



# KEY to HOME

BONUS (NEW) PROJECT APPLICATION

## FY24 Continuum of Care (CoC)

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.

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**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:**

- Permanent Housing
- Transitional Housing - RRH
- Supportive Services Only
- HMIS
- PH - Rapid Rehousing

**Eligible Costs:**

- Leasing
- Rental Assistance
- Operations
- Supportive Services
- 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

**PLEASE SELECET THE TYPE OF BONUS PROJECT YOU ARE APPLYING FOR**

Bonus Funding Priority Project          DV Bonus          Other Bonus

If DV Bonus, are you applying for available DV  
Reallocation funds (See Local NOFO for details)          YES          NO

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

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2. If you selected "Other Bonus" as your project type, what data/evidence do you have as to the need within the CoC and how will your project help improve our system our system performance? (Other project types skip to Question 3)

[Strategies for System Performance Improvement - May 2017 \(hudexchange.info\)](http://hudexchange.info)

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3. 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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4. 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.

5. Consumer Satisfaction

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

Yes

No

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6. 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.



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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. How will project quickly move participants into permanent housing?

9. 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)