

[Exhibit A]
2016 Iowa Balance of State Continuum of Care (CoC)
Letter of Intent Form
For New Projects and Voluntary Reallocation New Projects

All New Projects	
a. Name and Location of Agency	
b. Name and Location of New Project	
c. Type of Project	<input type="checkbox"/> New Project <input type="checkbox"/> Voluntary Reallocation New Project
d. Project Component	<input type="checkbox"/> Supportive Services for centralized/coordinated assessment
e. Amount Requested	\$ _____
f. Primary Agency Contact Person	Name: Email: Phone:
g. Alternate Agency Contact Person	Name: Email: Phone:
h. Federal identification/ registration	DUNS #: _____ Date of IRS 501(c)(3) status determination letter: _____ SAM Registration Current? <input type="checkbox"/> yes <input type="checkbox"/> no
i. Two-three sentence description of project	
Additional Items for Voluntary Reallocation Projects	
j. Name of renewal project being reallocated	
k. Eligible current renewal amount	\$ _____
l. Retained by renewal project: \$ _____	Reallocated for new project: \$ _____ Additional requested for new project: \$ _____

[Exhibit B]

**2016 Iowa Balance of State Continuum of Care (CoC)
New Project Narrative
For Centralized/Coordinated Assessment Projects**

Points possible: 100

Please be concise. Narrative responses should generally be limited to 1,000 characters or less. If selected to submit in E-snaps, the following questions mirror many of the questions in E-snaps. The E-snaps system has character limits for all fields, some of which may be different from 1,000 characters, but this provides a rough estimate.

Name of Agency:

Name of Project:

(must match with Letter of Intent submitted by July 22, 2016)

- **Up to \$400,000 is available through CoC funds, which may be renewed annually subject to certain conditions.**
- **An additional \$45,000 will be awarded this year to the applicant selected to submit a Coordinated Entry application to HUD; this will come from a state legislative appropriation and will be available from July 2016 – June 2017.**

AGENCY SUMMARY (2 point)

- 1) **Does your agency provide services statewide?** yes/no
- 2) **Provide a brief introduction to your agency or agencies.** *Include how this particular project fits within your overall agency*

PROJECT SUMMARY (2 points)

- 3) **Provide a brief summary of your proposed project. Include a summary of how the \$45,000 appropriation will be used.** *The summary will serve as a guide to orient reviewers to your project.*
- 4) **If applying with more as more than one agency are there signed MOUs in place, that describe the responsibilities of each sub grantee** yes/no

AGENCY EXPERIENCE & CAPACITY (16 points)

- 5) **Describe the agency's experience in effectively utilizing federal funds (2 Points)**
- 6) **Describe the basic organizational structure of the agency and its financial capacity. Include evidence of an adequate financial accounting system. Include an organizational chart and a description of the financial accounting system that will be used to administer the grant. (4 points)**
- 7) **Describe the experience of the agency with homelessness programing and the provision of direct services to individuals and families experiencing homelessness and addressing their identified housing and supportive service needs (3 points)**
- 8) **Describe the experience of the agency in crafting specific written standards and policies and procedures for geographic service area? Provide specific examples if possible? (3 Points)**
- 9) **Describe the experience of the agency in compiling, completing and submitting periodic reports. Include experience with performance, financial and other forms of reporting, including to whom such reports were submitted. (2 points)**
- 10) **Describe the experience of the agency in communicating with key partners in the community, including mainstream service partners, government officials, consumers and the general public? (2 points)**

PROJECT DETAIL (30 points)

- 11) **Describe the scope of the project. Where appropriate, include information about how the initial \$45,000 appropriation will be used. Provide a clear and concise description of the scope of the project. The description must include plans for the creation and management of the entry system (20 points)**
 - a. Encompasses full coverage of the 96 counties of the Balance of State
 - b. Provides 24-hour access to rapid Emergency Services
 - c. Utilizes a low barrier a housing-first orientation fair and equitable access, to all
 - d. Implement referral protocols that utilize CoC-funded and other service providers,
 - e. Ensure proper consent and use of client information
 - f. Demonstrated ability to successful leverage local resources on an ongoing basis
 - g. Use of the HMIS system to improve access for all consumers
 - h. Identify the prioritization system to be used.
 - i. Implement person Centered, Cultural competent approach that respects client choice
 - j. Institute Safety Planning for all
- 12) **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Where appropriate, include the plan for the \$45,000 appropriation. Demonstrate how full capacity will be achieved over the term requested in this application. Keep in mind, in**

order to expend funds within statutorily required deadlines. (Note: This schedule can be attached as a separate document if preferred) **(10 points)**

- a. Established Coordinated Assessment Planning Working Group
- b. Council Approval of Coordinated Assessment Structure
- c. Survey Map of existing Assessment, Intake, referral process across the state
- d. Identify the organization(s) that host coordinated assessment
- e. Obtain local resources in support of coordinated entry
- f. Obtain signed MOU with HMIS provider in support of Coordinated Assessment System
- g. Iowa Council on Homelessness (ICH) adopt screening tool and VI-SPDAT policy regarding Transitional Housing
- h. Training people on the data and HMIS procedures and waitlist procedures involved in Coordinated Assessment process
- i. ICH adopts Written Specific Referral processes for BOS
- j. Written process for use of VI-SPDAT and initial screen tool
- k. Coordinated Assessment Entry Startup date

SUPPORTING REGIONAL SERVICE COORDINATION (10 points)

- 13) **Describe how the agency will provide support to regional planning groups to best ensure delivery of quality services to Iowans experiencing homelessness regardless of where they become homeless:** *Describe plans for communication with and among regional planning groups and for providing capacity-building assistance. Discussion should cover trainings; system-wide meetings; systems performance measures; Point in Time participation; and APR and other performance data collection, both how these are to be collected and how they will be used including how to support the participation of non-HMIS user agencies. (5 points)*
- 14) **Describe the agency's experience with providing support to multiple service providers and/or planning groups including:** *(5 Points)*
 - regional trainings
 - service coordination
 - strategic planning
 - communication across communities or regions
 - capacity building

GOVERNANCE (20 points)

- 15) **Indicate the plans for management and continued improvement of services in a system covering 96 counties.** *Describe the governing board or advisory body and its constitution. Be sure to explain:*
 - a. **What steps will ensure that Iowans experiencing/who have experienced homelessness will be represented?**

- b. **To what extent will this body be independent from the agency's corporate governing body?**
- c. **How will geographic representation from different parts of the state be ensured?**
- d. **How will representation among different types of service providers be ensured?**
- e. **What committees are anticipated?**

BUDGET (10 points)

16) **Budget request:** Provide a summary budget for the proposed project. Include the amounts that will be requested in each relevant category, according to HUD's rules for the particular proposed project. Include the total budget request. Also include the amount that will be requested for Administration. *Note that CoC funds for this year are limited to a maximum of \$400,000. Any costs above this must be accounted for from other income sources.*

Additional \$45,000: Provide a summary budget for the additional \$45,000 appropriation.