

Applicant Profile

1. Organization Name:*

2. Project Name(s) (Enter more than one if for multiple projects):*

3. Recipient Type (check one)*

 Local Government Entity (not local PHA) 501(c) Non Profit Local PHA

4. Organization Address*

Street Address:

City

State:

Zip Code:

County:*

Select a County ▼

5a. Executive Director or Primary Contact Person*

No Rows Found

5b. Secondary Contact Person*

No Rows Found

5c. Additional Program Contact Person (optional)

No Rows Found

5d. Additional Program Contact Person (optional)

No Rows Found

6. Applicant DUNS #:*

7. Applicant Tax Identification Number (TIN)/Employer Identification Number (EIN):*

8a. Is your agency applying for Shelter funds for a Transitional Housing/Shelter project?*

 Yes No

8b. If answering yes to the above question, did your agency receive Iowa ESG statewide program funding during the period from July - December 2010? If not, STOP. Per federal and state rules, such projects are eligible for ESG or SAF funding ("grandfathered in") ONLY if they also received funding during this time period. If answering no to the above question, answer Not Applicable here.*

9. Will your agency have either a completed independent financial audit or completed independent reviewed financial statements, performed by a Certified Public Accountant and reflecting financial activity at least through 8/31/2015, to submit with this application? If not, STOP! Completed, current, and independently reviewed financial statements or audit are required for eligibility. Compiled statements (or a compilation report) are not sufficient.*

Yes No

10. Select the counties your project will serve. You may utilize the Control or Shift keys on your keyboard to select multiple counties or groups of counties.*

No Rows Found

11. Who is eligible to receive assistance through your program?*

- Women
- Men
- Families with children
- Unaccompanied youth

12. Is assistance through your program limited to persons with the following conditions or characteristics?*

- Fleeing domestic violence
- Veterans (or veterans families)
- Substance use disorder
- Serious mental illness
- Other disability
- Not limited--serve general population

13. Funded agencies must use one of the following two systems to collect and report client data. Select the system your agency will use. The second system is designed for agencies whose primary mission is to serve clients that are fleeing domestic violence (DV).*

- ServicePoint I-COUNT HMIS
- ServicePoint Non-HMIS for DV

14. For the project(s) described in this application, identify the associated project name in the ServicePoint system. If not currently using ServicePoint, enter the project name that will be used in ServicePoint if the application is funded.*

15. Provide a two- or three-sentence summary of the project.*

Program Design

Program Design: 25 points

Length guideline for responses: Responses should generally be limited to the text that will fit in the comment box after each question, without scrolling. For each response, this allows approximately 300 words, or 1,500 characters with no spaces, or 1,800 characters with spaces. Responses that are unnecessarily lengthy may lose points.

1. Describe your program. (1 point)*

2. Provide information from the 2017 Housing Inventory Count (HIC) to answer Questions 2a, 2b, 2c, and 2d, using the chart at the link below. Ensure the totals add up all beds correctly in each table. If your agency does not have beds in a particular category, leave that table blank. [SHOULD THESE STILL BE INCLUDED?]

[Link to the 2017 Housing Inventory Chart here, in the section for the 2017 Program](#)

2a. In the table that follows, enter your agency's 2017 HIC bed information for Emergency Shelter (ES).

Action	Facility Name	Bed Type	Family Units	Family Beds	Adult-Only Beds	Child-Only Beds	Seasonal	Overflow	Total ES Beds
	ABC Shelter	ES for Families	8	20					20
				20	0	0	0	0	20

2b. In the table that follows, enter your agency's 2017 HIC bed information for Transitional Housing (TH).

No Rows Found

2c. In the table that follows, enter your agency's 2017 HIC bed information for Rapid Rehousing (RRH).

No Rows Found

3. How does your agency prioritize which families or individuals receive assistance through your Continuum of Care's (CoC's) approved Coordinated Entry system? (4 points)*

- Only providing Street Outreach or Emergency Shelter (limited applicability; 4 points)
- Full participation in the CoC's Coordinated Entry System, including use of the VI-SPDAT and any approved referral process (4 points)
- Limited or beginning participation in the CoC's Coordinated Entry system (2 points)
- First-come-first-served, and no participation in the CoC's Coordinated Entry system (0 points)

4. Has your program eliminated the following barriers, in order to follow a Housing First approach? See the link below for information from HUD. (4 points; 1 point for each)*

- Too little or no income (check box if NOT a barrier)
- Active substance abuse (check box if NOT a barrier)
- Failure to participate in supportive services (check box if NOT a barrier)
- Previous address not in Iowa OR not in designated service area (check box if NOT a barrier)
- All of the above are barriers (no points)

5. How is your program following HUD's Equal Access rules? [ADD ITEMS HERE]*

- Staff members have actively participated in training on HUD's Equal Access Rules, such as training webinars, conference calls,

or other guidance.

Answer the following for all programs for which assistance is requested. (15 points total)

6a. Rapid Rehousing: Check the boxes that describe your Rapid Rehousing program.

- Written policies are attached to the application that describe the length of time that any participant may receive assistance.
- Written policies are attached to the application that describe the depth of assistance that any participant may receive (maximum subsidy amount, etc.).
- The program actively identifies and recruits landlords into the program, such as through landlord outreach events.
- The program's policies provide for a flexible amount of assistance provided to households that qualify.
- Move-in assistance may be provided to participants that need it.
- The program helps households to apply for housing and prepare for landlord interviews.
- A habitability inspection is completed before any housing is approved, plus a lead-based paint visual assessment as applicable.
- Case managers assist households to connect with other services, such as legal assistance, healthcare, employment, etc.
- Case managers assist households to resolve housing crises that may occur.
- Staff follows up with households after they exit the program to assess long-term housing stability.
- The program relies on participants to identify their own housing and a landlord willing to work with them.
- Once appropriate housing is identified by the program, households are required to accept that housing in order to continue to receive assistance.
- The program provides a set amount of assistance to every household that qualifies.
- Assistance is provided to households on a one-time, emergency basis, such as to help with one-month's rent.

6b. Shelter or Street Outreach Programs: Describe your program's written policies for coordinating with other service providers, including mainstream service providers. Additionally, describe your program's written policies for assessing and targeting essential services. [CHANGE TO CHECK BOXES; WHAT SHOULD BE INCLUDED?]

6c: Homelessness Prevention: Homelessness prevention is currently the lowest priority activity for the ESG program. If seeking funding for Homelessness Prevention, how has your agency and community determined that this is a higher priority than another type of assistance such as Rapid Rehousing? Additionally, answer the questions in 6a above, as applicable. [CHANGE TO CHECK BOXES; WHAT SHOULD BE INCLUDED?]

Experience and Capacity

Experience and Capacity: 23 points

1. Briefly describe the mission and history of your agency. (1 point)*

2. Fundraising: List your agency's major sources of fundraising the past three years. (3 points for at least four sources of fundraising and one grant of \$50,000 or more; 2 points for meeting just one of these criteria but not both; 1 point for at least three sources of fundraising and one grant of \$25,000 or more)*

Action	Contribution Type	Description	Amount
	State Grant	Example 1	\$10,500
	Federal Grant	Example 2	\$350,000

3. Staff turnover: Calculate the percentage rate of staff turnover at your agency during each of the past three years, using the following table. Example: If 5 employees left during 2016, and the average number of employees during 2016 was 20, the turnover rate is 25% (5/20=25%). Do not count employees in a temporary employment or internship program. (3 points; 1 point for each year staff turnover is below 20%)*

Action	Year	Number of employees who left for any reason	Average number of employees	Employees who left DIVIDED by average number	Multiply by 100 to calculate turnover rate
	2016	5	16.5	0.303	30.30%

4a. Training: Have current staff members participated in the following training opportunities since 2015? (3 points for at least 6 items checked; 2 points for at least 4; 1 point for at least 2)*

- 2017 Iowa-Nebraska HUD Peer-to-Peer Homeless Symposium
- 2016 Iowa-Nebraska HUD Peer-to-Peer Homeless Symposium
- 2015 HUD Iowa Peer-to-Peer Homeless Symposium
- 2016 NAEH Conference to End Homelessness or Family Conference
- 2015 NAEH Conference to End Homelessness or Family Conference
- 2016 HousingIowa Conference
- 2015 HousingIowa Conference
- Other national housing/homelessness conference in 2016
- Other national housing/homelessness conference in 2015
- Local community housing/homelessness training in 2016
- Local community housing/homelessness training in 2015

4b. List the staff members that participated in the training opportunities checked above.*

4c. If any "Other national" or "local community" training opportunities are checked in 4a, list these here.

5. Operations: Check the boxes to describe operations policies and procedures. (3 points for all boxes checked; 2 points for all but one boxes checked; 1 point for all but two boxes checked)*

- Background checks are completed for all employees and all direct-service volunteers.
- All staff members and direct-service volunteers are trained in at least safety, ethics, confidentiality, first-aid, and CPR.

- Agency has a current written emergency-preparedness plan and provides regular training to follow it.
- Has and follows written client confidentiality procedures.
- Has and follows written records-retention policies and procedures.
- Has and follows written grievance procedures.
- Has and follows a written plan for regular building inspections for safety and code compliance.
- At least one staff member or volunteer is available during all hours of program operation.
- Has and follows consistent publicly-available hours of program operation.
- Has and follows a written code of ethics for staff members and volunteers.

6. Governance: Check the boxes to describe governance by the agency's board of directors. (3 points for at least 10 boxes checked; 2 points for at least 9 boxes checked; 1 point for at least 8 boxes checked; 0 points for 7 or fewer boxes checked)*

- Board includes at least five members.
- Board meets monthly.
- Board achieved quorum for at least 75% of meetings held the past year.
- There are written minutes for each board meeting that are available for public inspection.
- Board approves annual budget.
- Board approves written financial policies and procedures for the agency.
- Board follows a written conflict of interest policy.
- Board ensures appropriate insurance coverage for the agency and board members.
- Board provides at least annual performance reviews of the executive director.
- Board ensures completion of an annual audit or independent review of financial statements by an independent CPA.
- Board ensures completion of appropriate tax filings each year.

7. Litigation: Describe any litigation involving your agency during the past three years concerning civil rights, equal employment opportunities, or discrimination. Explain how these were resolved, if applicable. If no complaints have been litigated during the past three years concerning these issues, enter Not Applicable or N/A. (3 points)*

8. Audit or Review: What are the results of the uploaded Independent Audit or Certified Independent Review of Financial Statements included in the Exhibits section of this application? (4 points)*

- The audit or review has multiple findings, with no evidence that any of the findings were addressed by management.
- Findings were identified in the audit or review, and the document includes a management response to the findings that was accepted by the CPA.
- No findings were identified in the audit or review, and the documentation provided clearly states this.

Community Coordination**Community Coordination (17 points)****1. Select the Coordinated Services Region (or HUD-designated Continuum of Care) for your geographic area.***

- Eastern Iowa
- Johnson Washington Region
- Metro Area Continuum of Care for the Homeless (Council Bluffs)
- Linn Benton Jones Region
- Mid-Sioux Region
- North Central Iowa
- Northeast Iowa
- Polk County Continuum of Care Board
- Siouxland Coalition to End Homelessness
- Two Rivers
- Balance of Counties (not covered currently by any other Coordinated Services Region)

2. In the table that follows, describe the services available in your Coordinated Services Region (selected above). Note that "General Population" refers to services that are not limited to specific groups, such as DV, mental illness, substance use disorder, veterans, etc. (2 points)*

Action	Service Provided	Provider Agencies	Description
	ES for Single Adult Males--General Population	XYZ Agency JK Agency	Shelters for single adult males

3. Baseline services; region: How does your REGION ensure at least Emergency Shelter and Rapid Rehousing are both available for the general population of those experiencing homelessness? (4 points)***4. Baseline services; agency: How does your AGENCY contribute to ensuring at least Emergency Shelter and Rapid Rehousing are both available for the general population of those experiencing homelessness? (4 points)*****5. Statewide participation: How has your agency actively participated in the following activities? (4 points)***

- One or more staff members has participated in three or more meetings of the Iowa Council on Homelessness during the past year (must be verifiable in meeting minutes)
- One or more staff members has participated in three or more committee meetings of the Iowa Council on Homelessness during the past year (must be verifiable in meeting minutes)

6. PIT & HIC: Identify your agency's participation in the January 2017 Point-in-Time (PIT) Count and Housing Inventory Count (HIC). (3 points)*

- Staff participated in webinar trainings hosted by the Institute for Community Alliances

- Agency submitted the Housing Inventory Count and agency Point-in-Time Count numbers on time to the Institute for Community Alliances
- Agency participated in a community unsheltered count for the Point-in-Time, and ensured the community submitted results to the Institute for Community Alliances

Performance

Performance: 20 points

ServicePoint User Instructions (HMIS system or DV system):

If your agency uses the ServicePoint system to collect client data (HMIS system or DV system), follow the link below for instructions to produce the Performance Outcome Report (locate the instructions in the 2018 Program section). This report will be uploaded in the separate Exhibits section of this application. Use this report to answer the following questions, as applicable. For report assistance, contact the Institute for Community Alliances at (515) 246-6643.

[Link to locate the ServicePoint Performance Outcome Report Instructions](#)

Other DV Database User Instructions:

If your agency is primarily a domestic violence (DV) victim services provider and does not use the ServicePoint DV system, print an APR report for the time period of January 1, through December 31, 2016. This will typically include aggregate information regarding the following: number of persons/households served, physical/mental health conditions at entry and exit, residence prior to entry, veteran status, cash income amount at entry and exit, non-cash benefits at entry and exit, length of participation, and destination at exit. This report will be uploaded in the separate Exhibits section of this application. Use this report to answer the following questions, as applicable.

New Applicant Instructions (for those not currently using either system above):

If your agency does not currently use the ServicePoint HMIS system or comparable database for domestic violence victim services providers, answer the following questions, explaining the source of the data and reports used. In the Exhibits section, upload a report from your system that contains client outcome data for the period January 1, through December 31, 2016.

1. How many total participants entered the program in 2016 (including all programs for which funding is requested)? How many entered directly from the street, place not meant for human habitation, emergency shelter, safe haven, or fleeing domestic violence? (2 points)*

Action	Client Entry	Shelter	Rapid Rehousing (households)	Homelessness Prevention (households)	Street Outreach
	Total number of participants that entered program in 2016	77	13	13	7
	Participants that entered program directly from the street, place not meant for human habitation, emergency shelter, safe haven, or fleeing domestic violence	76	13	0	7

2. What was your agency's data completeness in ServicePoint in 2016, according to the report uploaded with this application? (3 points)*

- 2% or less missing (null) values in ServicePoint (HMIS or DV Database) (3 points)
- Between 2% and 5% missing (null) values in ServicePoint (HMIS or DV Database) (2 points)
- Higher than 5% missing (null) values, or does not use ServicePoint (0 points)
- Agency did not use ServicePoint in 2016, but is now trained and using the system (1 point)

3. What was your agency's data timeliness (average days from client program start to data entry) in ServicePoint in 2016, according to the report uploaded with your application? (3 points)*

- Average 14 days or shorter (3 points)
- Average between 14 and 21 days (2 points)
- Average longer than 21 days or does not use ServicePoint (0 points)
- Agency did not use ServicePoint in 2016, but is now trained and using the system (1 point)

Answer the following questions, for all types of programs for which funding is sought. (12 points total)

4a. Rapid Rehousing: What was your program's average length of time to rehouse an applicant in 2016?

- Less than 21 days (4 points)
- Between 21 and 31 days (2 points)
- Between 31 and 45 days (1 point)
- Longer than 45 days (no points)

4b. Rapid Rehousing: Of the households that exited your Rapid Rehousing program in 2016, what percentage exited to a permanent destination?

- 80% or higher (4 points)
- Between 70% and 80% (3 points)
- Between 60% and 70% (2 points)
- Between 50% and 60% (1 point)
- Lower than 50% (no points)

4c. Rapid Rehousing: Of the households that exited your program in 2016 to permanent destinations, how many were still permanently housed 3 months later?

- 80% or higher (4 points)
- Between 70% and 80% (3 points)
- Between 60% and 70% (2 points)
- Between 50% and 60% (1 point)
- Below 50% (no points)

5. Shelter. Identify the following: Your program's average participant length of stay in 2016; exits to permanent housing; and returns to homelessness after a permanent housing exit.

Action	Average length of stay	Exits to permanent housing	Return to homelessness within three months after permanent housing exit
	Less than 30 days	20% - 40%	10% - 20%

6: Street Outreach: What percentage of program participants in 2016 exited to shelter or a permanent housing destination?

40% - 60% ▼

7: Homelessness Prevention: In 2016, what percentage of households that exited your program remained permanently housed during the 12 months after Homelessness Prevention assistance had ended?

80% or higher ▼

Budget and Grants Management

Budget and Grants Management: 15 points

Instructions:

There are four eligible categories of assistance: Shelter, Rapid Rehousing, Homelessness Prevention, and Street Outreach. Shelter may be funded by either ESG or SAF; other categories may only be funded by ESG. In the following tables, first determine your maximum eligible application amount for each category you are applying for. Then enter your actual request. The actual request for each category must not exceed the maximum eligible.

The total request for all categories combined must be between \$20,000 and \$200,000.

1. Funding request: Describe which program(s) the agency is applying for.*

- SAF ONLY (may limit funding opportunity)
- ESG ONLY (may limit funding opportunity)
- Either ESG or SAF (encouraged)

2a. Shelter: Maximum eligible request

Action	Number of shelter bed nights provided in 2016	Multiply bed nights by 2 if program listed as TH on the 2017 HIC = Eligible Amount (not to exceed \$50,000)	Multiply bed nights by 4 if listed as ES on 2017 HIC = Eligible Amount (not to exceed \$150,000)	Alternate for Shelter food providers for SAF only: \$30,000 Eligible Amount
	14000		\$56,000	

2b. Rapid Rehousing: Maximum eligible request

Action	MSA(s) served: List city/county	\$25,000 for each MSA	Additional counties served: List	\$5,000 for each additional county served (must participate in Coordinated Entry system referrals for each county listed)	Add MSA(s) and additional county(ies) amount	Multiply by 2 if serving ALL general population; Multiply by 1 otherwise = Eligible Amount (not to exceed \$150,000)
	MSA Example City	\$25,000	County A, County B	\$10,000	\$35,000	\$70,000

2c. Homelessness Prevention: Maximum eligible request

Action	MSA(s) served: List city/county	\$10,000 for each MSA	Additional counties served: List	\$2,000 for each additional county served (must participate in Coordinated Entry system referrals for each county listed)	Add MSA(s) and additional county(ies) amount	Multiply by 2 if serving ALL general population; Multiply by 1 otherwise = Eligible Amount (not to exceed \$50,000)
	MSA Example City	\$10,000			\$10,000	\$20,000

2d. Street Outreach: Maximum eligible request

Action	MSA(s) served: List city/county	\$25,000 for each MSA	Additional counties served: List	\$5,000 for each additional county served	Add MSA(s) and additional county(ies) amount = Eligible Amount (not to exceed \$40,000)
	MSA Example City	\$25,000			\$25,000

3. Actual Request. Enter your budget request in the table below. Ensure that no category subtotal exceeds the eligible amount as calculated above, and that all items follow eligible program rules. Provide enough detail in the "Description" boxes to explain each item. (10 points)

Action	Activity	Activity Subcategory	Description	Amount of Request
	Shelter	Shelter: Operations	Rent for shelter facility	\$50,000
	Shelter	Shelter: Operations	Utilities for shelter facility	\$6,000
	Rapid Rehousing	Rapid Rehousing: Rental Assistance	Rental assistance for XX households	\$50,000
	Rapid Rehousing	Rapid Rehousing: Other Financial Assistance	Utility and security deposits for XX households	\$10,000
	Rapid Rehousing	Rapid Rehousing: Housing Relocation & Stabilization	Case management, landlord engagement, and housing search for XX households	\$10,000
	Homelessness Prevention	Homelessness Prevention: Rental Assistance	Assistance for XX households	\$12,000
	Homelessness Prevention	Homelessness Prevention: Housing Relocation & Stabilization	Legal assistance, credit repair, case management for XX households	\$8,000
	Street Outreach	Street Outreach	Youth outreach program to reach XX individuals	\$25,000
	Data Collection/Reporting (limit 5%)	Data Collection/Reporting (limit 5%)	HMIS data entry and reporting	\$8,000
	Administration (limit 2%)	Administration (limit 2%)	Administration and oversight of grant	\$3,500
				\$182,500

4. Recipients awarded ESG funds will be required to provide 75% matching contributions through either cash or non-cash sources. Matching contributions must meet all requirements at CFR 576.201. IF applying for ESG funds, provide potential sources and amounts for the matching requirement in the grid below. Indicate whether each source is committed or uncommitted. (2 points; agencies not applying for ESG funds receive 0 points)

Action	Type of Matching Contribution	Description	Status	Amount
	Private Funds	Example Foundation Grant	Committed	\$140,000.00
				\$140,000.00

5. Did your agency receive any of the grants listed below during the previous three program years? To receive points, IFA records must also confirm spending of at least 80% of the grant total each year. (3 points; agencies that have not received any of these grants will receive an automatic 1 point)*

Action	Type of Grant	Amount Awarded	Amount Spent
	2016 Iowa Statewide ESG	\$50,000	\$50,000

Type of Grant*

2016 Iowa Statewide ESG ▼

Amount Awarded*

\$50,000

Amount Spent*

\$50,000

Exhibits

Exhibits may be uploaded using the function at the bottom of this page. See the list below for documents to include.

1. Threshold Assurances (Required)

Download the Application Threshold Assurances at the link below, in the section for the 2018 Program. Print, read, and have signed by an authorized agency representative. Then upload a signed copy into this section.

[Link to locate the Threshold Assurances](#)

2. Performance Outcome Reports (Required)

Follow the instructions in the Performance section of this application, and upload the required report(s) in the Exhibits section here.

3. AUDIT or Certified REVIEW of Financial Statements (Required)

Your organization's most recent Independent AUDIT Report, including the management letter, or Certified REVIEW of Financial Statements, completed by an independent Certified Public Accountant. Audits or Certified Reviews of Financial Statements must be submitted in their entirety, and should reflect all financial activity at least through 7/31/2015 to be considered current. This allows more than ten months after the end of an agency's fiscal year to complete and submit these financial statements. As an example, for agencies with a July 1 - June 30 fiscal year, the required audit or review must be from the period ended 6/30/2016. NOTE: Compiled statements or compilation reports are NOT sufficient.

4. Most recently filed IRS Form 990 (Required for Nonprofit Agencies)

Your organization's most recently filed IRS Form 990. Form 990s must be filed no later than 10.5 months past the end of an organization's fiscal year. (If your agency is a unit of general purpose local government, Form 990s do not apply).

5. Certificate of Standing (Required for Nonprofit Agencies)

A valid and active Certificate of Standing/Existence for your organization, which can be obtained online for a fee of \$5.00 from the office of the Iowa Secretary of State. A Certificate of Standing/Existence for the State of Iowa will be considered current if it was printed or obtained sometime in the past 12 months. Note that only one application is accepted per agency; each agency applying should generally have its own unique business number from the Secretary of State.

[Click here to obtain Certificate of Standing](#)

6. Shelter Certification of Local Government Approval (Required for Nonprofit Agencies applying for ESG Shelter funds)

This is required for Shelter projects from private, nonprofit agencies, with the exception of agencies ONLY applying for SAF. This certification is required at the earlier of: 1) at least once every two years; or 2) when a new contract is received, and the administration has changed for the applicable unit of general purpose local government. Locate the certification template at the link below, in the section for the 2018 Program. Print and have signed by your local government official, then upload a signed copy into this section.

[Link to locate the Certification of Local Government Approval](#)

7. Written Standards for Providing Assistance (Required)

Written standards are required for all agencies. Areas of written standards depend on what types of assistance are provided. View the document at the link below to identify which standards apply to your program. Upload your agency's written standards. They may be in any format, but they must clearly cover the items listed.

ADD LINK HERE TO STANDARDS DOCUMENT

8. Termination of Assistance Policy

All agencies must follow a formal process for Termination of Assistance if a program participant violates program requirements. The process must recognize the rights of individuals affected, so that assistance is terminated only in the most severe cases. Agencies applying for Rapid Rehousing or Homelessness Prevention must follow a more extensive formal process, including providing written notice with the reasons for termination, the opportunity for the participant to appeal the decision, and prompt written notice of the final decision. Full information is at CFR Part 576.402. Upload a copy of your agency's policy.