

## **ENDING HOMELESSNESS IN SNOHOMISH COUNTY**

### **2012 NOTICE OF FUNDING AVAILABILITY SNOHOMISH COUNTY'S ENDING HOMELESSNESS PROGRAM**

**Applications Due**

**4 p.m., Thursday, March 8th, 2012**

## INTRODUCTION

Snohomish County is pleased to announce the 2012 Ending Homelessness Program (EHP) Notice of Funding Availability (NOFA). Approximately \$1.5 million may be awarded for activities to reduce and end homelessness. One-year contracts will commence July 1, 2012.

As you make your application, please consider carefully how your proposed project will be able to make a direct impact on reducing and ending homelessness in Snohomish County. Applicants should also consider whether the proposed project is consistent with local homeless planning efforts to promote systems change that improves coordination and integration of housing and service systems. Applicants are encouraged to seek technical assistance if they are uncertain whether the proposed project will be consistent with EHP funding priorities or homeless planning activities. Projects that are not consistent with the priorities or planning activities will not be considered for funding.

Applicants must also be able to demonstrate how clients will achieve increased self-sufficiency by using the Self-Sufficiency Matrix developed by Snohomish County's Program. Technical Assistance will be available as needed, and forms are on the County website.

The County works closely with the Homeless Policy Task Force (HPTF) and other community stakeholders to address the needs of individuals and families at-risk of or experiencing homelessness. The County is actively engaged in exploring strategies and implementing planning activities. The County reserves the right to not fund any project or activity that is not consistent with HPTF or County planning objectives; and to develop contracts with funded projects in a manner consistent with homeless planning objectives.

The Snohomish County EHP funding is available as a result of three landmark Bills passed by the Washington State Legislature: ESSHB 2163 in 2005, ESSHB 1359 in 2006, and ESSHB 2331 in 2009. Funds may be used for the Homeless Management Information System, supportive services, operating costs, and capital projects specifically targeted at ending or preventing homelessness in Washington. EHP functions under the locally generated 10-Year Plan to reduce and end homelessness. Please note that this NOFA will not be available for capital projects.

In June 2006, the Snohomish County Homeless Policy Task Force (HPTF), along with Snohomish County Executive Aaron Reardon, rolled out *Everyone At Home Now*, A plan for Ending Homelessness in Snohomish County by 2016. Executive Reardon, the Snohomish County Council, Everett Mayor Ray Stephanson, and the Everett City Council have all endorsed *Everyone At Home Now*.

Primary recommendations of *Everyone At Home Now*:

- Develop 2,500 units of housing for those experiencing homelessness over the next 10 years;
- Expand homeless prevention services;
- Develop a community wide access system that will minimize the duration and impact of homelessness and maximize collaborative resource allocation;
- Base the development of housing and services on demonstrated need and capacity data;
- Provide funding to maintain existing housing and services that demonstrate measurable outcomes and overall progress toward ending homelessness;
- Develop housing coupled with supportive services targeted for the chronically homeless; and
- Improve connections with mainstream resources to coordinate with homeless resources in reducing and ending homelessness, including: DSHS public benefits, corrections, mental-health systems, drug and alcohol systems, health and dental care, employment, veterans' services, persons with disabilities, and youth systems.

**FUNDING PRIORITIES & ELIGIBILITY**  
**2012 Priority Strategies for Ending Homelessness**

Snohomish County anticipates making awards through this NOFA of approximately \$1.5 million. The County has identified priority strategies based on current research, best practices, stakeholder input, Homeless Policy Task Force planning recommendations, and County-led planning activities to promote systems change to improve access to housing and services and to increase coordination between service systems. While 10-year Plan recommendations are broad in scope, EHP funds will only be used to fund projects consistent with annual priorities and planning activities.

The strongest applications will be those that clearly show how the proposed project addresses priorities in relation to the overarching goal and that are consistent with local planning efforts to evoke systems change and improve our local homeless system to more efficiently and effectively meet the needs of those at-risk of or experiencing homelessness.

**Overarching Goal**

**Reduce/minimize duration and experience of homelessness:**

- Prevent homelessness;
- Rapidly move households to permanent housing;
- Provide low barrier housing that provides immediate access to housing with appropriate supports;
- Reduce the time spent homeless on streets, shelters and transitional housing;
- Increased system coordination, integration, efficiency and effectiveness;
- Consistency with local planning strategies and activities; and
- Quality data collection, reporting, and evaluation to inform planning and use of funding.

**Funding Priorities**

**1. Homelessness Prevention:**

- Assistance is directed at people facing eviction and at imminent risk of losing their primary nighttime residence within 14-days;
- Assistance must be available and accessible to persons county-wide;
- Short - term (up to 3-months) rental subsidies and housing stability services to prevent eviction or to move to other housing if necessary;
- Prevent people from becoming homeless at discharge from institutions (mental health, foster care, substance abuse, hospitals, corrections); and
- Homeless youth prevention.

**2. Rapid Re-Housing:**

- Up to 12-months rental assistance and housing relocation and stabilization services to households who are literally homeless living in places not meant for human habitation (streets, cars, etc) or emergency shelters; and
- Assistance must be available and accessible county-wide.

**3. Services Tied to Housing:**

- Case management in current housing units or to leverage new housing units (e.g., HUD funded SHP, Shelter Plus Care, VASH, Sound Families, etc.); and
- Other services tied to housing that prevent or reduce the duration or experience of homelessness. Priority will be given to services demonstrating coordination with other service systems and availability to a range of people throughout the homeless system.

### **Funded Projects Will Be Required to Participate In The Following Activities:**

- The Snohomish County Homeless Policy Task Force (HPTF) and related planning activities. The HPTF is the primary local group of housing and services providers and other stakeholders that comes together to network, coordinate and to seek solutions that will help meet the needs of those experiencing or at-risk of homelessness.
- The Snohomish County Homeless Management Information System (HMIS), which is administered by the Snohomish County Office of Community and Homeless Services. HMIS is an electronic data system that collects data on homeless persons who receive housing and services in the community and persons who receive homeless prevention and intervention services. Participation includes technical set up, staff training, implementation, ongoing client data entry and other requirements as set forth in the Snohomish County HMIS Policy and Procedures Manual. HMIS participation is required by the state legislation authorizing these funds;
- The completion and updating of the Snohomish County Annual Homeless Housing Inventory Chart (HIC), which includes data on beds, units, HMIS, services ,and financial data for all projects.
- The annual Point-in-Time (PIT) count of the homeless. The nature of this participation should include the active recruitment of volunteers, and submitting PIT project-specific data.

### **Eligible Snohomish County Fund Uses:**

In this NOFA, Ending Homelessness Program funds will not be used for capital expenses. Eligible uses must be consistent with the priorities and planning for the 2012 EHP NOFA:

- Administration costs limited to 10 percent of the total request for funding;
- Rental assistance for persons who are homeless or below 30 percent of the area medium income. Rental assistance may include up to 3-months arrears and security deposits, if no other resources are available. Utility deposits and utility assistance is allowable, but not intended to be ongoing and other resources must be used first (energy assistance, etc);
- Housing stability services for persons at-risk of homelessness or homeless persons being re-housed;
- Case management services within housing projects that promote stability in long term supportive types of housing or that leverage additional units of housing or promote transition to permanent housing;
- Temporary services to assist persons leaving state institutions and other state programs to prevent them from becoming or remaining homeless;
- Outreach services for homeless individuals and families;
- Other services and activities to reduce and prevent homelessness;
- HMIS costs (data entry, reporting and quality).

### **Eligible Applicants:**

Nonprofit (including faith-based) agencies, for-profit entities, and public housing authorities are all eligible to apply. Faith based organizations may not restrict client participation based on required religious affiliation or services. Snohomish County will not accept applications from individuals or for single family rental assistance.

### **Changes for 2012 and 2013:**

For the 2012 program year, rental assistance in long-term or permanent supportive housing will be limited to a maximum of 12-months per individual/household. In 2013, EHP funds will no longer be available for rental assistance in long-term or permanent supportive housing projects.

## INSTRUCTIONS

Incomplete or late applications will not be considered. Applications must meet threshold criteria in order to be considered for funding. Threshold review will be completed by County staff and included in the material provided to the Application Review Committee.

<b>THRESHOLD CRITERIA</b>
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<b><u>Criteria:</u></b>	<b>Yes</b>	<b>No</b>
A. Application is submitted on time.	<input type="checkbox"/>	<input type="checkbox"/>
B. Application package is complete (see Application Instructions).	<input type="checkbox"/>	<input type="checkbox"/>
If the response to A or B is <b>No</b> , then stop here. Application will not be reviewed.		
C. Project addresses a goal in Snohomish County's 10-Year Plan to End Homelessness or the Homeless Policy Task Force Action Plan	<input type="checkbox"/>	<input type="checkbox"/>
D. Eligibility under the Washington State ESSHBs 2163/1359/2331 and RCWs 43.185c.050 and 36.22.1791.	<input type="checkbox"/>	<input type="checkbox"/>
E. Project meets one or more of the 2012 EHP Priority Strategies.	<input type="checkbox"/>	<input type="checkbox"/>
F. Prioritization of applications if more than one is submitted.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Application Meets Threshold Criteria:</b> If yes, proceed to review below.	<input type="checkbox"/>	<input type="checkbox"/>

## 2012 EVALUATION CRITERIA

*INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.*

Applications will first be reviewed by the Office of Community and Homeless Services staff for application completeness and consistency with the local homeless planning activities and priorities. **Applications not submitted on time or applications that are not complete according to the instructions will not be reviewed. Applications that do not meet the local priorities or planning strategies are not eligible for EHP funding and will not be reviewed.**

Staff follow-up questions to applicants will be limited to eligibility issues that require clarification. **The applicant contact listed will be notified by a phone call or voice message that an email request is being sent to the applicant contact. The applicant contact will have 3-business days to respond via email. Late responses will not be considered.** The application process is competitive and the County anticipates less funding will be available for 2012 projects. Therefore, Applicants are strongly encouraged to read the application thoroughly and to respond clearly and completely to questions. Strong applications will provide robust responses that clearly and specifically respond to the questions, criteria, and the 2012 EHP NOFA priorities.

### **STAFF TECHNICAL REVIEW**

*County staff will complete a technical review of application including the following:*

1. Application is submitted on time and complete;
2. Consistency with overarching goal, priorities, and coordination with homeless system planning;
3. Audit or monitoring findings;
4. History of performance, including prior EHP funded projects; and
5. An overall technical review of the application and budget.

### **2012 APPLICATION REVIEW AND EVALUATION CRITERIA**

The 2012 funding round evaluation criteria have been modified to provide the applicants with clearer direction for submitting their applications, and to enable the review process to be more objective. The evaluation criteria were also aligned with the proposal narrative sections. The Application Review Committee will evaluate applications based on the 2012 criteria and in context of the NOFA funding priorities.

Applications for Snohomish County Ending Homelessness Program funds can receive a maximum of 78 points. Projects which receive tied scores will be evaluated a second time in comparison with each other to determine prioritization for funding. Following the evaluation criteria below is a sample evaluation scoring sheet that will be used by the reviewers. Applicants should carefully consider how the responses to the criteria are also tied to the EHP priorities for 2012. All responses will be considered in the context of the NOFA priorities for EHP funding.

## **NEEDS ASSESSMENT**

*Scope of Problem: How well did the applicant provide current local statistics, agency statistics, or other evidence to document the scope of the problem?*

0=No mention of scope of problem

1=Mentioned that there was a need but did not provide any evidence of need

2=Provided some statistics that partially documented need

3=Provided clear and detailed description of needs supported by detailed and referenced current statistics

*Location: How well did the applicant describe the location of the housing or services that will be created or expanded?*

0=No mention of where housing or services will be located and no information provided on surrounding neighborhoods, transportation resources, nearby services, etc.

1=Vague mention of location (e.g. "Everett area") and no information provided on surrounding neighborhoods, transportation resources, nearby services, etc.

2=Broader description of location and provided vague information on surrounding neighborhoods, transportation resources, nearby services, etc.

3=Provided clear and detailed information about location where housing or services will be located AND provided detailed information on surrounding neighborhoods, transportation resources, nearby services, etc.

*Other Community Programs: How well was the applicant able to clearly identify other programs or agencies within the community that address this issue?*

0=Did not mention

1=Mentioned that there were "other programs or agencies" but did not identify the programs or agencies

2>Listed other programs or agencies in the community that address this issue

3>Listed other programs or agencies in the community that address this issue AND how these other programs or agencies address the issue AND how this proposal will work differently or in collaboration with other programs or agencies

## **TARGET POPULATION**

*Targeted Population for Services: How well did the applicant describe the target population (# of clients, age, race, gender, special characteristics)?*

0=Did not mention at all

1=Mentioned that people need their services but did not describe them

2=General, vague description of target population

3=Clear, detailed description of target population including number of clients targeted

*Client Access: How well did the applicant identify how the target population will access services?*

0=No mention of how target population will access services

1=Mentioned that target population will be able to access services but did not specify how

2=General, vague description of how target population will access services (e.g., "through agency

referrals”)

3=Provided clear detailed description of how target population will access services including specific agencies, organizations or outreach efforts which will facilitate access and how they will do so

*Outreach Plan: How well did the applicant identify how they will recruit their targeted population?*

0=No mention of a outreach plan or of client recruitment

1=Mentioned that a target population will need to be recruited but provided no information on how this will happen

2= Mentioned that client recruitment needs to occur and provided a vague plan for doing so

3=Provided detailed description of the client recruitment or outreach plan specific to Snohomish County

*Client Prioritization: How well did the applicant identify how they will prioritize who receives services?*

0=No mention of how clients will be prioritized to receive services

1=Mentioned that prioritization will need to occur but did not specify exactly who or how this will happen

2=Mentioned what types of clients will be prioritized but did not specify how this will happen

3=Provided a clear detailed description of the types of clients that will receive priority AND how the prioritization of these clients will occur

*Client Exclusion Criteria: How well did the applicant describe client characteristics that would be used to screen clients out of the proposed program?*

0=No mention of exclusion criteria

1=Mentioned that some clients will be excluded but did not specify who

2=Mentioned who would be excluded from the proposed program but did not specify how they would be assessed for exclusion

3=Provided a clear detailed description of the criteria that would be used for client exclusion and how these criteria would be determined

**PROJECT SOUNDNESS**

*Project Activities: How well does the applicant describe the project activities?*

0=No mention of activities to be provided

1=Mentioned that “activities” would be provided but did not specify what

2=Listed activities to be provided

3=Detailed description of activities AND how they would be implemented AND by whom

Support Services: How well did the applicant describe the supportive services that would be provided by the program?

0=No mention of supportive services to be provided

1=Mentioned that there may be additional client needs but did not specify how these would be addressed

2=Mentioned that the proposed program will meet additional client needs other than housing but did not specify how this would happen; mentioned that other agencies will provide supportive services but did not specify which agencies

3=Provided a clear detailed description of the anticipated additional needs of clients and how the proposed program will address these needs AND provided a clear detailed description of the partner agencies that would provide supportive services (or indicated “not applicable” if there are no partner agencies involved)

Client Linkages: How well did the applicant describe how they will create linkages for clients to other community resources and services?

0=No mention of other community resources and services

1=Mentioned that there are other resources and services in the community available to clients but did not specify them or how clients would be linked to them

2=Provided partial description of community resources and services available; limited evidence that services would be accessible by clients

3=Provided detailed description of community resources and services available; clear evidence provided about how clients would access those services OR why this item is not applicable to the proposed project

Link between Services and Community Need: How well does applicant describe how the proposed project will address the need in the community?

0=No mention of community need

1=Mentioned that there was a need but did not provide any evidence that the proposed project would meet it; no linkage of services and design to community need

2=Some statistics provided that partially document proposed project’s ability to address community need; relationship between community need and project services and design was implied but had to be derived by the reviewer

3=Provided clear, detailed description of community needs AND clearly specified a logical relationship between the project design and services and these needs

**EVALUATION**

Project Outcomes: How well did the applicant describe and clearly identify the desired outcomes of the project (changes in participants’ attitudes or behaviors; desired results of the project)?

0=Did not mention

1=Mentioned that outcomes would be measured but did not specify what

2=Vaguely identified initial or intermediate outcomes

3=Clearly identified in detail the desired outcomes and connected them logically to the project activities

Outcome Evaluation: How well did the applicant indicate how project results or outcomes would be measured in the proposal (any design or use of tests, scales, surveys, observations, etc.)?

- 0=Did not mention; no evidence of how Self Sufficiency Matrix would be used
- 1=Mentioned a need for evaluation but did not specify how this would be done; vague mention of how Self Sufficiency Matrix would be used
- 2=Vague mention of design and measurement tools that would be used; vague mention of how Self Sufficiency Matrix would be used
- 3=Identified an outcome evaluation plan to be used AND described in depth how Self Sufficiency Matrix would be used AND included a detailed description of additional measures that would be utilized (if applicable)

Timelines for Evaluation: How well did the applicant indicate timelines for evaluating project performance and outcomes? (example: "The Self Sufficiency Matrix will be administered with each client at intake, after six months of receiving services and at project completion.")

- 0=Did not mention
- 1=Mentioned a need but did not specify any timelines
- 2=Vague timelines provided (ex: "Quarterly")
- 3=Detailed description of timelines given for each outcome

## **ORGANIZATIONAL CAPACITY**

Staffing Capacity: Project sponsor demonstrates that they have the staff experience and proper level of staffing to carry out the project.

- 0= No mention of staff qualifications or experience or of current level of staffing
- 1=Vague mention that they have adequate staffing but no evidence of such
- 2=Partially demonstrated that the staff has adequate experience and qualifications and that the proper level of staffing is available; provided some evidence but evidence was not complete
- 3=Clear detailed description of staffing level and organizational structure was provided; qualifications and experience of staff to be involved with the project was clearly presented

History of Project Management (EHP-funded and other projects): Project sponsor demonstrates the ability to successfully implement and manage projects in a timely manner, within budget, and consistent with funding requirements. This includes timely submission of reimbursement requests and reports.

- 0=No mention of previous project management experience
- 1=Mentioned that agency has managed projects in the past but no evidence or further details were provided
- 2=Partially demonstrated that implementation and management of projects had occurred; provided some evidence but evidence was not complete
- 3=Provided clear and complete evidence of similar projects implemented and managed with all relevant details included (e.g., timelines, budget adherence, funding requirements, deliverables.)

Personnel Policy: How well did the applicant demonstrate that the agency has a written personnel policy manual that includes procedures for personnel and financial management, a process for grievance and a plan for affirmative action?

0=No mention of any personnel policies

1=Mentioned that personnel policies exist but no evidence provided

2=Partially demonstrated that personnel policies exist; some evidence provided but evidence was not complete (e.g., policies were missing one or more of the necessary components)

3=Provided clear and complete evidence that personnel policies were in place; all necessary components of relevant personnel policies were addressed (i.e. procedures for personnel and financial management, grievance process, affirmative action plan) OR a copy of the personnel policy manual was included with the application

## **FINANCIAL FEASIBILITY**

Budget: How well did the applicant provide budget estimates and costs that are reasonable and well supported or justified relative to the number of persons to be served, the services to be provided, and the target population?

0=No support or justification for project budget estimates

1=Budget estimates and costs are not reasonable and justified

2=Proposed budget estimates and costs appear reasonable; some justification and support for budget estimates were provided

3=Detailed support and justification for budget estimates was provided; proposed estimates and costs are reasonable; developer and administrative fees are reasonable

Additional Resources: How well did the applicant provide evidence that the proposed project leverages other federal, state, local or private resources?

0=Did not mention additional funding or resources that had been leveraged

1=Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured

2=Partial evidence showing that additional funding or resources were secured

3=Evidence clearly shows that additional funding or resources were secured in addition to the amount obtained

Sustainability: The agency provided evidence of possible future sources of funding for sustainability.

0=No mention of sustainability or of future funding possibilities

1=Vague mention that future funding would be needed but no clear mention of possible sources

2=Mentioned possible sources for future funding but no timeline or plan was provided for requesting funding OR future funding sources provided are not realistic or appropriate

3=Clearly identified appropriate future funding sources AND a plan with timelines for requesting future funding

**CULTURAL COMPETENCY:**

How well did the applicant describe how any monies received would be used to fund programs that are culturally competent and linguistically accessible?

0=No mention of cultural competence

1=Mentioned that programming would be culturally competent but did not specify or describe how

2=Provided a partial description of the agency's approach to cultural competency

3=Provided a clear detailed description of how the proposed program would address the cultural needs of the target population AND described the cultural backgrounds and experiences of staff AND described the efforts that the agency has in place to ensure that services are delivered in a culturally sensitive manner

**COMMUNITY PARTICIPATION**

How well did the applicant describe the agency's involvement within the community (including its participation in consortiums, HMIS, Homeless Policy task Force, Annual Point-In-Time County, Project Connect, etc.)?

0=Applicant does not participate in consortiums or committees

1=Indicated that agency participates in consortiums or committees but did not specify which ones

2=Listed consortiums or committees on which the agency participates but did not indicate level of participation

3= Listed consortiums or committees on which the agency participates AND indicated level of participation AND by whom

## 2012 EVALUATION SUMMARY

Project Name:	
Applicant Organization Name:	
Evaluator's Name:	

CRITERIA	Total Possible Points	Total Points Given
Scope of Problem	3	
Location	3	
Other Community Programs	3	
<b>TOTAL NEEDS ASSESSMENT:</b>	<b>9</b>	
Targeted Population for Services	3	
Client Access	3	
Outreach Plan	3	
Client Prioritization	3	
Client Exclusion Criteria	3	
<b>TOTAL TARGET POPULATION:</b>	<b>15</b>	
Project Activities	3	
Support Services	3	
Client Linkages	3	
Link Between Services and Community Need	3	
<b>TOTAL PROJECT SOUNDNESS:</b>	<b>12</b>	
Program Outcomes	3	
Outcome Evaluation	3	
Timelines for Evaluation	3	
<b>TOTAL EVALUATION:</b>	<b>9</b>	
Staffing Capacity	3	
History of Project Management (EHP and other)	3x2	
Personnel Policy	3	
<b>TOTAL ORGANIZATIONAL CAPACITY</b>	<b>12</b>	
Budget	3	
Additional Resources	3	
Sustainability	3	
<b>TOTAL FINANCIAL FEASIBILITY:</b>	<b>9</b>	
Cultural Competency	3x2	
Community Participation	3x2	
<b>TOTAL CULTURAL COMPETENCY AND COMMUNITY PARTICIPATION:</b>	<b>12</b>	
<b>TOTAL POINTS:</b>	<b>78</b>	

## APPLICATION INSTRUCTIONS

Applicants should prepare one original and two copies of the application for submittal. The original should be two-hole punched at the top. The copies should be three-hole punched on the left hand side and bound with a binder clip only, no staples or professional binding please. Applicants must also e-mail an electronic copy to Lindsey Legaspi, at <mailto:lindsey.legaspi@snoco.org>.

Hard and electronic copies are due by **4 p.m. Thursday, March 8th 2012. *No late or incomplete applications will be considered.***

**Applications can be delivered in person to:**

**Office of Community and Homeless Services  
Snohomish County Human Services Department  
Receptionist station on the Lower Level of the Drewel Building (Admin East) Oakes entrance.**

[http://www.co.snohomish.wa.us/documents/County\\_Services/NewCampusLegal.pdf](http://www.co.snohomish.wa.us/documents/County_Services/NewCampusLegal.pdf)

**Please do NOT attempt to deliver to the 4<sup>th</sup> floor or to the Energy Assistance receptionist.**

**Or mailed to** (Applicants are strongly encourage to mail early to avoid missing the deadline):

**Office of Community and Homeless Services  
Snohomish County Human Services Department  
Attention: Lindsey Legaspi  
3000 Rockefeller Ave, M/S 305  
Everett, WA. 98201**

**Completed proposals should consist of the following, in this order:**

- Application Cover Sheet with a signature by an authorized official on the "Master Copy"
- Proposal Narrative (total max 9 pages). Additional pages will not be reviewed.
  - Executive Summary
  - Needs Assessment
  - Target Population
  - Project Soundness
  - Evaluation
  - Organizational Capacity
  - Financial Feasibility
  - Cultural Competency
  - Community Participation
- Human Services Department Budget Section (in Excel format)
- Budget Narrative
- Additional Materials
  - Prioritization of applications if more than one project is submitted by the applicant;
  - Copy of Self-Sufficiency Scales used for project;
  - MOU or Letter of Intent to Partner (if applicable);
  - For Nonprofit organizations: Agency Certification of nonprofit Status: IRS 501(c)(3) letter; and
  - A copy of your agency's most recent Audited Financial Statements (unless already submitted within the last year).
  - For agencies with multiple project applications, one audit will suffice for all applications.

### **Application Process Timeline - 2012:**

2/7/12	NOFA Released to Public
2/13/12	Pre-Application Workshop from 1 p.m. to 3 p.m. (6AO2 Admin East - Drewel Building)
<b>3/8/12</b>	<b>Applications Due to Human Service Department Lower Level Admin East by 4 p.m.</b>
3/8/12 – 3/27/12	Staff Review of Applications and Follow-up Questions given to individual applicants in writing
3/27/12	Deadline to submit written responses to staff questions
These dates are tentative and subject to change depending on circumstances:	
3/28/12	Applications and Review Materials to Application Review Committee
<b>4/9/12 &amp; 4/10/12</b>	<b>Application Review Committee</b> meets, rates/ranks proposals, makes recommendations for funding (City of Everett 8 <sup>th</sup> Floor Hearing Room)
5/1/12	Final Project Approval by County
5/2/12	Awards Announced, Contracts being drafted
6/30/12	Contracts Executed
7/1/12	Program Year Begins

## I. APPLICATION COVER SHEET

<b>PROJECT TITLE:</b>
<b>FUNDING PRIORITY:</b>
<b>PROJECT LOCATION:</b>
<b>TARGET POPULATION:</b>
<b>PROJECT DESCRIPTION (LIMIT TO SPACE PROVIDED):</b>
<b>BUDGET &amp; SERVICE LEVELS:</b> Ending Homelessness Program Funds Requested: Other Project Funds: <b>Total Project Budget:</b> What is your total annual agency budget? What percentage of your agency budget does this project represent? What percent of your project budget represents services to Snohomish County? Projected Households to be served annually: Projected Individuals to be served annually Primary Unit of Service (bed night, case management hour, other) Projected Units of Service annually Projected Average Units of Service per Household
<b>FEDERAL TAX ID NUMBER:</b>
<b>CONTACT INFORMATION FOR PROJECT APPLICANT:</b> Lead Applicant Agency: _____ Primary Contact Name: _____ Mailing Address: _____ Daytime Phone (including area code): ____-____-____ E-mail address: _____
<b>AUTHORIZED SIGNATURE OF APPLICANT:</b> To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.  Signature of Authorized Representative: _____ Typed Name and Title: _____ Date Signed: _____

## II. PROPOSAL NARRATIVE

Use a minimum font size of 11 points and 1 inch margins. You may request an alternate format by contacting:

Lindsey Legaspi  
**Snohomish County Office of Community and Homeless Services**  
(425) 388-7374  
[lindsey.legaspi@snoco.org](mailto:lindsey.legaspi@snoco.org)

Please provide the following information in the order specified below. **Narrative responses A – I should not exceed 9 pages**, as additional pages will not be reviewed.

The information provided in your application should be written as though the reviewers have no prior knowledge of your agency or programs. Please clearly label your responses (A - I) and make sure that your responses describe the specific proposed project, and not your agency's general mission. The more clearly you describe the project, the target population, and the housing and services proposed, the better your application will be understood.

Include only the specific supporting documentation required. Do not attach other materials such as cover letters, annual reports, newsletters, brochures and general letters of support. If included, these will be discarded and not forwarded to the Review Team.

- A. EXECUTIVE SUMMARY:** (Please limit your response to this section to 1/2 page or less.) Provide a brief summary of your entire proposal. It should describe the target population, geographic location, housing and services, program activities and expected outcomes. Response should be in the context of the 2012 EHP priority the project selected.
- B. NEEDS ASSESSMENT:** Identify one of the Priority Strategies listed above on pages two and three and clearly describe how your proposal will address the key elements of that strategy. Include the following information in your response:
- 1. SCOPE OF PROBLEM:** Describe the problem in the community. Provide agency or local statistics to demonstrate the scope of the problem.
  - 2. LOCATION:** Provide information on the housing or services that will be created or expanded. Include the location(s) of the housing units (if applicable) and information on their surrounding neighborhood(s), transportation resources, access to nearby services, etc. Please also include information about the current gaps in services or housing for this population in the community where your proposed project will be located.
  - 3. OTHER COMMUNITY PROGRAMS:** Provide information about other agencies and programs within the targeted community that address the same problem. If there are none, indicate so. Describe how your proposed program will be different and how you intend to work collaboratively with other agencies offering similar programs.

### **C. TARGET POPULATION:**

- 1. TARGETED POPULATION FOR SERVICES:** Describe the population and number to be served, including the proposed number of new households served, where they are currently residing and a description of their unique housing and service needs.
- 2. CLIENT ACCESS:** Describe how the targeted population will access your program services. What barriers exist that might limit access? How will your proposed program address these barriers?
- 3. OUTREACH PLAN:** Describe in detail how your proposed program will recruit clients from the targeted population. Who will do this? How will it be done?
- 4. CLIENT PRIORITIZATION:** Identify how your proposed program will prioritize clients for services. Which client groups, if any, will be high priority? For those who are lower priority, how will they be served?
- 5. CLIENT EXCLUSION CRITERIA:** Explain how participants will be identified for your project and the characteristics of persons who might be screened out. How were the exclusion criteria determined?

### **D. PROJECT SOUNDNESS:**

- 1. PROJECT ACTIVITIES:** Describe how services will increase short and long term stability and long term self sufficiency and how a clear pathway will be created for participants to access or maintain permanent housing. Describe who will provide the services, and where services will be located (on-site or off-site). If services are provided off-site, provide information on how participants will access the services
- 2. SUPPORT SERVICES:** Identify any additional needs that you anticipate your proposed program's clients will have. Describe any supportive services that will be provided by your proposed program as well as any other agencies with which you will be collaborating to provide these supportive services. If you will be partnering with another organization to provide housing or services to project participants, list the names of the partners and provide information on the specific roles and responsibilities of each. Also provide information on your history collaborating with one another and how the partnership will facilitate a streamlined process for participants' access into the housing or services being offered. Attach MOU's.
- 3. CLIENT LINKAGES:** Provide information on how your project will help create linkages for participants to other resources and services in the community. Identify specifically how these linkages will be made.
- 4. LINK BETWEEN SERVICES AND COMMUNITY NEED:** Identify specifically how your proposed program will meet the identified need in the community.

## E. EVALUATION

1. **PROGRAM OUTCOMES:** Describe the anticipated outcomes of your proposed program. They should be appropriate to the program. Outcomes must describe what you anticipate will change or be different for participants as a result of your proposed program. Please be sure to make outcome projections which are reasonable for the target population, especially for projects targeting high needs populations. Describe how your outcomes support the County's Priority Strategies for Ending Homelessness in Snohomish County.

### ***Example of Outcomes:***

\_\_\_% (x of x) of total households (x of x persons) assisted in emergency shelter will be housed in permanent housing within three (3) months of entering emergency shelter.

\_\_\_% (x of x) of total households (x of x persons) assisted coming from places not meant for human habitation will be housing in permanent housing within one (1) month of start of program entry.

2. **OUTCOME EVALUATION:** Describe in detail how your proposed program results and outcomes will be measured. Projects must use the Self Sufficiency Matrix created by the Snohomish Counties Community Action Program. **Please note that a revised version of the Matrix was released on August 1, 2010. This document can be accessed via the County website.** Identify the plan your program will use to measure these outcomes and the tools you will use to do so in addition to the Self Sufficiency Matrix (if applicable.) Describe how the Self Sufficiency Matrix will be used to measure changes in clients.
3. **TIMELINES FOR EVALUATIONS:** Identify the timelines your proposed program will use for evaluating program performance and outcomes. Specify when and how often data will be collected from clients.

## F. ORGANIZATIONAL CAPACITY:

1. **STAFFING CAPACITY:** Describe the staffing structure being proposed for the program. Include ratios of staff to households being served and qualifications of staff providing services.
2. **HISTORY OF PROJECT MANAGEMENT:** Please describe your agency's experience providing housing or services to the target population. Provide information on your agency's experience managing and accounting for public funding. Does the organization have regular audits? Have there been any findings and how have they been resolved? Please list other sources of government funding the agency has managed and whether any findings from program monitoring have occurred. If so, please describe how they have been resolved.
3. **PERSONNEL POLICY:** Does your organization have a written personnel policy manual that includes procedures for personnel and financial management, a process

for grievance and a plan for affirmative action? Provide evidence that such a policy exists.

**G. FINANCIAL FEASIBILITY:**

- 1. BUDGET:** Provide budget estimates and costs that are well supported and justified relative to the number of persons to be served, the services to be provided and the target population.
- 2. ADDITIONAL RESOURCES:** Identify all project fund sources and specify whether they are secured or pending.
- 3. SUSTAINABILITY:** Identify your plans for sustaining your proposed program beyond the funding period. What future funding sources have been identified?

**H. CULTURAL COMPETENCY:**

Explain your agency's philosophy and specific efforts that are in place to assure that this project will be culturally competent and linguistically accessible for the population that will be served. Include the following information in your response:

Based on your understanding of the target population, describe how your project will be culturally relevant, sensitive, and linguistically accessible for the individuals or households that will be served, including efforts related to staffing, outreach and service design.

Describe how the ethno-cultural backgrounds of your project staff and agency board reflect that of the participants that will be served or how your agency is working to broaden staff and board diversity and knowledge around cultural competency;

**I. COMMUNITY PARTICIPATION:**

Describe your participation in the local community, including meetings attended, participation in consortiums, coordination with other agencies, HMIS, Homeless Policy Task Force, Annual Point-in-Time Count, Project Homeless Connect etc.

### III. BUDGET INFORMATION

Please complete and attach the Human Services Department Project Budget Section. This year we have provided the Excel version of the budget for your convenience:

**EHP NOFA 12-13\_Budget.xls**, with instructions on the last two pages of this document.

Use the space below to provide any relevant narrative accompaniment to your Project Budget which you would like the Review Team to know.

**Snohomish County Human Services Department  
Proposal Budget Section Instructions**

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**Proposal Budget, Page 1, Cost Reimbursement:**

Complete **Program Title** and **Program Agency** name.

**Requested Grant Revenues, Revenue Sources:**

Enter the name of the Program and Grant Revenues that you are requesting from the Department of Human Services and the amount.

**Non-Grant Matching Resources:** (Leave this blank since no match is currently required for EHP).

**Other Program Resources:**

Enter source and amount of Other Resources to be used in the proposed program **during the period of the Grant**. (Include estimated fees, third party reimbursements, program income, donations, or in-kind resources in excess of matching requirements.)

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**Proposal Budget, Page 2, Expenditures:**

Enter estimated costs of the proposed program by funding categories. In the first and second columns, indicate the costs which are necessary to run the Grant program and which are to be paid with Grant funds. For grants that require a separation of Administration and Program Dollars, the first column should be identified as "Administration" and the second should be identified as "Program". Column three is the sum of columns one and two. Column four should indicate all **other** resources that will applied to the grant. The total for Column four should equal the total indicated on the first page of the budget as "Total Other Resources."

**Show whole dollars only, no cents.**

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**Proposal Budget, Page 3, Expenditure Narrative (Grant Fund only):**

Explain/justify all estimated costs presented on Page 2.

Be sure to provide basis of cost allocations, justification for increased costs from prior contract periods, and explanations for all categories of cost. **Only categories budgeted in columns 1 and 2 of page 2 must appear on this page and match the totals to columns on page 2. Show whole dollars only, no cents. Separate agency administration costs clearly from program costs.**

When preparing this section for each category, **describe how the projected costs apply to the grant and how the costs were calculated.** Consider the following as some examples of explanations for the categories within the Expenditure Narrative:

- **Salaries/Wages** - reference page 4, Salary detail. Provide a brief description of the positions to be funded. If applicable, separate administration and program salaries.
- **Benefits** - Example: FICA costs are estimated based on \_\_\_% of the budgeted salaries, Retirement costs are estimated based on \_\_\_% of the budgeted salaries, Medical was projected using \$\_\_\_\_\_ as a base cost per employee times the % of time to be budgeted to the grant. (Use this format for other benefits not shown here).
- **Supplies** - Example: Office supplies based on historical FTE usage. Cost per FTE times FTE's charged to the grant.

- **Professional Services** - Example: \_\_\_\_\_ Services to provide \_\_\_\_\_ at a cost of \$\_\_\_\_\_ per hour at \_\_\_\_\_ hours of service for the grant.
- **Postage** - Example: Mailings \_\_\_\_\_ to \_\_\_ clients, at a projected cost of \$\_\_\_\_\_ per client.
- **Telephone** - Example: Telephone charges for \_\_\_\_\_ staff at \_\_\_\_\_% of time budgeted to the grant multiplied times the estimated cost of telephone charges for the grant period.
- **Mileage and Fares** - Example: Staff mileage at \$0.\_\_\_\_ per mile times \_\_\_\_\_ miles.
- **Leases/Rentals** - Example: Office space calculated as \_\_\_\_\_% of FTE's (Grant % of total FTE's using office space) times \$\_\_\_\_\_, projected lease costs for the grant period.
- **Utilities** - Example: Utilities calculated \_\_\_\_\_% of FTE's (Grant % of total FTE's using office space) times \$\_\_\_\_\_, projected utility cost for the grant period.
- **Repairs/Maintenance** - Example: Cost of repairs and maintenance of the facility is calculated at \_\_\_\_\_% of FTE's (Grant % of total FTE's using office space) times \$\_\_\_\_\_, projected Repairs/Maintenance cost for the grant period.
- **Printing** - Example: Cost of printing \_\_\_\_\_ copies of \_\_\_\_\_ at \_\_\_\_\_ per copy.
- **Dues/Subscriptions** - Example: Cost of Dues for \_\_\_\_\_ at \$\_\_\_\_\_.
- **Registration/Tuition** - Example: Cost of Registration to provide training for \_\_\_\_\_ at a cost of \$\_\_\_\_\_ per employee for \_\_\_\_\_ employees.
- **Machinery/Equipment** - Example: Cost to purchase \_\_\_\_\_ at \$\_\_\_\_\_ per unit.
- **Admin/Indirect** - Example: Total Program cost times the Cost Allocation Rate of \_\_\_\_\_% which has been reviewed and approved a Certified Public Accounting Agency. **For EHP purposes, Administration may not exceed 10% of the total budget.**

**Proposal Budget, Page 4, Detail Salaries/Wages (Grant funds only):**

Identify each position to be supported by grant revenues under this proposal. Indicate whether a position is a full time or a part time position, percentage of their time projected to be charged to the grant, **the total monthly wage (including all funds used to pay for the position)**. Calculate the "Monthly Charge to the Grant" by multiplying the "% of Time to Grant" by the "Total Monthly Salary Wage."

The "Total Charge to the Grant" is calculated by multiplying the number of months covered by the Grant times the "Monthly Charge to the Grant." If administration Charges are separate from Program Charges, show them separately on this form. Total all grant salaries. **Show whole dollars only, no cents.** Total of salary detail page must balance to salary entries for Grant expenditures on Pages 2 and 3.