**Attachment A:** Rural Set Aside Questionnaire

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| Please use the attached Request for Funding to provide the CoC with information about your proposed project that will be sufficient enough for the Rating and Ranking Committee to evaluate.  A completed, signed questionnaire must be received at Glenn County Community Action Department, via email to gccad@countyofglenn.net no later than October 13, 2022 |

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| 1. **Legal Name of Applicant Organization:** | | | | | | | | | |
| 1. **Contact Name:** | **Phone:** | | | **Fax:** | | | | **Email:** | |
| 1. **Physical Address:** | | | |  | | | | | |
| 1. **Agency UEI Number:** | | | |  | | | | | |
| 1. **Agency Tax ID Number:** | | | |  | | | | | |
| 1. **Does the Agency have any outstanding delinquent Federal Debts? Yes**  **No 󠅅** 2. **Does the Agency have an accounting system? Yes 󠅅** **No 󠅅** | | | | | | | | | |
| **Name of Project** | | | **Amount Requested** | | | **Source of Match Funds** | | | **Match Amount** |
|  | | | $ | | |  | | | $ |
| **Application Component Type (Select only 1):** | | | | | | | | | |
| **Permanent Housing (PH)**  **Joint Transitional Housing & Permanent Housing/Rapid Rehousing (Joint TH & PH/RRH)**  **Supportive Services Only – Coordinated Entry (SSO)**  **HMIS (HMIS Lead Only)**  *Note: See note in right hand corner of each question to indicate which questions are applicable to each component type* | | | | | | | | | |
| **Threshold Requirement: Leveraging Housing Commitment** | | | | | | | | | |
| Demonstrate your organization or partners have funding for permanent housing projects, including permanent supportive housing or rapid rehousing (not funded under CoC Program or ESG Program. (Examples of funding could include Housing Choice Vouchers, HOME, ARP, HOPWA).  Required attachment: letters of commitment, contracts, or other formal written documents demonstrating the development of new units and new housing opportunities for people experiencing homelessness. These written commitments must demonstrate the number of new units being developed or set aside for individuals experiencing homelessness and the date by which they will be available.  For PH and Joint TH &PH/RRH: Threshold requirement: Demonstrate the number of units available will serve at least 50% of the program participants anticipated to be served by this project. Partial points can be awarded if this threshold is not met | | | | | | | | | |
| **Threshold Requirement: Leverages Healthcare Resources** | | | | | | | | | |
| For PH and Joint TH & PH/RRH:  Required Attachment: Written Commitments from Hospitals, Healthcare Clinics, Insurance Agencies, Medicaid State Agencies, Public Health Departments, Mental Health Clinics, Federally Qualified Health Center (FQHC), or Drug Treatment Facilities. These written commitments must demonstrate the types of services being made available on a voluntary basis, the value of the commitment, and the dates the healthcare resources will be provided.  The value of the commitment must meet the following threshold requirements:  1) for substance abuse treatment or recovery providers, provide access to treatment or recovery services for all program participants who qualify and choose those services; or  (2) for healthcare organizations, include an amount that is equivalent to 50 percent of the funding being requested for the project(s).  (3) include dates the healthcare resources will be provided | | | | | | | | | |
| **Letter of Commitment from Public Housing Authority** | | | | | | | | | |
| HUD is asking CoCs to demonstrate written commitments with PHAs to: (1) pair vouchers with CoC-funded supportive services; and (2) to work with the CoC and other stakeholders to develop a prioritization plan for a potential allocation of Stability Vouchers or a preference for general admission to Housing Choice Voucher Program through the coordinated entry process for individuals and families experiencing homelessness, at risk of homelessness, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. | | | | | | | | | |
| **Describe your organization’s experience in effectively utilizing federal funds and performing the activities proposed in the application:**  *Applicable to all component types* | | | | | | | | | |
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| **Describe your organization’s experience in leveraging Federal, State, local and private sector funds:**  *Applicable to all component types* | | | | | | | | | |
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| **Describe your organization’s experience in leveraging Federal, State, local and private sector funds:**  *Applicable to all component types* | | | | | | | | | |
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| **Provide a description that addresses the entire scope of the proposed project:**  *Applicable to all component types* | | | | | | | | | |
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| **For each project milestone please enter the number of days from the execution of the grant agreement that each will occur:**  *Applicable to all component types* | | | | | | | | | |
| 1. Begin hiring staff or expending funds \_\_\_\_\_\_\_ days 2. Begin program participant enrollment \_\_\_\_\_\_\_ days 3. Program participants occupy leased or rental assistance units or structure(s), or supportive services begin \_\_\_\_\_\_\_ days 4. Leased or rental assistance units or structure, and supportive services near 100% capacity \_\_\_\_\_\_\_ days 5. Closing on purchase of land, structure(s), or execution of structure lease \_\_\_\_\_\_\_ days 6. Start rehabilitation \_\_\_\_\_\_\_ days 7. Complete rehabilitation \_\_\_\_\_\_\_ days 8. Start new construction \_\_\_\_\_\_\_ days 9. Complete new construction \_\_\_\_\_\_\_ days | | | | | | | | | |
| **Check the appropriate box(s) if this project will have a specific subpopulation focus**  **(Select ALL that apply):**  *Not applicable for HMIS Component* | | | | | | | | | |
| N/A - Project Serves All Subpopulations   Domestic Violence   Veterans  Substance Abuse   Youth (under 25)   Mental Illness   Families  HIV/AIDS   Chronic Homeless   Other | | | | | | | | | |
| **Please answer the following questions with a Yes or No:**  *Not applicable for HMIS Component* | | | | | | | | | |
| * Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? * Will the project quickly move participants into permanent housing? | | | | | | | | | |
| **Describe your experience utilizing a Housing First approach:**  *Not applicable for HMIS Component* | | | | | | | | | |
|  | | | | | | | | | |
| **Describe how program participants will be assisted to obtain and remain in permanent housing:**  *Not applicable for HMIS Component* | | | | | | | | | |
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| **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible:**  *Not applicable for HMIS Component* | | | | | | | | | |
|  | | | | | | | | | |
| **For all supportive services available to program participants, indicate a Yes or No that they will be provided and how often they will be provided (ex: daily, weekly, monthly, quarterly):**  *Not applicable for HMIS Component* | | | | | | | | | |
| 1. **Assessment of Service Needs**       *Frequency:*Click or tap here to enter text. 2. **Assistance with Moving Costs**      *Frequency:*Click or tap here to enter text. 3. **Case Management**      *Frequency:*Click or tap here to enter text. 4. **Child Care** *Frequency:*Click or tap here to enter text. 5. **Education Services**      *Frequency:*Click or tap here to enter text. 6. **Employment Assistance and Job Training**      *Frequency:*Click or tap here to enter text. 7. **Food** *Frequency:*Click or tap here to enter text. 8. **Housing Search and Counseling Services**      *Frequency:*Click or tap here to enter text. 9. **Legal Services**      *Frequency:*Click or tap here to enter text. 10. **Life Skills Training**      *Frequency:*Click or tap here to enter text. 11. **Mental Health Services**      *Frequency:*Click or tap here to enter text. 12. **Outpatient Health Services**      *Frequency:*Click or tap here to enter text. 13. **Outreach Services**      *Frequency:*Click or tap here to enter text. 14. **Substance Abuse Treatment Services**      *Frequency:*Click or tap here to enter text. 15. **Transportation** *Frequency:*Click or tap here to enter text. 16. **Utility Deposits**      *Frequency:*Click or tap here to enter text. | | | | | | | | | |
| **Please answer the following questions with a Yes or No:**  *Not applicable for HMIS Component* | | | | | | | | | |
| * **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** * **Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** * **Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** | | | | | | | | | |
| **Housing Type and Location Detail:** List all CoC funded and Non CoC-funded units and beds being provided under this project.  *Not applicable to HMIS or SSO component* | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Housing Type: TH or RRH** | **Housing Type:**   * **Barracks** * **Dormitory, shared or private rooms** * **Shared Housing** * **Single Room Occupancy Units** * **Clustered apartments** * **Scattered-site apartments** * **Single family homes/townhouse/duplexes** | **Funding source for units and beds:**   * **COC** * **ESG Section 8** * **HUD-VASH** * **Mixed Funding** * **Other (describe)** | **Number of Units** | **Number of Beds** | **Address (if known)** | | *Fill Table* | *Fill Table* | *Fill Table* | *Fill Table* | *Fill Table* | *Fill table* | |  | Add additional rows if needed |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | |
| **Project Participants – Households: Please fill in all blank and unshaded spaces**  **Note:** The purpose is to indicate the total number of households and number of persons by demographic served at maximum program capacity at a single point in time by household type  *Not applicable for HMIS Component* | | | | | | | | | |
|  | | **Households with at least 1 adult and 1 child** | | | **Adult households without children** | | **Households with only children** | | |
| **# of Households** | |  | | |  | |  | | |
|  | | | | | | | | | |
| **Characteristics** | | **Persons in Households with at least 1 adult and 1 child** | | | **Adult persons in households without children** | | **Persons in households with only children** | | |
| **Persons over age 24** | |  | | |  | |  | | |
| **Persons age 18-24** | |  | | |  | |  | | |
| **Accompanied children under age 18** | |  | | |  | |  | | |
| **Unaccompanied children under age 18** | |  | | |  | |  | | |

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| **Project Participants- Subpopulations: Please fill in all blank and unshaded spaces for each table**  **Note:** The purpose is to indicate the number of persons served at maximum program capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.  *Not applicable for HMIS Component* | | | | | | | | | | | | | | |
| **Persons in Households with at least One Adult and One Child** | | | | | | | | | | | | | | |
| Characteristics | CH  (Not Veterans) | CH Veterans | | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDs | | | Severely Mentally Ill | DV | Physical Disability | | Developmental Disability | Persons not represented by those listed |
| **Persons over age 24** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Persons age 18-24** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Children under age 18** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Persons in Households without Children** | | | | | | | | | | | | | | |
| Characteristics | CH  (Not Veterans) | CH Veterans | | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDs | | | Severely Mentally Ill | DV | Physical Disability | | Developmental Disability | Persons not represented by those listed |
| **Persons over age 24** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Persons age 18-24** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Persons in Households with Only Children** | | | | | | | | | | | | | | |
| Characteristics | CH  (Not Veterans) | CH Veterans | | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDs | | | Severely Mentally Ill | DV | Physical Disability | | Developmental Disability | Persons not represented by those listed |
| **Accompanied Children under age 18** |  |  | |  |  |  | | |  |  |  | |  |  |
| **Unaccompanied Children under age 18** |  |  | |  |  |  | | |  |  |  | |  |  |
| **HMIS Standards: Please answer the following questions with a Yes or No:**  *Not Applicable to TH-RRH, SSO, or PH (HMIS only)* | | | | | | | | | | | | | | |
| * Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual * Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). * Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? | | | | | | | | | | | | | | |
| **Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**  *Not Applicable to Joint TH-PH/RRH, SSO, or PH (HMIS only)* | | | | | | | | | | | | | | |
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| **What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**  *Not Applicable to Joint TH-PH/RRH, SSO, or PH (HMIS only)* | | | | | | | | | | | | | | |
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| **Indicate the last training date or proposed training date for each HMIS training, as applicable.**  *Not Applicable to Joint TH-PH/RRH, SSO, or PH (HMIS only)* | | | | | | | | | | | | | | |
| Basic Computer Training | | | | | | | (mm/yyyy) | | | | | | | |
| HMIS Software Training for Sys Admin | | | | | | |  | | | | | | | |
| HMIS Software Training | | | | | | |  | | | | | | | |
| Data Quality Training | | | | | | |  | | | | | | | |
| Security Training | | | | | | |  | | | | | | | |
| Privacy/Ethics Training | | | | | | |  | | | | | | | |
| HMIS PIT Count Training | | | | | | |  | | | | | | | |
| Other | | | | | | |  | | | | | | | |
| **Budget**  Select budget categories under the appropriate application component, and fill the budget detail below for selected categories. | | | | | | | | | | | | | | |
| **Joint Transitional Housing & Rapid Rehousing (TH & PH/RRH)** | | | **Supportive Services Only (SSO)** | | | | | **Permanent Housing (PH)** | | | | **HMIS** | | |
| Leased Units | | |  | | | | |  | | | |  | | |
| Leased Structures | | | Leased Structures | | | | | Leased Structures | | | |  | | |
| Rental Assistance | | |  | | | | | Rental Assistance | | | |  | | |
| Supportive Services | | | Supportive Services | | | | | Supportive Services | | | |  | | |
| Operating | | |  | | | | |  | | | |  | | |
| HMIS | | | HMIS | | | | | HMIS | | | | HMIS | | |
| **Budget Detail:** | | | | | | | | | | | | | | |
| 2016 Fair Market Rent Table – Included as reference   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | # of Bedrooms | SRO | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | Colusa | $535 | $713 | $717 | $944 | $1,341 | $1,506 | $1,732 | $1,958 | | Glenn | $470 | $627 | $717 | $944 | $1,167 | $1,280 | $1,472 | $1,664 | | Trinity | $444 | $592 | $670 | $877 | $1,246 | $1,394 | $1,603 | $1,812 | | | | | | | | | | | | | | | |
| **Budget Detail - Leased Units:**  *The amount must be calculated by the Number of Units x Paid Rent x 12 months* | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Size of Unit | Number of Units | Paid Rent | X 12 months | X 3 years | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | TOTAL | | | | |  | | | | | | | | | | | | | | | |
| **Budget Detail - Leased Structures:**  *The amount must be calculated by the monthly rent x 12 months x 3 years* | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Structure Name | Structure Address | Monthly Rent | X 12 months | X 3 years | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Total | | | | |  | | | | | | | | | | | | | | | |
| **Budget Detail - Rental Assistance:**  *The amount must be calculated by the Number of Units X FMR X 12 Months X 3 Years* | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Size of Unit | Number of Units | FMR | X 12 months | X 3 years | Total | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | TOTAL | | | | |  | | | | | | | | | | | | | | | |
| **Budget Detail - Supportive Services:** | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Eligible Cost** | **Quantity and Description** | **Amount** | | Assessment of Service Needs |  |  | | Assistance with Moving Costs |  |  | | Case Management |  |  | | Child Care |  |  | | Child Care |  |  | | Education Services |  |  | | Food |  |  | | Housing/Counseling Services |  |  | | Legal Services |  |  | | Mental Health Services |  |  | | Outpatient Health Services |  |  | | Outreach Services |  |  | | Substance Abuse Treatment Services |  |  | | Transportation |  |  | | Utility Deposits |  |  | | Operating Costs |  |  | | *Rural Set Aside Only:* Section 491 Eligible Activities (Described in Opportunity Summary) |  |  | | Total | |  | | | | | | | | | | | | | | | |
| **Budget Detail - Operating** | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Eligible Cost** | **Quantity and Description** | **Amount** | | Maintenance/Repair |  |  | | Property Taxes and Insurance |  |  | | Replacement Reserve |  |  | | Building Security |  |  | | Electricity, Gas and Water |  |  | | Furniture |  |  | | Equipment |  |  | | Total | |  | | | | | | | | | | | | | | | |
| **Budget Detail - HMIS** | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Eligible Cost** | **Quantity and Description** | **Amount** | | Equipment |  |  | | Software |  |  | | Services |  |  | | Personnel |  |  | | Space & Operations |  |  | | Total | |  | | | | | | | | | | | | | | | |
| **Budget Summary** | | | | | | | | | | | | | | |
| Leased Units  Leased Structures  Rental Assistance  Supportive Services  Operating  HMIS  Total | | | | | | | $  $  $  $  $  $  $ | | | | | | | |

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| --- | --- | --- |
| Executive Director Name | Executive Director Signature | Date |

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