**TX-503 Austin/Travis County CoC**

**Renewal Project Application**

**FY24 Continuum of Care NOFO Competition**

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**DEADLINE FOR SUBMISSION OF APPLICATIONS**: Friday, September 20th, 2024 at 6:00PM CST

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# Introduction

The Austin/Travis County Continuum of Care (CoC) is seeking applications for housing projects for inclusion in our Collaborative Application for the US Department of Housing and Urban Development’s (HUD) Continuum of Care program, also known as the Notice of Funding Opportunity (NOFO). Each year the Austin/Travis County CoC competes with other CoC’s across the country to secure federal funds to help end homelessness through HUD’s CoC Program NOFO.

**All projects applying for renewal funding for the FY24 Continuum of Care (CoC) NOFO Competition must complete this application.** All CoC grants listed on the Grant Inventory Worksheet (GIW) developed by HUD with an expiration in calendar year 2025 must submit renewal applications in order to retain funding. Failure to submit a renewal application may lead to a permanent loss of funding. ECHO recommends that applicants review the accompanying Scoresheet for reference of how answers will be reviewed and scored. As indicated by the [FY24 Review, Scoring, and Ranking Policy](https://www.austinecho.org/wp-content/uploads/2021/12/FY24-Review-Scoring-and-Ranking-Policy_FINAL_approved-8.13.2024-1.pdf), 35% of the scoring for Renewal Projects will be based upon the applicant’s answers to the Local Competition Application and *e-snaps* project application.

Please note that this request for applications is based on the best information that is currently available, and ECHO staff may need to revise requirements described herein and/or request additional information based on additional guidance received from HUD and/or policy decisions made by Leadership Council. ECHO staff will disseminate all information about this funding opportunity as it becomes available.

# Applicant Information

* Agency Name:
* Project Name:
* HUD Expiring Project Grant Number:
* Grant Start Date:
* Grant End Date:
* UEI Number:
* Does the project have a current SAM Registration? (Y/N)

**Primary Contact Information:**

* Contact Name:
* Title:
* Email Address:
* Phone Number:

**Secondary Contact Information:**

* Contact Name:
* Title:
* Email Address:
* Phone Number:

# Attach Copy of *e-snaps* Application:

Complete & submit the project application in [*e-snaps*](https://esnaps.hud.gov/grantium/frontOffice.jsf). Once the application is completed in *e-snaps*, applicants must save a copy of the *e-snaps* application and submit the copy of the HUD *e-snaps* application as an attachment in the [FY24 NOFO Competition webpage](https://www.austinecho.org/leading-system-change/continuum-of-care/). Attaching the *e-snaps* application in the FY24 NOFO Competition webpage will allow the IRT members to access the application materials and score applications electronically. Projects are expected to review all information entered in *e-snaps* before submitting and attaching the completed version in the FY24 NOFO Competition. The version attached in the FY24 NOFO Competition will be used to score project applications.

# Program Changes and/or Amendments

## Question 1.1 Significant Amendments

Describe any changes and/or amendments made to this project during the last 12 months. Examples include adjustments to budget, target population, service delivery, subrecipient/partner roles and responsibilities (500-word limit). (\*If no changes and/or amendments were made during the last 12 months, please put “N/A”.)

**Attachments:**

* Please provide supporting documents (emails with the field office and/or copies of change forms)

*NARRATIVE BOX* (500-word limit):

*\*Optional* – *Only needed for program changes and/or amendments*

## Question 1.2 Annual Renewal Demand

What is your ARD? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Agency Characteristics & HUD Standards

## Question 2.1 Annual Agency Financial Audit

Please attach a copy of your agency’s most recent financial audit.

*For financial reporting purposes, every organization has a 12-month fiscal year.  A fiscal year can coincide with the calendar year but may also be any 12-month period that is selected by the organization. Audits are performed during the organization’s fiscal year. The only exception to a 12-month audit occurs if the organization has changed its fiscal year during the audit period. This will require an audit for less than or more than 12 months for the year of change.*

**Attachments:**

* Most recently completed audited financial statement for your *agency* (Not program/project)
* The auditor’s communication with agency’s governance board

## Question 2.2 Representation on Board of Directors & Agency Leadership

73.9% of the population experiencing homelessness in Austin/Travis County identifies as non-white (Asian, Black, Native/Indigenous, Pacific Islander, Hispanic/Latino, and/or two or more races). What percentage of the applicant’s organization staff identifies as non-white? What percentage of the applicant organization’s board of directors identifies as non-white? What percentage of the applicant organization’s leadership (senior managers, directors/administrators, VP’s, Executives/C-Suite) identify as non-white?

**Attachments:**

* Board/Leadership/organization staff’s demographic info (disaggregated/de-identified) w/ racial/ethnic representation included (\*NOTE: If your agency does not have this info available, please include an explanation as to why.)
* Optional: Additional Materials

## Question 2.3 HUD Monitoring

Has the project been monitored by HUD at any point over the past 2 years? (Y/N)

*If yes, use the narrative section to describe any actions your agency has taken to address any findings or concerns.*

*NARRATIVE BOX (500-word limit):*

**Attachments (if yes):**

For any monitoring visits that occurred during the time period, please attach a copy of all reports from HUD. This includes:

* HUD Monitoring Notification Letter
* HUD Monitoring Report (indicating findings or lack thereof)
* HUD Monitoring Closeout Letter (indicating resolution of findings)

*If yes, were there any findings during the HUD Monitoring Visit? (Y/N)*

Were any findings resolved? (Y/N)

Explain all resolved and unresolved findings.

*NARRATIVE BOX (500-word limit):*

## Question 2.4 Unspent Grant Funds/Recaptured Funds

Have any funds related to the Renewal Project request been recaptured by HUD for the most recently expired grant term? (Y/N)

**Attachments:**

* Please provide official grant documentation showing (1) the percentage of overall project budget recaptured, and (2) total dollar amount recaptured.
* *If Applicable:* Performance Improvement Plan (PIP) Agreement

# Project Type

Complete the following section with the same information entered in *e-snaps*. This section will be verified by ECHO staff for accuracy with project applications in *e-snaps.* Details provided below may be used by the IRT to supplement their knowledge of the programs.

**Please note: Applicants are unable to change the items in this section without a grant amendment unless otherwise allowed through the HUD FY24 NOFO Competition materials.**

## Question 3.1 Proposed Component Type

Select the proposed component type:

* Permanent Housing (PH)
* Transitional Housing (TH)
* Joint Transitional Housing & Rapid Re-Housing (Joint TH-RRH)
* Supportive Services Only (SSO)
* HMIS

*If Permanent Housing – specify type:*

* Permanent Supportive Housing (PSH)
* Rapid Re-Housing (RRH)

## Question 3.2 Number of Units – PH-PSH, PH-RRH, TH, and Joint TH-RRH only

What is the total number of units (if applicable)? What is the total number of beds? Of the total number of beds, what are the total number of beds dedicated to clients who meet the HUD definition of chronic homelessness or DedicatedPLUS?

## Question 3.3 Subpopulation Focus – PH-PSH, PH-RRH, TH, and Joint TH-RRH only

Do you have eligibility criteria for new clients to be referred to your program? (Y/N)

*If yes:* What is the specific population focus for eligibility for this project?

# Project Quality & Performance

## Question 4.1 Performance Improvement & Evaluation

Describe any strategies and/or efforts made during the last 12 months to improve program outcomes. Discuss how your agency has used data including HMIS reports to identify ways to improve services, program design, staff development, and/or outcomes shown through Quarterly Performance Scorecards or other performance measures. Describe how the implemented changes have improved both your organization and your project outcomes. (\*First-time renewals which do not have 12-month worth of program performance, please put N/A.) (500-word limit).

## Question 4.2 Housing First

Please describe how the practice of Housing First is implemented at your agency, specifically in reference to policies and practices that ensure fidelity to the Housing First approach. (500-word limit).

## Question 4.3 Addressing Racial and Ethnic Disparities

Black Americans are overrepresented in the total population experiencing homelessness in the United States relative to the proportion of the total population. According to the [U.S. Census Bureau](https://www.census.gov/quickfacts/traviscountytexas) and analysis of HMIS data, Black/African American residents account for 9 percent of Travis County’s total population, but 32 percent of the population experiencing homelessness in the same area. This is a dramatic overrepresentation and a key challenge facing our homelessness response system and the Austin/Travis County community generally.

Provide a narrative describing how your project is addressing racial disparities in service delivery. (500-word limit).

## Question 4.4 Addressing LGBTQ+ Safety (Non-HMIS Projects Only)

According to the National Coalition for the Homeless, "[m]embers of the LGBTQ community often face discrimination in many areas of their lives, but especially regarding housing status. LGBTQ individuals, especially youth, are highly overrepresented in the homeless population. They face difficulty in trying to find support services, especially since they may be harassed in shelters by peers or staff and therefore feel uncomfortable and unsafe seeking help. In addition, some transgender individuals have even been turned away from shelters solely due to their gender identity, or have been subjected to verbal, physical, and sexual abuse when forced to stay with members of the sex they were assigned at birth (especially in the case of transgender women)." This type of discrimination and abuse can cause significant psychological harm and trauma. Furthermore, our own HMIS data shows that in Austin/Travis County, the trans population experiences higher rates of violence than the cisgender population experiencing homelessness. Furthermore, discrimination based on gender identity or expression and/or sexual orientation can cause significant psychological harm and trauma.

Provide a narrative describing how your project is addressing these physical and psychological safety concerns for LGBTQ+ clients, specifically in relation to the higher likelihood of experiencing interpersonal violence, and to the impact of experiencing discrimination based on gender identity and sexual orientation when seeking services. (500-word limit).

**Optional Attachments:**

* *Any policies and procedures relevant to addressing physical and psychological safety concerns for LGBTQ+ clients*
* *Any training materials provided to staff*

**Question 4.5 Lived Expertise**

Describe how your agency identifies areas for improvement and improves service delivery through feedback from past and current program participants\*. Please provide specific examples of formally solicited suggestions made by clients that resulted in your program making specific changes to its operations to improve outcomes or practices based on participants’ feedback. Please describe your formal process for collecting client feedback, including the frequency with which it occurs, evidence of robust/concrete agency responses to that feedback, and methods by which persons with lived experience of homelessness are compensated for their participation and contributions to your agency’s improvement. Has your agency hired persons with lived experience of homelessness to work as full-time staff in its programs? (500-word limit).

\*For HMIS projects that do not provide direct services to clients, this includes clients whose data has been input into HMIS.

**Attachments:**

* Participant Feedback & Compensation Policy/Policies
* Other Relevant Policies
* Up to 3 feedback forms (de-identified)

## Question 4.6 Increasing Safety for Survivors of Domestic Violence

According to preliminary Needs & Gaps data, 30% of people experiencing homelessness reported being survivors of domestic violence. It is important that all programs providing services to those experiencing homelessness take this into account, not just Victim Service Providers (VSPs).

For ***non-HMIS*** projects, provide a narrative describing how your project is delivering services to clients and operating through a trauma-informed lens, how your staff are trained to do so, and what improvements you have made in ensuring safety for survivors of domestic violence.

For ***HMIS*** projects, provide a narrative describing how your project operates its database and trains the community to protect client safety and information privacy though data security standards and practices; how project staff are trained to do so and how they train others to do so; and what improvements you have made in ensuring safety for survivors of domestic violence. (500-word limit)

## Question 4.7a Severity of Barriers (Non-HMIS Projects Only)

FOR ***PH-PSH, PH-RRH, TH and Joint Component TH & PH-RRH***: Please provide a narrative of policies and practices that the project has adopted to address the barriers experienced by program participants in attaining rapid placement in permanent housing or the ability to maintain permanent housing in Austin's competitive housing market. (500-word limit).

FOR ***SSO-CE***: Please provide a narrative of policies and practices that the project has adopted to address the barriers experienced by program participants attempting to access the Coordinated Entry System. (500-word limit).

## Question 4.7b HMIS Administrator Checklist (HMIS Projects Only)

For HMIS Projects only: complete and attach the [HMIS System Administrator Checklist](https://files.hudexchange.info/resources/documents/HMIS-System-Administrator-Checklist.pdf) based on project information.

**Attachment:**

* HMIS System Administrator Checklist