



2015 LA Continuum of Care New Projects - Request for Proposals Application - Additional Questions Added

Request for Proposals Application

In addition to completing this application you must upload all your Core Documents in FileShare and submit your proposed budget using the budget template provided.

To request a new FileShare agency account or add/remove authorized users, please complete the FileShare account

request:

http://www.lahsa.org/forms/fileshare_signup.asp

Please click here for a list of required Core Documents:

<http://documents.lahsa.org/Programs/funding/2015/LAHSACoreDocuments.pdf>

Any supplemental documents must be uploaded into FileShare to be considered part of the proposal package.

This application will only be accepted as a submission via SurveyMonkey.

For questions regarding FileShare, please email: itsupport@lahsa.org



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2A. PROJECT SUBRECIPIENT DETAILS

*** 1. Project Name**

* 2. Organization Name

* 3. Organization Type

X. If "Other" specify:

* 4. Employer or Taxpayer Identification Number (EIN/TIN):

* 5. Physical Address

Street 1

Street 2

City

State

Zip Code

* 6. Phone Number

* 7. Website

* 8. Is your organization a Faith-Based Organization?

Yes

No

* 9. Is your organization a victim services provider regulated under the Violence Against Women Act (VAWA)?

Yes

No

* 10. Does your organization participate in the LA CoC HMIS (Adsystem)?

Yes

No

11. If your organization does not participate in LA CoC HMIS, please indicate why:

Federal Law Prohibits

State Law Prohibits

New Project Not Operating

Other

Please explain

12. If your organization is a victim services provider, does your organization utilize a comparable database to the LA CoC HMIS that complies with HUD'S HMIS requirements?

Yes

No

N/A

If yes, please specify which database

* 13. Does your organization provide client level data to HMIS at least annually?

Yes

No

* 14. Indicate the percentage of clients served in 2014 who were reported in HMIS.

* 15. Has your organization ever received a federal grant, either directly from a federal agency or through a State/local agency?

Yes

No



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CONTACTS

* 16. Primary Point of Contact

Prefix	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	<input type="text"/>
Title	<input type="text"/>
E-mail Address	<input type="text"/>
Area Code	<input type="text"/>
Phone Number	<input type="text"/>
Extension	<input type="text"/>
Fax	<input type="text"/>

* 17. Chief Executive Contact Same as Primary Point of Contact

Yes

No

* 18. Chief Executive Contact

Prefix

First Name

Last Name

Suffix

Title

E-mail Address

Area Code

Phone Number

Extension

Fax

* 19. Chief Financial Contact Same as Primary Point of Contact

Yes

No

* 20. Chief Financial Contact

Prefix

First Name

Last Name

Suffix

Title

E-mail Address

Area Code

Phone Number

Extension

Fax

* 21. Chief Program Contact Same as Primary Point of Contact

Yes

No

* 22. Chief Program Contact

Prefix	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	<input type="text"/>
Title	<input type="text"/>
E-mail Address	<input type="text"/>
Area Code	<input type="text"/>
Phone Number	<input type="text"/>
Extension	<input type="text"/>
Fax	<input type="text"/>

* 23. Chief Data Contact Same as Primary Point of Contact

Yes

No

* 24. Chief Data Contact

Prefix

First Name

Last Name

Suffix

Title

E-mail Address

Area Code

Phone Number

Extension

Fax



Los Angeles
HOMELESS SERVICES AUTHORITY
Working Together to End Homelessness in Los Angeles



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2B: EXPERIENCE OF APPLICANT, SUBRECIPIENT(S), AND OTHER PARTNERS

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

(limit 6000 characters)

* 26. Describe the experience of your organization (and collaborating organizations if applicable) in leveraging other Federal, State, local, and private sector funds.

(limit 3000 characters)

* 27. Describe the basic organization and management structure of your organization. Include evidence of internal and external coordination and an adequate financial accounting system.
(limit 3000 characters)

* 28. Are there any unresolved monitoring or audit findings for any HUD grant (including ESG) operated by your organization?

Yes

No

If yes, please specify.



3A: PROJECT DETAILS

* 29. Under which governmental entity will you be applying as a subrecipient?

- Housing Authority of the City of Los Angeles
- Housing Authority of the County of Los Angeles
- Los Angeles Homeless Services Authority (RRH Only)

* 30. Please provide a total number of beds and units this project proposes to serve.

Total Units	<input type="text"/>
Total Beds	<input type="text"/>
Total Dedicated CH Beds	<input type="text"/>
Total Non-Dedicated CH Beds	<input type="text"/>
Total Beds Dedicated to Families	<input type="text"/>
Total Beds Dedicated to Veterans	<input type="text"/>
Total Beds Dedicated to Youth	<input type="text"/>

* 31. Proposed Project Dates

	MM	DD	YYYY
Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 32. Total Amount Requested

* 33. Is Energy Star used at one or more of the proposed properties?

- Yes
- No

* 34. Does this project use one or more properties that have been conveyed through the Title V process?

Yes

No

* 35. Service Planning Areas

SPA 1 - Antelope Valley

SPA 2 - San Fernando Valley

SPA 3 - San Gabriel Valley

SPA 4A - Metro Downtown

SPA 4B - Metro West

SPA 4C - Metro East

SPA 5 - West Los Angeles

SPA 6 - South Los Angeles

SPA 7 - East Los Angeles

SPA 8 - South Bay



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3B. PROJECT INFORMATION

36. Will the PH project provide PSH or RRH?

Permanent Supportive Housing

Rapid Re-Housing

* 37. Does your agency currently participate in Los Angeles CoC Coordinated Entry System (CES) or Homeless Family Solutions System (HFSS) efforts?

Yes

No

If yes, please provide a detailed description of your current participation in the Los Angeles CoC CES or HFSS efforts.
If no, please explain why your program will not use CES/HFSS.

* 38. Will your proposed project prioritize clients assessed through the CoC CES or HFSS?

Yes

No

If yes, please describe how your project will prioritize clients through the CoC CES or HFSS.
If no, please explain why.

* 39. Does your project have a specific population focus?

Yes

No

* 40. If applicable, please identify the specific population focus. (Select ALL that apply)

- Chronic Homeless
- Domestic Violence
- Veterans
- Substance Abuse
- Transition Age Youth
- Unaccompanied Minors
- Dually Diagnosed
- Individuals
- Families
- HIV/AIDS
- All Populations

Other (please specify)

* 41. Will the project follow a "Housing First" model?

- Yes
- No

If yes, please describe how your project will use the "Housing First" model of housing assistance.

If no, please describe why your program will not use the "Housing First" model.

42. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.

- Having too little or little income
- Active or history of substance abuse
- Having a criminal record with exceptions for state-mandated restrictions
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
- None of the above

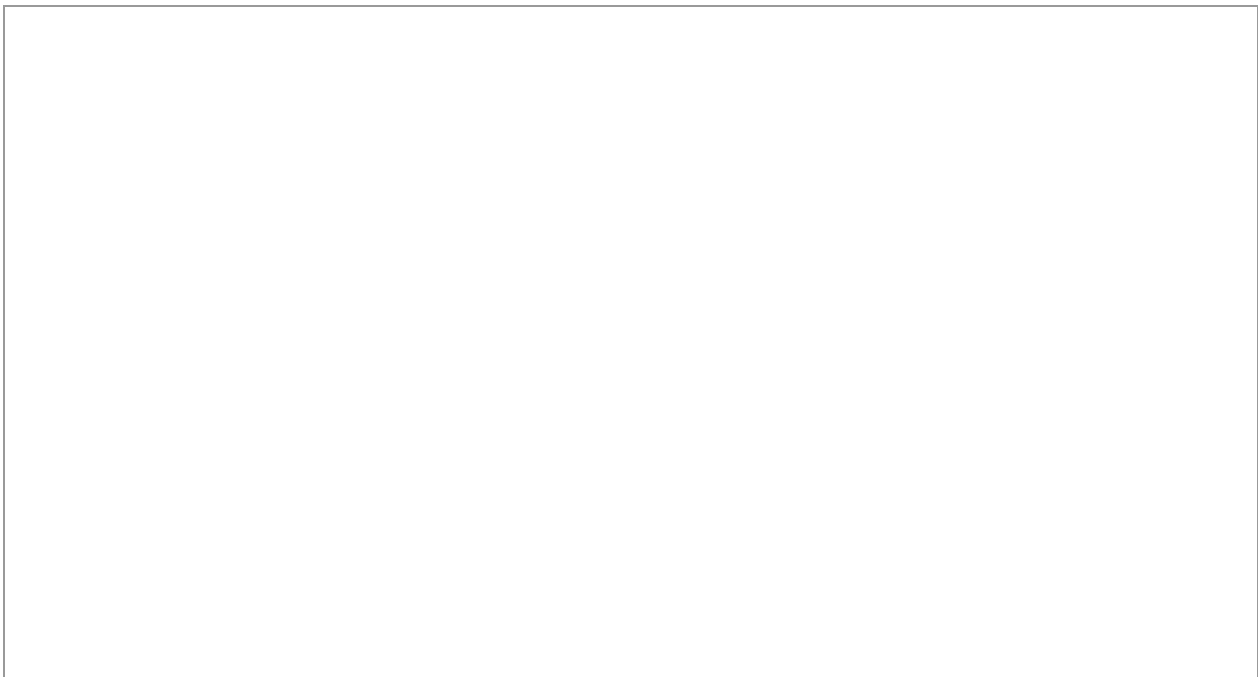
43. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement typically found in the project's geographic area
- None of the above

* 44. Provide a description that addresses the entire scope of the proposed project.
(limit 3000 characters)



* 45. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.
(limit 3000 characters)



46. If applicable, provide a description of the proposed development activities and the responsibilities that your organization (and collaborating organizations if applicable) will have in developing, operating, and maintaining the property.
(limit 1000 characters)

* 47. Based on the Los Angeles CoC RRH guidelines, how will your agency assess the maximum amount of RRH assistance a family can receive? (If applicable)

* 48. Will the project request costs under the rental assistance budget line item?

Yes

No

* 49. Describe the method used to determine the type, amount, and duration of rental assistance that participants can receive.

(limit 3000 characters)

* 50. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?

Yes

No

If yes, explain how and why the project will implement this requirement.

* 51. Will more than 16 persons live in one structure?

Yes

No

In yes, describe the local market conditions that necessitate a project of this size.

* 52. If more than 16 persons will live in one structure, describe how the project will be integrated into the neighborhood.



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4A. SUPPORTIVE SERVICES FOR PARTICIPANTS

53. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs
- Use of a single application form for four or more mainstream programs
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency?

* 54. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?

- Yes
- No
- N/A

If No or N/A, describe the reason(s) for non-compliance with educational laws as indicated in responses (and the corrective action to be taken prior to grant agreement execution if applicable).

* 55. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?

Yes

No

N/A

If No or N/A, describe the reason(s) for non-compliance with educational laws as indicated in responses (and the corrective action to be taken prior to grant agreement execution if applicable).

* 56. Describe how participants will be assisted to obtain and remain in permanent housing.
(limit 2000 characters)

* 57. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.
(limit 2000 characters)

* 58. How accessible are most community amenities to project participants? (e.g. Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities)

- Very accessible: No transportation barriers, easily within reach of all participants.
- Somewhat accessible: Minor transportation barriers, requires effort for participants.
- Not accessible: Significant transportation barriers, participants unable to reach amenities without significant external assistance.



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7A: FUNDING REQUEST

* 59. Will it be feasible for the project to be under grant agreement by September 30, 2017?

Yes

No

* 60. Do any of the properties in this project have an active restrictive covenant?

Yes

No

* 61. Does this project propose to allocate funds according to an indirect cost rate?

Yes

No