## NEW PROJECT APPLICATION

# FY23 Continuum of Care (CoC) Program

OKLAHOMA CITY CONTINUUM OF
CARE (CoC OK-502)

**APPLICANTS NOT PREVIOUSLY FUNDED THROUGH COC: Please attach the following checklist and requested documents to the application. The application will not be processed without the following documents.**

Documentation of 501 (c)(3) status from the US Internal Revenue Service

Current list of Board of Directors

Current Organizational Chart

Copy of most recent audited financial statements

Copy of past two board meeting minutes.

Proof of active SAM registration with current information

Admission/Intake Policy

Consumer Handbook or document given to consumers describing their rights and program expectations


## ALL NEW PROJECT APPLICANTS:

Match documentation, including estimate of program income to be used as match.

## Agency Information:

Agency Name                                                          # UEI

Mailing Address                                              Phone

City                                          State                    Zip

## Person to contact about this application:

Contact Name                                        Title

Email                                                Phone

## Person authorized to enter into agreement for this project:

Name                                                 Title

| **Program Components:** | **Eligible Costs:** |
|---|---|
| Permanent Housing | Leasing |
| Transitional Housing - RRH | Rental Assistance |
| Supportive Services Only | Operations |
| HMIS | Supportive Services |
| PH - Rapid Rehousing | HMIS |
| | Administration |

**Total Requested Amount**

Estimated number of persons to be served

Estimated number of households to be served

Choose the primary population to be served by the project

1.  Provide brief description of the proposed program and services to be provided.

2. What data/evidence do you have as to the need within the CoC and how does your project will help the CoC improve our system performance measures?
   [Strategies for System Performance Improvement - May 2017 (hudexchange.info)](hudexchange.info)

3.  Describe your agency's current or planned contribution to OKC Continuum Housing and Services (housing, case management, health care, home visits, transportation, referrals, etc.). How will your project ensure compliance with Coordinated Entry requirements?

4.  Describe how your agency involves homeless persons in the operating of the CoC funded program. Include if your agency has a homeless or formerly homeless person on the Board of Directors or equivalent policy making board.

5.  Describe your agency's experience with federal, state, and/or local government grants and capacity of the organization and person(s) responsible for administering the project and overseeing all compliance requirements.

6. Housing First/Low Barrier

|  | Yes | No |
|---|---|---|
| Does the project require a background screening prior to project entry? |  |  |
| Does the project prohibit persons with certain criminal convictions from entering the project? |  |  |
| Does the project require participants to be clean and sober prior to project entry or during project stay? |  |  |
| Does the project require participants to take alcohol/drug tests? |  |  |
| Does a positive alcohol/drug test result in termination from the project or require participant to participate in substance abuse treatment and/or detox to resume project services? |  |  |
| Does the project require participants to have a mental health evaluation prior to project entry? |  |  |
| Does the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance as a condition of participation? |  |  |
| Does the project require participants to have an income at time of project entry? |  |  |
| Does the project require participants to obtain income as a condition of remaining in the project? |  |  |
| Does the project require participants to participate in supportive services as a condition of continued services? |  |  |
| Does the project require participants to be "progressing" in their goals to remain in the project? |  |  |
| Does the project exclude or refuse project entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression? |  |  |
| Does the project include any requirements, outside of those typically found in a lease agreement or in "community living" conduct rules? |  |  |
| Do project participants have to travel to the agency's office(s) to receive the majority of their services, including case management, after they are housed? |  |  |
| Does the project prohibit any member of a household, based on age, gender, biological relationship and/or marital status, from residing together at the project? |  |  |
| Enter the Total # of "Yes" and "No" responses |  |  |

7.  Select all harder to serve homeless or at-risk of homeless populations this project will serve:

> Mental Illness
>
> Substance Abuse
>
> Chronic Health Conditions
>
> HIV
>
> Developmental Disabilities
>
> Physical Disabilities
>
> Domestic Violence
>
> Unaccompanied Youth (under age 18)
>
> Unaccompanied TAY (ages 18 – 24)

8.  Collaboration

| | |
|---|---|
| The agency has consistent representation at CCMSA, Veterans CCM, Family CCM or Youth CCM. | |
| The agency actively enters data into HMIS for current projects. | |

9.  Other

Does the project collect consumer/participant satisfaction surveys at least annually?
If yes, please provide a copy of satisfaction survey.

> Yes                    No

Describe the work your agency is doing to forward racial diversity, equity and inclusion within the agency. Include all approaches taken.

10. PSH BONUS- How will project quickly move participants into permanent housing?