RAPID REHOUSING PERFORMANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Populations Served 7/1/18 to 6/30/19** | | | | |
| Unduplicated total number of program participants served with Rapid Rehousing | **A.**  **All Leavers**  # | **B. Outcome Measures** | | **C. Percent Achieved** |
| B÷A=C |
| **Exits to Permanent Housing Destination** | | |
| Unduplicated number placed in permanent housing destinations at program exit | # | % |
| **\*Supporting documentation: APR/CAPER Q 23and/or b** | | |

**\*Supporting documentation must be in the format of printouts from a HMIS or comparable database. ONLY provide the data report (APR) that supports the data that is being requested. Submission of excessive data will be disregarded, and points may be deducted.**

Unduplicated count of individuals served by RRH from 7/1/18 to 6/30/19: #

Unduplicated count of individuals proposing to serve by RRH in FY 19**:** #

Unduplicated count of households served by RRH from 7/1/18 to 6/30/19: #

Unduplicated count of households proposing to serve by RRH in FY 19**:** #

**RETURNS TO HOMELESSNESS DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total # of persons who exited to a Permanent Housing destination-(Prior 2 years) | Returns to Homelessness in Less than 6 Months | | Returns to Homelessness in from 6 Months to 12 months | | Returns to Homelessness in from 13 Months to 24 months | | Total # of returns to Homelessness in previous 2 years | |
|  |
|  |
|  | # of persons exited to PH | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns | # of returns | % of returns |
| Exit was from RRH |  |  |  |  |  |  |  |  |  |

Agencies must provide information for changes in numbers served between last and proposed program year. Provide any program specific information which may result in divergences in standard performance outcomes such as type of service, length of stay, targeted populations, etc., if applicable.

Enter Explanation

**HMIS/DV DATA ENTRY PERFORMANCE**

HUD requires all ESG grantees to enter required HUD data elements into HMIS or comparable system. All applicants need to complete the performance section for HMIS/DV Data Entry.

**MISSING HUD REQUIRED DATA**

Add together the percentages of error rates for the HUD required Data Quality elements (Personally Identifying Information, Universal Data Elements, Income and Housing Data Quality, and Chronic Homelessness) entry fields to determine a total percentage. Next, divide this total by the number of Data Elements (18) to determine the percentage of missing data fields for each activity type funded by NHAP.

NOTE: Points will NOT be deducted for missing SSN information for victims of DV/SA/Stalking per VAWA regulations or for immigrants who are not US citizens or nationals since services cannot be withheld when necessary to protect life of safety.

|  |  |
| --- | --- |
| PROGRAM NAME | % MISSING DATA FIELDS |
| Rapid Rehousing | % |

For agencies with data error rates for SSN due to VAWA or immigration status, please provide the percentage of error rates and explanation as needed.

Enter Explanation

**5.1(e) HMIS/DV DATABASE BUDGET AND SERVICE DESCRIPTION**

2019-2020 NHAP funding for HMIS/DV Database: Enter amount

Requested 2020-2021 NHAP funding for HMIS/DV Database: Enter amount

Please provide a brief explanation for any increase or decrease in requested HMIS/DV Database System funding:

Enter Explanation

|  |  |  |  |
| --- | --- | --- | --- |
| **HMIS/DV Database System** | **NHAP Request** | **Other Funds** | **Grand Total** |
| HMIS Data Entry/Analysis Personnel | Enter amount | Enter amount | Enter amount |
| Hardware / Software | Enter amount | Enter amount | Enter amount |
| Licensing Fees | Enter amount | Enter amount | Enter amount |
| Equipment Costs | Enter amount | Enter amount | Enter amount |
| Office Space | Enter amount | Enter amount | Enter amount |
| Utilities | Enter amount | Enter amount | Enter amount |
| Conference Fees | Enter amount | Enter amount | Enter amount |
| Travel | Enter amount | Enter amount | Enter amount |
| Indirect Cost Rate (if applicable): Rate %. | Enter amount Enter amount | Enter amount | Enter amount |
|  |  |  |  |
| **HMIS TOTAL** | Enter amount | Enter amount | Enter amount |

**HMIS/DV:** Provide a narrative description of activity being proposed and a detailed description of how each line item was calculated (e.g. breakdown of personnel costs, service cost calculations, methods of determining cost allocation percentages, detail of operational expenses, etc.). Provide the total amounts and a brief description of other funds utilized to support the agency’s data collection efforts. If “Other Funds” is left blank or has a zero provide detail as to why no other funding is sought or received. Points will be deducted if the service narrative does not contain enough budget breakdown detail to replicate the calculated budget totals.

Enter Explanation

***CRITERIA 6: APPLICATION QUALITY***

**QUALITY OF APPLICATION**

**6.1 & 6.2 – Sections I, II and III are complete and accurate.** For optimum scoring the application provides a clear and concise “picture” of how your agency’s provision of services will fill a need in your CoC to assist those who are homeless or near homeless. The overall quality of your application reflects the effort put in to completing the application and the scoring tool will assist in measuring the components in each section. Higher scoring criteria is applied when all attachments are included, accurate, complete, and well-presented and if individual service budgets match the total budget.

***(Narrative in this section is not required by applicant; however, the quality and completeness of the overall application is taken into great consideration in funding determinations).***

***ATTACHMENT B***

**2020-21 NHAP APPLICATION**

**CERTIFICATION OF ACCURACY AND INTENT**

By signing this form, the agency’s authorized representative identified below verifies the information contained in the agency’s 2020-21 NHAP application, attachments and supplementary documents is accurate and complete to the best of his or her knowledge. The signature also constitutes verification of the same agency’s intent to comply with all requirements in the 2020-21 NHAP Application and the 2020-21 Request for Applications Program Guidelines as well as federal 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).

The U.S. Department of Housing and Urban development (HUD) mandates that all entities receiving HUD homeless program funding collect an array of data and enter this information in the Homeless Management Information System or a comparable system. Therefore the applicant understands and agrees to adhere to entering all required data elements on each client serviced into the Homeless Management Information System (HMIS) or comparable system.

AGENCY:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF SIGNATURE:

NAME & TITLE OF SIGNER:

***ATTACHMENT C***

**Pre-Award Risk Assessment**

**Subrecipient:**

**Program:**

A Pre-award risk assessment is required under 2 CFR 200.331(b) for any subawards made by DHHS. The assessment is to be kept in the program records and available upon request. Please answer all questions about this subrecipient and put an ‘X’ in the box that best fits. If the program is sub awarding dollars to this organization for the first time, other programs should help answer these questions based on their experience with this organization.

Yes answers indicate a higher risk for this subrecipient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall Assessment | | | | |
| Question | **Yes** | **No** | **N/A** | **Comments** |
| Is the entity new to operating or managing state or federal funds? |  |  |  |  |
| Is this program new for the entity? |  |  |  |  |
| Is DHHS a new provider of funds of this entity? |  |  |  |  |
| Has there been high turnover of their employees? |  |  |  |  |
| Are the staff assigned to the program inexperienced with the program? |  |  |  |  |
| Has the entity been untimely in the submission of: | | | | |
| 1. Applications |  |  |  |  |
| 1. Amendments |  |  |  |  |
| 1. Fiscal reporting |  |  |  |  |
| 1. Draw downs |  |  |  |  |
| 1. Budget revisions |  |  |  |  |
| Has the entity been untimely in responding to questions from program? |  |  |  |  |
| Is the program unusually complex (funding, program, matching requirements, etc.)? |  |  |  |  |
| Does the entity lack effective procedures and internal controls? |  |  |  |  |
| Has the entity been disbarred or suspended? |  |  |  |  |
| Are there external risks associated with this entity related to? | | | | |
| 1. Economic Conditions |  |  |  |  |
| 1. Political Conditions |  |  |  |  |
| 1. Regulatory Changes |  |  |  |  |
| 1. Unreliable Information |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monitoring Assessment | | | | |
| Questions | **Yes** | **No** | **N/A** | **Comments** |
| Has it been more than 3 years since the entity has had a site-visit? |  |  |  |  |
| Has it been over a year since the entity had a desk audit? |  |  |  |  |
| Were there any findings or concerns based on- site reviews or desk audits of the entity? |  |  |  |  |
| Has it been more than one year since audited financial statements have been received from the entity? |  |  |  |  |
| Has the entity been untimely in submitted audited financial statements? |  |  |  |  |
| Is the entity not required to have an A-133 (Single Audit) done? |  |  |  |  |
| If audited as a major program, have there been findings? |  |  |  |  |
| Did the organization have overall findings? |  |  |  |  |
| Were there items to discuss/resolve with the entity? |  |  |  |  |
| Has the entity been listed as a Required Increase Monitoring Subrecipient? |  |  |  |  |
| Does the entity have trouble meeting its cash needs? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grant/Expenditure Assessment |  |  |  |  |
| Questions | **Yes** | **No** | **N/A** | **Comments** |
| Is the grant large in terms of percentage of overall funding for the entity? |  |  |  |  |
| Is there concern of the entity’s ability to meet grant requirements? |  |  |  |  |
| Have there been variations between expenditures and the budget? |  |  |  |  |
| Has there been inadequate supporting documentation of expenditures provided? |  |  |  |  |
| Has the entity been untimely in the drawdown of funds? |  |  |  |  |

**Other risk assessment factors not addressed above:**

**Based on the results of this risk assessment, will a subaward be made to this entity?**

**The Internal Audit staff should be consulted about any questions about the risk assessment process or in situations of a high-risk assessment.**