



**KEY to
HOME**

RENEWAL PROJECT APPLICATION

**FY 24-25
Continuum
of
Care (CoC)**

OKLAHOMA CITY CONTINUUM OF CARE

Oklahoma City Continuum of Care
FY24-25 CoC Renewal Project
Application

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

Requesting to expand renewal project? Yes (Must also complete supplemental application)
No

Requesting to consolidate with other renewal project? If so, list other projects.

Please attach the following requested documents to the application. The application will not be processed without the following documents.

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

HMIS generated APR from most recently completed grant term.

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1. Is your project renewal providing Permanent Supportive Housing (PSH)?

Yes No

2. Using your APR, provide the number of new clients housed through your program during your most recently completed grant term.

3. Is your project complying with the Federal requirement to accept clients only through the Coordinated Entry Process?

4. Does your agency currently have a formerly homeless individual serving on the Board of Directors or equivalent policy making entity?

Yes No

5. If the answer to Q4. was "No", describe your agency's plan to incorporate persons with lived experience.

6. Project Performance

Exits to Positive Destinations	1. Enter the Percentage from the bottom of Q23c.	
Total Income	1. Enter the percentage from the row " Number of Adults with Any Income (i.e., total income) " and the column " Performance Measure: " from Q19a2.	
Earned Income	1. Enter the percentage from the row " Number of Adults with Earned Income (i.e., employment income) " and the column " Performance Measure: " from Q19a2.	
Entered From Streets	1. Enter total from " Place not meant for human habitation " in Q15.	
	2. Enter Total from column 1, row 5 of 7a " Number of Persons Served "	
	3. Divide Line 1 by Line 2, convert to percentage.	

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Exits to Homelessness	1. Enter the total numbers for “ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ” in 23c.	
	2. Enter total number for “ Transitional housing for homeless persons (including homeless youth) ” in 23c.	
	3. Enter total for “ Place not meant for human habitation ” in 23c.	
	4. Add Lines 1 + 2 + 3 together	
	5. Enter “ Number of Leavers ” from Q05a.	
	6. Divide Line 4 by Line 5, convert to percentage.	
Non-Cash Benefit Stayers	1. Enter number from the row “ 1 + Source(s) ” and the column “ Benefit at Latest Annual Assessment for Stayers ” in Q20b.	
	2. Enter number of “ Heads of Households and Adult Stayers in the Project for 365 Days or More ” from Q05a.	
	3. Divide Line 1 by Line 2, convert to percentage	
Non-Case Benefit Leavers	1. Enter number from the row “ 1 + Source(s) ” and the column “ Benefit at Exit for Leavers ” in Q20b.	
	2. Enter the number of “ Adult and Head of Household Leavers ” from Q05a.	
	3. Divide Line 1 by Line 2, convert to percentage	
Utilization Rate	Enter the Utilization Rate for your project on the night of the 2023 Point In Time Count (January 25, 2024) listed on pg. 16 of the PIT report.	

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7. 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		

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8. HMIS Data Quality

Identifiable Information Data Quality	Enter “ Overall Score ” from Q6a.	
Veteran Status Data Quality	Enter “ % of Error Rate ” for “ Veteran Status ” from Q6b.	
Project Start Date Data Quality	Enter “ % of Error Rate ” for “ Project Start Date ” from Q6b.	
Head of Household Data Quality	Enter “ % of Error Rate ” for “ Relationship to Head of Household ” from Q6b.	
Disabling Condition Data Quality	Enter “ % of Error Rate ” for “ Disabling Condition ” from Q6b.	
Destination Data Quality	Enter “ % of Error Rate ” for “ Destination ” from Q6c.	
Income at Entry Data Quality	Enter “ % of Error Rate ” for “ Income and Sources at Start ” from Q6c.	
Income at Annual Assessment Data Quality	Enter “ % of Error Rate ” for “ Income and Sources at Annual Assessment ” from Q6c.	
Income at Exit	Enter “ % of Error Rate ” for “ Income at Sources at Exit ” from Q6c.	
Chronic Homelessness Data Quality	Enter “ % of records unable to calculate ” from the “ Total ” row from Q6d.	

9. Financial and Monitoring

In the projects most recently ended grant year, what percentage of funds were expended?	
Did the project submit all reimbursement requests at least quarterly during the most recently ended grant term?	
Does the project have outstanding findings that have not been addressed?	

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10. CoC Participation

Please describe how your agency participates in the Continuum of Care. This may include partnerships with community partners, participation on committees or workgroups, or other planning and coordinating activities, especially those related to Key To Home. Be specific.

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11. Inclusion & Diversity

Describe the work your agency is doing to forward racial diversity, equity and inclusion within the agency's services. How has your organization worked to identify and address barriers to participation. Include all approaches taken.

9. Other

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

Yes

No