Letter of Intent/Part II: Project Review
Technical Assistance Workshop

2015 CONTINUUM OF CARE FUNDING CYCLE
Agenda

Introduction

FY 2015 CoC Program Notice of Funding Availability

LOI/Part II Process Review

Submittal Sample

Exhibits and Attachments Review

HUD Forms Review

One – on – One Technical Assistance

Questions
Introductions

NAME, TITLE, AGENCY
FY 2015 CoC Program Notice of Funding Availability

TIER 1 AND TIER 2
PROJECT RENEWAL THRESHOLD
HOUSING FIRST MODEL
HUD Tiering and Selection

Tier 1: (85% of ARD) – $16,606,024
- Conditionally selected from highest scoring CoC to lowest after passing eligibility and threshold review
- Can include any type of new or renewal project application

Tier 2: (ARD – Tier 1 amount + Permanent Housing Bonus) – $5,860,949
- Each new and renewal project will be scored using a 100 point scale
  - CoC Score – up to 60 points
  - CoC Project Ranking – up to 20 points
  - Project Type – up to 10 points
    - 10 points for renewal and new PH, HMIS, SSO for CE, or TH that exclusively serves homeless youth
    - 3 points for TH
    - 1 point for renewal SSO project
  - Commitment to Policy Priorities – up to 10 points
HUD Tiering and Selection (continued)

Some projects will straddle Tier 1 and Tier 2.
- Only one application must be completed
- HUD will conditionally select the project up to the amount of funding that falls within Tier 1
- HUD may fund the Tier 2 portion of the project.
- If HUD does not fund Tier 2 portion, HUD may award project funds at the reduced amount provided the project is still feasible with the reduced funding.

All Tier 2 projects will be funded in point order starting with the highest scoring projects.
HUD Project Renewal Threshold

Projects assessed using the following criteria on a pass/fail basis:

- Project applicant’s performance met the plans and goals established in the initial application
- Project applicant demonstrated all timeliness standards for grants being renewed
- Project applicant’s performance in assisting program participants to achieve and maintain independent living and record of success
- Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
Housing First

An approach to homeless assistance that prioritized rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.

Housing First approaches are encouraged across all types of projects.

Tier 2 – Commitment to Policy Priorities – up to 10 points for how the PH project commits to applying the Housing First model.

Up to 6 points to CoC that demonstrates at least 75% of PH and at least 75% of TH applications submitted under this NOFA are using the Housing First model.

New section in eSNAPS to evaluate Housing First Model adoption and utilization.

◦ See Exhibit 5 of LOI/Part II.
LOI/Part II
Process Review

TECHNICAL REQUIREMENTS

DOCUMENT PRESENTATION REQUIREMENTS
Submittal Sample
## Digital Submission

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<td>10/5/2015 7:25</td>
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<td>10/5/2015 11:11</td>
</tr>
</tbody>
</table>
Exhibits and Attachments Review
Exhibit 1: Certification of Consistency in the Consolidated Plan

Include page 1 and page 2 of document in submittal.

EXHIBIT 1: Certification of Consistency with the Consolidated Plan

Agency Name: Click here to enter text.

Project: Click here to enter text.

If project is located in the unincorporated area complete page 2 in its entirety. Otherwise respond “N/A.”

For project(s) located in the unincorporated areas of the County only: Complete questions one through five below and return to craig.egg@ocrr.occgov.com along with the Certificate of Consistency with the Consolidated Plan (form HUD-2991.)

1. Applicant Name: Click here to enter text.
2. Project Name: Click here to enter text.
3. Project Location: Include address, city and zip code. Click here to enter text.
4. Name of Federal Program to which the applicant is applying. Click here to enter text.
5. Summary of the project to include the information below for this project:
   a. Purpose: Click here to enter text.
Exhibit 2: Environmental Information

EXHIBIT 2: ENVIRONMENTAL INFORMATION

Agency Name:

Project:

Immediately following the LOI Part I process, providers submitted documentation for the new environmental clearance process below. Upon review and approval by the County, an environmental clearance was prepared and sent to the providers. This environmental clearance letter for projects that have been approved within the past (5) years may be submitted in lieu of the Environmental Form. Please check the appropriate box below.

☐ Environmental Clearance Letter (Include in appropriate Attachment)

☐ Environmental Review for Continuum of Care Leasing or Rental Assistance Project that is Categorically Excluded Subject to Section 58.5

☐ Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to section 58.5
Attachment 1: Limited Scope Environmental Review Form

ATTACHMENT 1
Environmental Review for Continuum of Care Leasing or Rental Assistance Project that is Categorically Excluded
Subject to Section 58.5
Pursuant to 24 CFR 58.35(a)(5)

This CoC Limited Scope Review Format is to be used only for leasing or rental assistance activities without ancillary repair, rehabilitation, new construction, or other activities with physical impacts funded under the Continuum of Care (CoC) program.

Certain fields have been completed already based on the specifics of these program activities. It is the Responsible Entity’s responsibility to ensure that all required fields (those marked with an asterisk) and analyses are completed.

Project Information

*Project Name: Click here to enter text.

*Responsible Entity: Click here to enter text.

Grant Recipient (if different than Responsible Entity): Click here to enter text.
Attachment 2: Environmental Review of Categorically Excluded Not Subject to Section 58.5

Attachment 2
Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5
Pursuant to 24 CFR Part 58.34(a) and 58.35(b)

Project Information

Project Name: Click here to enter text.

Responsible Entity: Click here to enter text.

Grant Recipient (if different than Responsible Entity): Click here to enter text.

State/Local Identifier: Click here to enter text.

Preparer: Click here to enter text.

Certifying Officer Name and Title: Click here to enter text.
Exhibit 3: Project Performance Review

This year, each housing type will be evaluated utilizing different performance tools.

Transitional Housing Performance Review → System Wide Analytics and Projections Tool

Permanent Supportive Housing Performance Review → Attachment 3a: Project Performance Renewal – Self Certification

Rapid Rehousing Performance Review → project entry from homelessness from HMIS and 2nd quarter Universal Data Quality Report
### Attachment 3A

<table>
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<th>Organization:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project:</td>
<td></td>
</tr>
</tbody>
</table>

### Project Renewal Performance and Threshold Requirements

1. All PH operators should have the option to submit a project application for renewal if the project(s) meet or exceed project quality goals established by HUD guidelines which include the following:

   - at least 80 percent of project participants either remained in permanent housing, or exited to permanent housing;
   - at least 54 percent of project participants maintained or increased their income from sources other than employment in a given operating year, or
   - at least 20 percent or more of project participants have employment income (from all sources) that exceeds 100 percent of the Area Median Income.
Attachment 3a: Project Performance Renewal – Self Certification

On Tab 2 labeled 2015 APR Data Entry

Use most recent APR to answer this question. Example go to Question 7 in the APR and input into yellow field, column E.

<table>
<thead>
<tr>
<th>Att 3A #</th>
<th>Question in APR</th>
<th>Question Description in APR</th>
<th>Data Point</th>
<th>Answer (according to your most recent APR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Q7</td>
<td>Data Quality</td>
<td>Total number of Clients</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Q7</td>
<td>Data Quality</td>
<td>Total number of Adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Client Cash Income Change - Income Source - at Entry and Follow-up/Exit</td>
<td></td>
</tr>
</tbody>
</table>

Total of 13 questions to answer in this tab.
Attachment 3a: Project Performance Renewal – Self Certification

On Tab 3 labeled calculations.

Data input into Tab 2 will transfer over to Tab 3 and will determine if threshold was met.

Complete table and sign.

<table>
<thead>
<tr>
<th>Based on my answers above, my project met</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 Performance Measures</td>
<td></td>
</tr>
<tr>
<td>2 of 3 Performance Measures</td>
<td></td>
</tr>
<tr>
<td>One Performance Measure</td>
<td></td>
</tr>
</tbody>
</table>

Name, Title and Signature of Person who will complete the calculations:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Signature</th>
</tr>
</thead>
</table>

I certify, on behalf of my agency that all information contained in this form is accurate and true, based on
Attachment 3a: Project Performance Renewal – Self Certification

Print a copy of each tab with the information filled out.

When printing, on scaling options select **Fit Sheet On One Page**.
Attachment 3a: Project Performance Renewal – Self Certification

Only applicable to Permanent Supportive Housing.

If your renewal is for Transitional Housing or Rapid Rehousing, please insert a sheet of paper that states “Not Applicable”

Example:

Agency Name
Project Name

Attachment 3a: Project Performance Renewal Self Certification

Not Applicable
Attachment 3b: Most Recent APR submitted to HUD

<table>
<thead>
<tr>
<th>ATTACHMENT 3B: MOST RECENT APR SUBMITTED TO HUD VIA eSNAPS</th>
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</thead>
<tbody>
<tr>
<td>Organization: Click here to enter text.</td>
</tr>
<tr>
<td>Project: Click here to enter text.</td>
</tr>
</tbody>
</table>

Was your most recent program APR submitted to HUD in a timely manner (within 90 days)?

☐ Yes ☐ No

If no, please provide an explanation on why the APR was not submitted within 90 day.

Click here to enter text.

Complete Attachment 3b and attach a copy of most recent APR submitted to HUD.
Exhibit 4: Financial Commitment

2. Match and Leveraged Resources
   
   Match Requirements: All eligible funding costs, excepting lease costs, must be matched with no less than 25% cash or in-kind contribution.

   Leverage Requirements: Leverage resources may include funding or in-kind contributions, such as services or equipment. Partners providing the leverage resources may include governmental entities, public or private nonprofit organizations, for-profit private organizations, individuals, or other entities willing to partner.

   How much leverage (cash and in-kind) does your agency expect to provide for this project in 2015?

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Cash Commitment</th>
<th>Source(s)</th>
<th>Total In-Kind Commitment</th>
<th>Source(s)</th>
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</thead>
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<td>2016</td>
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<td>2016</td>
<td>$Click here to enter text</td>
<td>Click here to enter text</td>
<td>Click here to enter text</td>
<td>Click here to enter text</td>
</tr>
</tbody>
</table>

HUD will award up to 5 points to OAs that demonstrate the extent to which the amount of assistance to be provided to the OA will be supplemented with resources from other public and private sources, including mainstream programs. OAs that have 100 percent participation in leveraging from all project applications (including only those communities that have commitment letter(s) on file that are dated within 60 days of the OA application deadline) and that have at a minimum 150 percent leveraging will receive the maximum points.
Exhibit 4: Financial Commitment

2. Identify what level your agency will provide leveraging at.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 100% or more</td>
<td>$Click here to enter text.</td>
<td>$Click here to enter text.</td>
</tr>
<tr>
<td>At 150% or more</td>
<td>$Click here to enter text.</td>
<td>$Click here to enter text.</td>
</tr>
</tbody>
</table>

Only one field in each row above will contain information.
→ One row will have a **yes** marked, another row will have a **no** marked.
Attachment 4: In-Kind Memorandum of Understanding (MOU)

Document will be on letterhead of agency, who you have an in-kind memorandum of understanding.

Document must be indicate the project that is being renewed.

Document must indicate value of in-kind services or materials being received.
Attachment 5: 25% Match Documentation Letters for 2015

Letter should be on match letterhead and indicate a source of match. If using a grant, the grant should indicate that it may be utilized as Match for other funding.
EXHIBIT 5: HOUSING FIRST MODEL ASSESSMENT

Organisation: Click here to enter text.

Project: Click here to enter text.

PROJECT RENEWAL HOUSING FIRST REVIEW AND CERTIFICATION

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold). Transitional housing and supportive service only projects can be considered to be using a housing first model for the purposes of the NOFA if they operate with lower barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and, for transitional housing projects, do not require any preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold).

Under the FY 2015 NOFA, the CoC must demonstrate a commitment to the Housing First model and programs implement a Housing First model.
Exhibit 5: Housing First Model Assessment

CERTIFICATION

Your signature below indicates that you are certifying that all information submitted in response to Exhibit 5 is correct and accurate.

Name, Title and Signature of Person who will complete the application:

Click here to enter text.  

Signature  

Date

Name and Signature of Person authorized to sign the HUD application:

Click here to enter text. 

Signature  

Date

Have the correct individual sign the certification of Housing First Model Assessment.
4. Housing First

**a.** Does the project quickly move participants into permanent housing

**b.** Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exceptions for state-mandated restrictions
- History of domestic violence
  - (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)
- None of the above

**c.** Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services
- Failure to make progress on a service plan
Attachment 7a: Supporting Documents for eSnap Section 3B questions b or c

- Copy of program rules
- Copy of Service Plans
- Copy of Applicable Documents
7b: Table of Effective Dates of Organizational or Program Documents

Adjust table as needed.

**Attachment 7b: Table of Effective Dates of Organizational or Program Documents**

**Organization:** Click here to enter text.

**Project:** Click here to enter text.

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Document Name</th>
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HUD Forms
HUD Forms

Form HUD – 2880, Applicant/Recipient Disclosure/Update Report must be dated between July 1, 2015 and November 20, 2015.

Form HUD – 50070, Certification for a Drug-Free Workplace dated no earlier than July 1, 2015.
One – on – One Technical Assistance
One – on – One Technical Assistance

Call or email Zulima Pelayo to make an appointment

- zpelayo@211oc.org
- 714-589-2358

Appointments will only be available until Wednesday, October 14, 2015 at 1:00 pm.

Appointments will not exceed two hours.

One – on – One Technical Assistance does not guarantee high project priority listing.

It is the agency’s sole responsibility to submit a complete and accurate LOI/Part II in accordance with the guidelines
Deadline for LOI/Part II

Friday, October 16 2015 by 12:00 pm Pacific Standard Time

Hand delivered to 2-1-1 Orange County
   Attention: Zulima Pelayo
   1505 E. 17th Street, Suite 108
   Santa Ana, Ca 92705

NO LATE SUBMISSIONS
More Information

Email or call Zulima Pelayo
- zpelayo@211oc.org
- 714-589-2358

HUD Exchange:

Specific questions regarding your HUD grant amount, HUD guidelines, etc. should be directed to your local HUD field office representative.

Do not contact the HUD office regarding Orange County’s local application deadlines or process.
Important Dates

Release of LOI/Part II: October 2, 2015
Deadline for LOI/Part II 12pm (PST): October 16, 2015
Submit project application in eSnaps: October 16, 2015
Submit hardcopy of eSnaps to Zulima: October 16, 2015
CoC Collaborative Application (early) Submission: November 19, 2015
Questions