Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If “Other”, specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/02/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on ”View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode on the Submission Summary screen before clicking on “Back to New Project Application FY2016” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Hawkeye Area Community Action Program, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 42-0898405

	c. Organizational DUNS:	039311399	**PLUS 4:**	

d. Address

Street 1: 1515 Hawkeye Drive

Street 2: PO Box 490

City: Hiawatha

County: Linn

State: Iowa

Country: United States

Zip / Postal Code: 52233

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this

application	
Prefix:	Ms.
First Name:	Heather
Middle Name:	
Last Name:	Harney
Suffix:	
Title:	Regional Housing Director
Organizational Affiliation:	Hawkeye Area Community Action Program, Inc.
Telephone Number:	(319) 393-7811
Extension:	1056
Fax Number:	(319) 393-6263
Email:	hharney@hacap.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode on the Submission Summary screen before clicking on “Back to New Project Application FY2016” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6000-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Iowa

15. Descriptive Title of Applicant's Project: Iowa Balance of State Coordinated Entry Project

16. Congressional District(s):

a. Applicant: IA-001, IA-002

b. Project: IA-003, IA-004, IA-001, IA-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jane
Middle Name:	
Last Name:	Drapeaux
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(319) 393-7811
Fax Number: (Format: 123-456-7890)	(319) 393-6263
Email:	jdrapeaux@hacap.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/02/2016

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Since 1965 HACAP has administered federal DOE, DOL, VA, HUD, DOA, and HHS funds to provide human service to low-income & high risk populations. The agency has a history of achieving outcome measures and expending federal funds in an efficient and timely manner. HACAP currently operates other federal funded homeless programing including, CoC grants for Transitional Housing and Rapid Re-housing, Support Services for Veteran Families, Emergency Solutions Grants. HACAP's federal programs and the agency are audited and

monitored on a continuing basis, with the agency audit conducted annually in the fall. In the last completed agency audit, no findings or concerns were present.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

HACAP has over 40 years' experience in leveraging and matching federal, state, and local dollars to bring programming and resources to communities in need. The agency continues to develop strategic partnerships with businesses and other social service providers to leverage limited federal resources in our communities. Over the past 5 years, the Housing and Homeless Programs have been able to leverage more resources into the homeless system than ever before by utilizing a network of community partners in order to work together to end homelessness. Resources, monetary and in-kind, have been committed from federal, state, county, local business, and community foundations across the service area. Also in 2013, HACAP implemented its first direct mail campaign in order to engage individuals who are seeking ways to give back to the community. HACAP has manages multiple federal contracts that require match and leveraging components, including other CoC funds and Head Start services, and is familiar federal departments and OMB regulations regarding the use of funds.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

HACAP is governed by a tripartite board, which consists of private, public, and consumer seats. The board approves the annual budget, outcome reports, agency policies, grant submissions, and large contracts. Day to day operations is overseen by the CEO and members of the Executive Team. HACAP's Administrative Division Director oversees compliance on all federal, state, and local programing and internal controls. The CEO directs the business office which is responsible for financial accounting for the agency. Monthly financial reports are provided to program managers and coordination between the business office is crucial for each program's success. All members of the Strategic Leadership team, which includes all division directors, have attended OMB circular trainings regularly, are up to date on changing federal and local priorities and policy, and coordinate to present clients with individualized service packages. HACAP's annual agency audit is conducted in November by WipFli, a nationally recognized provider.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?	No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select “Yes” or “No” to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1a. CoC Number and Name: IA-501 - Iowa Balance of State CoC

1b. CoC Collaborative Applicant Name: Iowa Finance Authority

2. Project Name: Iowa Balance of State Coordinated Entry Project

3. Project Status: Standard

4. Component Type: SSO

5. Is Energy Star used at one or more of the proposed properties?	No
6. Does this project use one or more properties that have been conveyed through the Title V process?	No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. Select “No” if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

PH PROJECTS ONLY

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select “none of the above” if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question’s response of “Yes” or “No” is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select

RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Wil the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Provide a description that addresses the entire scope of the proposed project.

The scope of the project will fall into three phases: system, system implementation when the CE components are on-lined into a seamless process, and system enhancement where we evaluate and improve the process and integrate non-housing services utilized by homeless populations with the overall goal of a quality consumer experience that transitions the people in homelessness to safe, stable housing. The project will utilize a CoC-wide virtual 24/7 intake site (or hotline) and regionally based physical intake sites. Each region will be allowed to self-determine if a single centralized physical site or a

no wrong door approach best serves the homeless people, residing in their region. The CoC has already recognize the core components for the CE process: HMIS closed with exception, a national recognized common assessment tool (the VI-SPDAT), a prioritization list [PL] that integrates the results VI-SPDAT within HMIS to provide a CoC-wide tool for matching a person's presenting level of need within the most appropriate housing service available. Shelters and homeless outreach service will be able to add homeless people onto the PL (also referred to as a By Name List). Homeless service providers will communicate weekly through meetings or conference calls, working together to place households into permanent housing. PL management will include HMIS and non-HMIS users that provide housing services to homeless populations. Referral protocols for housing services will follow guidelines identified and approved by the Council; referrals to other community resources needed by people entering the coordinated entry process will be managed by the project that removes the household from the PL to address their homeless situation. Each housing service providers will arrange for potential housing placements across the CoC, but the final acceptance of any housing assistance will be the choice of the client.
The process in development ensures proper consent and use of client information. The CoC has already identified trainings to promote and sustain a common, quality intake experience across all 96-counties. Standardized training will be part of the Phase 1 and a regular component of Phase 2. HACAP anticipates that different areas of the state will adapt to this change at different rates of success; success lives in uniform and consistent training on system tools, client-centered approaches, and local support. Local recognition of homeless needs, ownership of the actions needed to track and reduce local homelessness and local investment all play a role in the establishment and maintenance of a high functioning coordinated entry process. Once we build a common ground for this project and shared ownership of its operation, the HACAP and its partners will be able to measure the results. In turn quality results will be reportable back to our stakeholders to promote longer term local investment.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

HACAP will use the momentum that has been gained over the past year over coordinated entry and start to formalize current Balance of State thoughts, into plans of action. HACAP will begin working immediately with the current coordinated entry committee to start to formalize progress that has already been made regarding the system HACAP will work with the current coordinated entry committee to establish a planning working group that represents a member of the council, an individual in each potential region of the state, a staff member of the Institute for Community Alliances, and other interested parties. With the assistance of HACAP staff member, the working group, and other partners HACAP would like to have council approval of the structure, a survey map of existing processes, and have identified organizations that will host coordinated entries as regional hubs before the early fall of 2017 and prior to the receipt of the CoC Coordinated Entry funds.
HACAP and the Institute realize some communities and regions of the state will be ready to adopt the system more quickly than others. After the CoC Coordinated Entry funds are received, HACAP will retain the coordinator

position that was established in the initial appropriate phase and also hire a housing specialist that will staff housing calls but also help support initial system set up. Another ongoing part of the system is working with transitional housing providers and the communities they serve on the VI-SPADT policies regarding transitional housing and prioritization. Each community of the state has different needs, not all areas have access to like services and TH is used in different ways across the state. A recommendation for a process and screening tool will be made to the ICH prior to CoC coordinated entry funds start up.
Training on HMIS and waitlist procedures, ICH adopting a referral process, and a written process for use of the VI-SPDAT and initial screening tool will be established after CoC coordinated entry funds are under contract. Although there will be some overall requirements for each region of the system, the ICH and communities in the BoS need to realize that different regions may have to operate differently in the system due to capacity and need. Until more meetings are conducted and surveying of existing programs, processes, and capacity is established setting some things up in the system prematurely may lead to an unsuccessful system.
It is the intention that Coordinated Entry Start Up date for some regions in the system will occur within 60 days of the CoC grant contract. Onboarding of the system will be on a moving target for some areas. Not all areas across the state will be ready at the same time. As more communities in the state feel comfortable with the system and the benefits the system brings to region, HACAP and local services providers will continue to reach out to local supports to support the effort.

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Our communications strategy centers on community stakeholders that come in contact with homeless and near homeless populations. They need to understand the purpose of the CE system and support its implementation. This is especially important in areas with no ESG- or CoC-funded housing projects where we will engage the community action network; schools; substance abuse, mental health & DV providers; law enforcement; hospitals & clinics; food pantries; faith-based entities; public transit; and county & state government (DHS and corrections). Marketing materials and/or presentations will be provided for these organizations to educate their staff & clients about the CE process. Community outreach will also allow us to inventory non-HUD funded local resources that homeless people may access. We will work with HUD-funded projects to ensure that have similar materials. We will empower the former group to assist people with housing needs connect to the CE process through the designated regional hubs.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The CE Process will include CoC-, ESG-, & SSVF-projects; and locally funded housing projects that join the system.
•Clients without homeless, DV, or unaccompanied youth concerns that enter an access point will be re-directed to United Way 211 for the appropriate information & referral.
•Clients with DV concerns will be referred directly to local DV professional.
•Unaccompanied youth will be referred to youth specialists to assess their situation.
•Clients with immediate, emergency housing will be referred to shelter and placed on the prioritization list in HMIS
•Clients in a homeless, but safe housing situation will complete the common assessment.
oScoring will determine best fit housing service type.
oClient will review list of available services that address their need, selecting which they want their information shared.
oClient will be placed on the prioritization list in HMIS
oDepending on service type (PSH, TH, RH), client will be placed in a program (or on a waitlist)
¿Type of waitlist: state, regional or target subpopulation will be determined with input from providers and the Council.
•CE process & referral evaluation will be complete to identify gaps of service within the CoC.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Chronically Homeless, Individuals, Families, and Youth?	Yes

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select “Yes” or “No” to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If “Yes” select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the “Save” button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click “Add” or “Add All” to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click “Remove” or “Remove All.”

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

6A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018: This is a required field. Select “Yes” or “No” to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If “No” is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand
OR
Is the project applying for funding through the permanent housing bonus? Select “Reallocation” if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the “Summary Budget” will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen “3A Project Detail.” The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will it be feasible for the project to be under grant agreement by September 30, 2018?	Yes
2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand	Reallocation

OR
is the project applying for funding through the permanent housing bonus?

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Department of Health and Human Services	24%	$61,852.00

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Supportive Services X

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations:	1
(HIDDEN) Grant Term in Months, for use in calculations:	12
Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operations (Hidden)	
HMIS (Hidden)	

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	1.5 FTE at $28 per hour for 1920 hours	$80,640
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	2 FTE at $35 per hour for 1920 hours, plus MOUs with partners for coordinated outreach	$234,400

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Cell phone, laptop, supplies, travel, training, other operating costs	$56,960
Total Annual Assistance Requested		$372,000
Grant Term		1 Year
Total Request for Grant Term		$372,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$100,000
Total Value of All Commitments:	$100,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	HACAP call center	09/02/2016	$100,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen with populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	HACAP call center
5. Date of Written Commitment:	09/02/2016
6. Value of Written Commitment:	$100,000

6J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6I. Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
2a. Leased Units	$0	1 Year	$0

2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$0	1 Year	$0
4. Supportive Services	$372,000	1 Year	$372,000
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$372,000
8. Admin (Up to 10%)			$28,000
9. Total Assistance Plus Admin Requested			$400,000
10. Cash Match			$0
11. In-Kind Match			$100,000
12. Total Match			$100,000
13. Total Budget			$500,000

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Call Center Match	09/02/2016
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Call Center Match

Attachment Details

Document Description:

7B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Jane Drapeaux

Date: 09/02/2016

Title: CEO

Applicant Organization: Hawkeye Area Community Action Program, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/31/2016
1E. Compliance	08/31/2016
1F. Declaration	08/31/2016
2A. Subrecipients	No Input Required
2B. Experience	08/31/2016
3A. Project Detail	08/31/2016
3B. Description	09/01/2016

3C. Expansion	08/31/2016
6A. Funding Request	09/02/2016
6F. Supp Srvcs Budget	09/02/2016
6I. Match	09/02/2016
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/02/2016
7B. Certification	09/02/2016

Hawkeye Area
Community Action Program, Inc.

September 2nd, 2016

This letter of Memorandum of Understanding between the HACAP Call Center and the Iowa Balance of State Coordinated Entry Project outlines that technical equipment, staff time and referrals for homeless services in 96 counties

From July 1st, 2017 through June 30th 2018, the HACAP Call Center and its partner agencies will donate in kinds staff and equipment over $100,000 in to support the statewide coordinated entry system.

Mitch Finn
Director, HACAP Deputy Director

9.2.16
Date

Heather Harney
Director, HACAP Housing Programs

9/2/16
Date

Jane Drapeaux
Chief Executive Officer

Corporate Office:
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