**MA-506 Worcester City and County Continuum of Care**

**Youth Homelessness Demonstration Program (YHDP)**

**2023 Project Application**

|  |
| --- |
| **Organization:** Click here to enter text. |
| **Organization Address:** Click here to enter text. |
| **Organization Executive Director:** Click here to enter text. |
| **YHDP Grant Contact Name:** Click here to enter text.  **Contact Email:** Click here to enter text. |
| **Contact Phone Number:** Click here to enter text. |
| **Project Application Name:** Click here to enter text. |
| **Requested Amount of Funding:** Click here to enter text. |
| **Number of Youth to Be Served:** Click here to enter text. |

**Which project type are you applying for (Choose One Per Application)**

Rapid Rehousing Supportive Services Only -CE

**All project applicants are STRONGLY URGED to review:**

* ***YHDP Request for Proposals (RFP) Document***
* ***YHDP Evaluation and Scoring Criteria; and***
* ***HUD CPD YHDP NOFO FR-6500-N-35***

**Part I: Threshold Requirements**

1. **Is your project located and/or able to provide services within Worcester County?**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **Do you have experience and capacity serving diverse populations including but not limited to LGBTQ+ youth, youth of color, non-citizen youth, pregnant and parenting youth, etc.?**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **Will you utilize recommendations of the Youth Advisory Board (YAB) and the CoC to improve the project and overall YHDP impact?**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **Will your proposal adhere to Housing First practices while serving households experiencing homelessness?**

**Yes\***  **No**

*If “NO”, your project is not eligible for YHDP funding.*

*Note: project qualifies as Housing First if:*

* *It houses youth without preconditions, including those with a felony criminal background, income, evictions, poor credit, substance use history, and physical/mental/emotional disabilities.*
* *It does not require youth to adhere to a service plan agreement and supportive services as a condition to obtaining and maintaining housing.*
* *It does not exclude or refuse youth based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression?*

1. **Will the project participate in the Worcester CoC HMIS/DVMIS system?**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **Does the project applicant agree to take referrals ONLY from the Worcester CoC HMIS/DVMIS system?**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **The project applicant is not suspended or debarred from receiving federal funds and is in good standing with all government and funding contracts.**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **The project applicant has a current and valid UEI/SAMs number.**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

1. **The project applicant has an active registration status with the United States System for Award Management.**

**Yes**  **No**

*If “NO”, your project is not eligible for YHDP funding.*

**Part II – Project Description**

1. **Project Description**

*PROJECT DESIGN & HOUSING TYPE*

* 1. Please provide a detailed description of your project including:

*1) how it furthers the vision statement and accomplishing goals outlined in the RFP and that are reflective of the CCP*

*2) project location*

*3) proposed activities (e.g., program requirements, service components/flow and services to address barriers to access, how youth will be connected to mainstream resources)*

*4) strategy to provide outreach, engagement, and housing interventions to serve historically underserved youth populations (BIPOC, LGBTQA+, other marginalized communities)*

*5) community partnerships – informal and formal (subcontractors)*

*6) estimated YHDP implementation timeframe*

*7) number of unduplicated youths to be served on a given day and expected to serve during the grant period.*

*8) program length.*

*Limit 3,000 Characters*

*Questions 7b-7d apply only to housing projects; SSO-CE applicants, please skip to question 7f.*

* 1. Housing Type (select one, if applicable)

Single Structure  Scattered site

Click. Total Number of Units Click. Total Number of Beds

* 1. **If single structure leasing**, how will the project successfully integrate program participants into the neighborhood?
  2. **If scattered-site leasing**, describe strategies that will be used to develop a network of landlords willing to lease homeless youth or youth families. How will you mitigate the reluctance of landlords to lease households with potential credit issues, no rental histories, histories of evictions, or legal issues? *Limit 1,000 Characters*

*DESCRIPTION OF YOUTH SERVED*

* 1. **TARGET POPULATIONS** Describe the target population(s) of youth to be served with this YHDP project and the plan for addressing the identified needs/strengths of the target population(s). *Limit 1,000 Characters*
  2. Specific Population Focus. (Select ALL that apply):

Click. LGBTQ+ Youth Click. Child Welfare Involved Youth

Click. Minors Under 18 Click. Victims of Trafficking and Exploitation

Click. Pregnant and/or Parenting Youth Click. Youth of Color

Click. Justice System Involved Youth Click. Youth with Disabilities

* 1. Residence Prior to Homelessness of youth served in YHDP project (Select ALL that apply):

Click. Literally homeless (emergency shelter or place not meant for human habitation) Click. Imminently Homeless within 14 days.

Click. Fleeing or Attempting to Flee Domestic Violence

*ORGANIZATIONAL EXPERIENCE*

* 1. Describe your organization’s experience including past performance in providing housing and supportive services especially to youth experiencing homelessness. If your organization has minimal or no experience serving youth experiencing homelessness, describe your plan to obtain the knowledge needed to successfully service youth and young adults. Include a summary of your organization’s infrastructure and administrative and financial capacity to effectively utilize federal funds and meet project goals. *Limit 1,000 Characters*
  2. Describe the special needs, opportunities, and strengths/challenges presented by youth experiencing homelessness and explain why your organization is committed to serving this population.*Limit 1,000 Characters*
  3. Describe your organization’s experience (and potential subrecipients if any) in providing housing and services to Black, Indigenous, People of Color (BIPOC) experiencing homelessness. Provide a detailed explanation on the experiences that the applicant and subrecipient (if applicable) have in serving BIPOC Communities. *Limit 1,000 characters.*
  4. Provide examples on how your organization has collaborated with other providers or agencies, that demonstrates knowledge of community partners and resources serving unaccompanied youth experiencing homelessness. *Limit 1,000 characters.*
  5. Describe the experience of the person(s) on staff who will provide supervision and management of the YHDP project. Describe how staff skills will ensure success of programming with special focus on youth choice and authentic engagement.*Limit 1,000 Characters*
  6. Describe how your organization demonstrates equity in staffing, including training and support. *Limit 1,000 Characters*

1. **Supportive Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| For all supportive services available to project participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**.  *Indicate:* ***“Applicant”*** *if the applicant will provide the service directly;* ***“Partner”*** *if an organization with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or,* ***“Non-Partner”*** *to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.* | | | | | | |
|  |  | **Frequency – select one per service type** | | | | |
| **Supportive Service** | **Provider** | **Daily** | **Weekly** | **Bi- Monthly** | **Monthly** | **Does Not Apply** |
| Assessment of Service Needs | Click here to enter text. |  |  |  |  |  |
| Assistance with Moving Costs | Click here to enter text. |  |  |  |  |  |
| Case Management | Click here to enter text. |  |  |  |  |  |
| Child Care | Click here to enter text. |  |  |  |  |  |
| Education Services |  |  |  |  |  |  |
| Employment Assistance/Job Training | Click here to enter text. |  |  |  |  |  |
| Food | Click here to enter text. |  |  |  |  |  |
| Housing Search/Counseling Services | Click here to enter text. |  |  |  |  |  |
| Legal Services | Click here to enter text. |  |  |  |  |  |
| Life Skills | Click here to enter text. |  |  |  |  |  |
| Mental Health Services | Click here to enter text. |  |  |  |  |  |
| Outpatient Health Services | Click here to enter text. |  |  |  |  |  |
| Outreach Services | Click here to enter text. |  |  |  |  |  |
| Substance Abuse Treatment Services | Click here to enter text. |  |  |  |  |  |
| Transportation | Click here to enter text. |  |  |  |  |  |
| Utility Deposits | Click here to enter text. |  |  |  |  |  |

1. **Project Quality (Please answer questions based on applicant type):**
2. How will your agency ensure that the proposed unit configuration will effectively serve the population of youth in the program? (e.g., 2 or more bedrooms for families) *Limit 1,000 Characters (If Applicable)*
3. How would the project’s youth-specific supportive services ensure successful retention and help young adults obtain permanent housing –this includes all supportive services, regardless of funding source (e.g., childcare for families with children, case management, life skills, substance use counseling) *Limit 1,000 Characters*
4. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the youths’ housing? (If applicable)

Very accessible

Somewhat accessible

Not accessible

1. How program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention of permanent housing) *Limit 1,000 Characters*

*YHDP VALUES*

1. How will the YHDP project prioritize trauma-informed care and utilize a healing-centered approach to fostering youth strengths and well-being? *Limit 1,000 Characters*
2. Describe your organization’s approach to Positive Youth Development throughout the YHDP project. Explain the ways in which youth participants will be supported with opportunities and connections to their community to achieve positive outcomes. *Limit 1,000 Characters*
3. What about this project is a new, innovative approach to preventing and ending youth homelessness in Worcester County? Additional innovative activities under YHDP can be found in Appendix A. [FY21 YHDP Appendix A Final (hud.gov)](https://www.hud.gov/sites/dfiles/CPD/documents/FY21-YHDP-Appendix-A-Final.pdf) *Limit 1,000 Characters*
4. **Project Administration:**

Does the applicant have any existing/history of HUD CoC or ESG grants with any monitoring or audit findings (A-133 or general accounting-level audit) in the **last three years?**

**Yes**  **No**

If yes, please explain each finding and any applicable corrective action that has been or will be taken. (**750 characters)**

1. **Performance Measures and Project Outcomes**
2. What project outcomes do you intend to track to evaluate program success? What is the project’s intended impact on youth participants and how will impact be assessed? *Limit 1,000 Characters*
3. Describe a time your organization used data-driven decision making in its work serving individuals experiencing homelessness. *Limit 1,000 Characters*
4. **Youth Partnership and Evaluation**
5. Will the program conduct anonymous youth satisfaction surveys or alternative methods of anonymous feedback?  **Yes**  **No**
6. Will the program provide an opportunity for feedback from all youth at exit regardless of reason for leaving?  **Yes**  **No**
7. Does a youth with lived experience sit on project applicant’s Board of Directors?

**Yes**  **No**

1. Is there a youth with lived experience involved in your agency’s decision-making process?

**Yes**  **No** If yes, please describe **(***Limit 500 characters)*

1. How are youth currently engaged in planning and designing the proposed project? What is the organization’s plan for active involvement and leadership among youth in the project’s implementation, including employment opportunities and youth voice in the staff hiring process. *Limit 1,000 Characters*
2. Describe opportunities for youth to evaluate and provide feedback of project during implementation. Include specifics around what decision-making power youth have, ability to review project operations and outcomes, and the process by which youth input will be incorporated into program. *Limit 1,000 Characters.*
3. **Budget/Cost Effectiveness**

Please list the project’s budgeted amount for each of the relevant categories. A one-year budget should be submitted for the two-year contract (HUD automatically doubles the annual budget submitted to get the total contract budget).

Below are examples of the Quantity Description. When reviewing the total amount, we should be able to see exactly how it was calculated by reviewing the formula in the Quantity Description column.

For a list of eligible activities, please see the CoC Interim Rule and additional activities found in Appendix A [FY21 YHDP Appendix A Final (hud.gov)](https://www.hud.gov/sites/dfiles/CPD/documents/FY21-YHDP-Appendix-A-Final.pdf).

**a.** [**Leasing**](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)**:** Calculated by: # units x FMR x 12 months = total

**Note: Leasing and Rental Assistance costs cannot be budgeted together for the same project.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Size** | **No. of Units** | **FMR** | **Term**  **(months)** | **Total** |
| Efficiency | *Example: 3* | $1231 | 12 | *$22,104* |
| 1 Bedroom | Click here to enter text. | $1272 | 12 | Click here to enter text. |
| 2 Bedroom | Click here to enter text. | $1635 | 12 | Click here to enter text. |
| 3 Bedroom | Click here to enter text. | $1,990 | 12 | Click here to enter text. |
| 4 Bedroom | Click here to enter text. | $2,196 | 12 | Click here to enter text. |
| **Total** | Click here to enter text. |  |  | Click here to enter text. |

**b.** [**Rental Assistance**](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf) Calculated by: # units x FMR x 12 months = total **Note: Rental Assistance and Leasing costs cannot be budgeted together for the same project. .**

Indicate the Type of Rental Assistance:

Project Based  Tenant Based  Sponsor Based

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Size** | **No. of Units** | **FMR** | **Term**  **(months)** | **Total** |
| Efficiency | *Example: 3* | $1231 | 12 | *$22,104* |
| 1 Bedroom | Click here to enter text. | $1272 | 12 | Click here to enter text. |
| 2 Bedroom | Click here to enter text. | $1635 | 12 | Click here to enter text. |
| 3 Bedroom | Click here to enter text. | $1990 | 12 | Click here to enter text. |
| 4 Bedroom | Click here to enter text. | $2,196 | 12 | Click here to enter text. |
| **Total** | Click here to enter text. |  |  | Click here to enter text. |

## [**Operating Costs**](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)

Enter the quantity and total budget request for each operating cost.

**Note: Operating costs are only eligible if leasing costs are budgeted. Program funds may not be used for rental assistance and operating costs in the same budget. Additionally, program funds may not be used for the operating costs of SSO projects (e.g., housing navigation, drop-in center, mental health network).**

|  |  |  |
| --- | --- | --- |
| **Operating Costs** | **Quantity Description** | **Annual Assistance Requested** |
| Maintenance and repair | *Example: cleaning services of apt unit after client turnover ($150/unit x 6 units annually)* | *$900* |
| Property Tax and Insurance | Click here to enter text. | Click here to enter text. |
| Replacement Reserve | Click here to enter text. | Click here to enter text. |
| Building Security | Click here to enter text. | Click here to enter text. |
| Electricity, Gas and Water | Click here to enter text. | Click here to enter text. |
| Furniture | Click here to enter text. | Click here to enter text. |
| Equipment (lease, buy) | Click here to enter text. | Click here to enter text. |
| **Total** |  | Click here to enter text. |

1. [**Supportive Services**](https://files.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)**:** Enter the quantity and total budget request for each supportive services cost in the chart below.

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity Description** | **Annual Assistance Requested** |
| Assessment of Service Needs | Click here to enter text. | Click here to enter text. |
| Assistance with Moving Costs | *Example: Truck rental for six youth @ $300/youth.* | *$1,800* |
| Case Management | *Example: 1 Case Manager Supervisor at .75 FTE x $68,075 = $51,056* | *$51,056* |
| Child Care | Click here to enter text. | Click here to enter text. |
| Education Services | Click here to enter text. | Click here to enter text. |
| Employment Assistance | Click here to enter text. | Click here to enter text. |
| Food | Click here to enter text. | Click here to enter text. |
| Housing/Counseling Services | Click here to enter text. | Click here to enter text. |
| Legal Services | Click here to enter text. | Click here to enter text. |
| Life Skills | Click here to enter text. | Click here to enter text. |
| Mental Health Services | Click here to enter text. | Click here to enter text. |
| Outpatient Health Services | Click here to enter text. | Click here to enter text. |
| Outreach Services | Click here to enter text. | Click here to enter text. |
| Substance Abuse Treatment Services | Click here to enter text. | Click here to enter text. |
| Transportation | Click here to enter text. | Click here to enter text. |
| Utility Deposits | Click here to enter text. | Click here to enter text. |
| Operating Costs | Click here to enter text. | Click here to enter text. |
| **Total** |  | Click here to enter text. |

1. **Budget Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item** | **YHDP Request** | **Applicant Match, Cash or In-kind** | **% of Match** | **Total CoC Project Budget** |
| Rental Assistance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Leasing | Click here to enter text. | NA | NA | Click here to enter text. |
| Supportive Services | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Operations | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **YHDP Request (subtotal lines 1 thru 5)** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Administration (10% of YHDP Request) \*\* | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total YHDP Request (total lines 6 and 7)** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**\*\* CMHA as CoC lead will receive 3.5% of Admin awarded.**

1. **Cash and/or In-Kind Match (Must be >25% of total grant request, except for leasing costs.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Cash (check)** | **In-kind (check)** | **Signed MOU or Agreement for in-kind amounts prior to a HUD grant agreement (Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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1. **Cost Efficiency**
2. What is the average cost per person served (YHDP funding only)?
3. What is the average cost per person served (total budget including match)?

**SUBMISSION SUMMARY**

\_\_\_\_\_ Completed 2023 YHDP Project Application

\_\_\_\_\_ Attachment: Provide copies of MOU(s) for partners in the YHDP project application (optional)

Please email this application form and optional attachments no later than **May 26, at 5:00pm to pmunene@cmhaonline.org** in order to be considered.