For submission information, refer to the NC ESG Application Information Packet, Section IV: Application Submission Information. This application must be received by October 23, 2017.

# Application Summary

## Local Planning Area Lead Agency Information

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| Name of Organization:      |
| Street Address:      | Mailing Address:      |
| Telephone:      | Website:      |
| 1.1 Does your LPA Lead Agency provide direct services?   |
| 1.2 Does your LPA Lead Agency have paid staff to provide administrative support to the Local Planning Area as a part of their job description?   |
| 1.3 Is the LPA Lead Agency requesting Emergency Response or Housing Stabilization Activities funding for itself?   |

## LPA Agency Primary Contact

*Please provide the following information for the person to whom all communication regarding this application should be directed.*

|  |  |
| --- | --- |
| Name:      | Title:      |
| Telephone:       | E-mail:       |

# Fiscal Sponsor

## General Information

* 1. Has your LPA chosen to use a Fiscal Sponsor this year?

*If yes, complete the following questions. If no, jump to section 4.*

* 1. Fiscal Sponsor Organization Name

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* 1. Please describe how the Fiscal Sponsor was selected.

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* 1. Is the Fiscal Sponsor imposing any additional requirements on one or more of the project applicants?
		1. If yes, please describe the attentional requirements and the rationale for doing so.

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***Attach:*** *If a Fiscal Sponsor will be used, the Fiscal Sponsor Application and appropriate attachments should be as described in Appendix 1 – Application Checklist.*

# Infrastructure

## Emergency Shelter Coverage

* 1. *Please fill out the following chart, indicating which types of emergency shelter is available in the Local Planning Area.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Population Type** | **Not Available** | **Limited Availability** | **Full Coverage** |
| Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men | [ ]  | [ ]  | [ ]  |
| Single Women | [ ]  | [ ]  | [ ]  |
| Families, female head of household | [ ]  | [ ]  | [ ]  |
| Families, male head of household | [ ]  | [ ]  | [ ]  |
| DV only | [ ]  | [ ]  | [ ]  |
| Unaccompanied children 17 years old and under  | [ ]  | [ ]  | [ ]  |

* 1. Will the requested funding ensure that Emergency Shelter will be available across the entire geographic region of the Local Planning Area?
	2. If no, what areas are not covered?

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* 1. What are the LPA’s plans and timeline to achieve full coverage?

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* 1. What are the barriers to achieving full coverage?

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## Rapid Rehousing Coverage

* 1. *Please fill out the following chart, indicating which populations have access to rapid rehousing in the Local Planning Area.*

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| --- | --- | --- | --- |
| Population Type | Not Available | Limited Availability | Full Coverage |
|  | Not available within the LPA | Available in some areas of the LPA | Available across the full LPA’s geography |
| Single Men | [ ]  | [ ]  | [ ]  |
| Single Women | [ ]  | [ ]  | [ ]  |
| Families | [ ]  | [ ]  | [ ]  |
| DV only | [ ]  | [ ]  | [ ]  |
| Youth (18-24) | [ ]  | [ ]  | [ ]  |

* 1. Will the requested funding ensure that Rapid Rehousing will be available across the entire geographic region of the Local Planning Area?

		1. If no, what areas are not covered?

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* 1. What are the LPA’s plans and timeline to achieve full coverage?

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* 1. What are the barriers to achieving full coverage?

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## Coordinated Entry

* 1. Does your Local Planning Area have an operating Coordinated Entry System that covers the entire geographic area?
		1. If no, please explain how your Local Planning Area will have a fully functioning Coordinated Entry System across the entire geographic region by January 23, 2018.

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* 1. Does your Local Planning Area currently have written policies and procedures that includes all information outlined in CPD-17-01 (Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System), including the standardized assessment process, prioritization policies, the handling of data collected, addressing the needs of households fleeing domestic violence, fair housing laws and requirements, prevention services, grievances, privacy policies?
		1. If yes, please **attach** the written policies and procedures to this application in tab 3.
		2. If no, please explain the process your Local Planning Area will have to create these written policies and

procedures by January 23, 2018.

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* 1. How does the Local Planning Area insure that all those experiencing homelessness have fair and equal access to the coordinated entry process?

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* 1. Does your Local Planning Area use a standardized tool to assess housing needs for every household?
	2. If no, please explain.

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* 1. Does your Coordinated Entry System operate 24 hours a day for7 days a week?

		1. If no, please describe how households gain access to emergency services when coordinated entry is not operating.

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* 1. Do you have a process by which a household can file a nondiscrimination complaint. If yes, please attach. If no, please explain the process your Local Planning Area will have to create this process.

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* 1. Does your Local Planning Area currently conduct an annual evaluation of the Coordinated Entry Process?
		1. If yes, please describe the process.

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* + 1. If no, please explain when system evaluation will begin.

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## Written Standards

* 1. Does your Continuum of Care have approved Written Standards for the following activities?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Emergency Shelter | [ ]  | [ ]  |
| Street Outreach  | [ ]  | [ ]  |
| Rapid Rehousing | [ ]  | [ ]  |
| Prevention | [ ]  | [ ]  |
| Permanent Supportive Housing | [ ]  | [ ]  |

* + 1. If yes, please **attach** written standards under tab 3.
	1. If the Continuum of Care does not have approved Written Standards, please describe your anticipated process and plan for developing and approving them.

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* 1. ESG subrecipients are required to adhere to the Continuum of Care’s Written Standards. Please describe how the Continuum of Care will ensure compliance.

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# Performance Data

## Continuum of Care Data

**Attach** the 2017 HDX CoC Competition Report in tab 4.

*This report should be exported from the HUD HDX.*

# Application & Selection Process

*In this section, we want to understand how your Local Planning Area determined which organizations and activities should be funded. Local Planning Areas must inform applicants of their funding decision by October 16, 2017 and allow for an appeal process for applicants.*

## Solicitation

*For this section, LPAs must demonstrate the existence of a coordinated, inclusive, and outcome oriented community process for the solicitation, objective review, ranking, and selection of project applications.*

* 1. How did your region solicit interest in ESG funds?

|  |  |
| --- | --- |
| [ ]  Request for Proposals/Request for Applications  | [ ]  Mail  |
| [ ]  LPA meetings (Continuum of Care/regional) | [ ]  Advertising in a local paper |
| [ ]  Website | [ ]  Advertising on the radio or television |
| [ ]  Email | [ ]  Social Media (Twitter, Facebook, etc.)  |
| [ ]  Other:       |

## Project Applications

* 1. List the agencies that submitted project applications. Indicate submitted applications for the ESG activity in the “S” column. Indicate approved activity applications in the “A” column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency | Emergency Shelter | Street Outreach | Rapid Rehousing | Prevention | HMIS |
| S | A | S | A | S | A | S | A | S | A |
| 1.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| 1.
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* 1. Have Projects been notified of the decision.
	2. If no, please explain.

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* 1. Provide any other additional information regarding application process, if needed.

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## Selection Committee

* 1. Please list all members of your selection committee for ESG funding below. Please note: representatives from applicant agencies should not be on the selection committee.

|  |  |
| --- | --- |
| Name | Representing  |
|       |       |
|       |       |
|       |       |
|       |       |
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* 1. Does your LPA have an established Selection Committee Code of Conduct that covers conflict of interest or confidentiality?

## Selection Process

* 1. Select the appropriate response(s) that demonstrate the criteria the LPA used to rank and select project applications:

[ ]  Used objective criteria for review, rating and ranking

[ ]  Evaluated applicant’s ability to spend award, including past spending performance

[ ]  Evaluated applicant’s ability to meet goals and outcomes

[ ]  Evaluated applicant’s ability to reduce barriers to services and serve the most vulnerable

* 1. Please describe the review process implemented by the Selection Committee to choose applications for funding. Include meeting dates.

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* 1. What tools were used to aid the Selection Committee’s evaluation of project applications?

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*LPAs must* ***attach*** *the scoring materials used to evaluate applications for funding in tab 5.*

## Notification & Appeals

* 1. Were there any appeals filed?
	2. If there were appeals filed, list the agencies that filed appeals, the applicable ESG activity (e.g. emergency shelter, rapid rehousing), and resolution.

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## Additional Requirements

* 1. Is the LPA Lead Agency or Selection Committee imposing any additional requirements beyond the ESG contract requirements on one or more of the project applicants?

		1. If yes, explain the additional requirements and how the LPA will ensure compliance.

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* 1. Explain how the mix of funds and the choice of project applicant s for this application will help reduce the number of people who are homeless over the next year.

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# Final Information

## Additional Information

* 1. *Optional:* What additional information not covered elsewhere in this application that would be helpful, regarding the LPA or LPA Lead Agency?

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## Authorized Signature

**To the best of my knowledge and belief, all information in this application is true and correct.**

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| Name of LPA Lead Agency Organization      |
| Name of Authorized Official      |
| Title      | Date      |
| Signature |