St. Louis County Heading Home Continuum of Care
2021 Supplemental NOFA Application

2021 CoC NOFA Supplemental Questions

Organization Name:_____**Project Name(s):** _____

1. Does your organization have any low performing measures on your most recent APR? If so, please provide any helpful narrative as to why your project(s) had low performance during this APR cycle? Please include specific information about how your organization was impacted by COVID-19 and the eviction moratorium.

2. What is your policy or what steps does your agency take to address racial disparities in your program(s)? If your organization does not currently address racial disparities in your program(s), what is your plan to do so in the future? (Please attach any relevant organizational policies on addressing racial disparities and email to CoCHomelessPrograms@StLouisCountyMN.gov by the designated deadline.)

3. How does your program integrate culturally specific and/or culturally responsive programming? If your organization does not currently integrate culturally specific and/or culturally responsive programming, what is your plan to do so in the future?

4. Please explain how your organization uses evidenced-based practices such as harm reduction, person-centered, and trauma informed models. Please give specifics examples from your CoC funded projects. If your organization does not currently use evidenced-based practices in your program(s), what is your plan to do so in the future?

5. What percentage of your project(s) entries in the past year were from Coordinated entry referrals? If not 100 percent, please explain why.

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St. Louis County Financial Assessment Form

Please complete the Financial Assessment and return with your most recent APR by <mark>_____</mark>.

Agency Name: Click here to enter text.

1. How often does your agency draw down funds from LOCCS? Check appropriate box.

☐ Monthly	☐ Quarterly
☐ Every other month	☐ Other:

If the agency is drawing down less than quarterly per grant, please provide an explanation: Click here to enter text.

UNSPENT BALANCES BY CONTINUUM OF CARE PROJECT

2. Has the agency returned any funds in the last 3 completed grant terms?

☐Yes   ☐No

If yes, please complete the chart below for the CoC project(s) that returned funds. Please feel to include a short narrative explaining any unspent funds for each project as well. **NOTE:** These figures may be verified with HUD.

Project Name: Click here to enter text.

Year	Amount Returned	Reason for return
2019	Click here to enter text.	Click here to enter text.
2018	Click here to enter text.	Click here to enter text.
2017	Click here to enter text.	Click here to enter text.

Unspent Funds Narrative:

Project Name: Click here to enter text.

Year	Amount Returned	Reason for return
2019	Click here to enter text.	Click here to enter text.
2018	Click here to enter text.	Click here to enter text.
2017	Click here to enter text.	Click here to enter text.

Unspent Funds Narrative:

Project Name: Click here to enter text.

Year	Amount Returned	Reason for return
2019	Click here to enter text.	Click here to enter text.
2018	Click here to enter text.	Click here to enter text.
2017	Click here to enter text.	Click here to enter text.

Unspent Funds Narrative:

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SLC CoC 2021 Housing First Self-Assessment

Housing First projects are effective in assisting all subpopulations of people experiencing homelessness to access and sustain permanent, stable housing. It has been demonstrated that projects can operate well and safely without requirements that prevent many people living on the streets and in the shelter system from entering and/or remaining in housing. As part of the NOFA solicitation for new and renewal projects, applicants are required to answer the following questions related to the proposed project's eligibility criteria and project rules. Each question will be scored as indicated. At the completion of the questionnaire, the applicant will tabulate the total score. Maximum points are 15.

Please attach PDFs of your current lease agreement(s), if applicable, and all relevant policies and procedures for people interesting in entering your organization's housing units.

1. **Low Barrier access:**
    a. **Does the project require clients to pass a background screening prior to project entry (excluding registered sex offender check)?**
        Yes ☐ No ☐ [No = 1 point)

    b. **Does the project prohibit all persons with specified criminal convictions on a blanket basis to be excluded from admission (excluding registered sex offenders)?**
        Yes ☐ No ☐ [No = 1 point]

    c. **Does the project require participants to be clean and sober prior to project entry as a condition for admission?**
        Yes ☐ No ☐ [No = 1 point]

    d. **Does the project serve & house transgender individuals according to the gender they identify?**
        Yes ☐ No ☐ [Yes = 1 point]

    e. **Does the project serve individuals and families regardless of sexual orientation, family composition, or marital status? Does the project serve & house transgender individuals according to the gender they identify?**
        Yes ☐ No ☐ [Yes = 1 point]

    f. **Does the project expedite the admission process including aiding in assembling necessary documents in order to support the application for admission and using person-centered and flexible processes for admission to the project?**
        Yes ☐ No ☐ [Yes = 1 point]

    g. **Does the project actively participate in CoC. Case Managers meetings, Coordinated Entry meetings, CIG meetings, AHC, RHC meetings, and participate in the Housing Summits, PIT/HIC count processes, etc.?**
        Yes ☐ No ☐ [Yes = 1 point]

2. **Housing Retention**
   a. **Does the project terminate participants for failure to participate in treatment or support services including case management?**
      Yes ☐ No ☐ [No = 1 point}

   b. **Does the project terminate participants solely for engaging in substance use?**
      Yes ☐ No ☐ [No = 1 [point]

   c. **Does the project require participants to obtain income as a condition of remaining in the project?**
      Yes ☐ No ☐ [No = 1 [point]

   d. **Does the project make all efforts to avoid discharging participants into homelessness including referral back to coordinated entry for those who cannot remain in the project?**
      Yes ☐ No ☐ [Yes = 1 point]

   e. **Are project participants held to standards/behaviors not found in mainstream leases (such as not being allowed visitors, curfews, required to do chores, or not be allowed to have alcoholic beverages in their unit)?**
      Yes ☐ No ☐ [No = 1 point]

3. **Participant engagement**
   a. **Does the project provide participant choice in accessing services and are efforts made to connect participants to community-based services?**
      Yes ☐ No ☐ [Yes = 1 point]

   b. **Does the project provide regular opportunities for program participants to provide input on project policies and operations?**
      Yes ☐ No ☐ [Yes = 1 point]

   c. **Are the project staffed be trained in clinical and non-clinical strategies to support participant engagement including harm reduction, motivational interviewing, and trauma informed approaches?**
      Yes ☐ No ☐ [Yes = 1 points]

Are the responses above representative of all of your CoC NOFA funded or proposed projects?

      Yes ☐ No ☐

If no, please indicate which questions vary from project-to-project or complete a housing first self-assessment for each project.

TOTAL SCORE: _____   **% of applicable points: _____**

Certification of Responses
I attest that the answers above are true and are provided without any additional comment or

clarification. I have attached all relevant policies and procedures and the organization's current lease agreement(s) (in PDF form).

Authorized Applicant Signature:

_____

Authorized Applicant Name and Title: **Date:**