

OH-505 CoC 2021 Renewal Application

GRANT INFORMATION

FY 2020 Grant Number	
Grant Start Date	
Name of Person Completing Application	

I. AGENCY CHANGES

1. Briefly describe any significant changes in your organization since October 1, 2020, including new or departed staff, new initiatives, new or lost funding, etc.

II. COVID-19 IMPACT

1. Briefly describe the impact of the COVID-19 pandemic on your agency’s operations.
2. How has the pandemic impacted your agency’s overall budget?
3. Complete the following table, listing all funding your agency has received to cover costs associated with the pandemic or for new projects responding to the pandemic.

COVID RESPONSE FUNDING		
FUNDING SOURCE	AMOUNT	PURPOSE
ADAMHS		
CDBG-CV		
COHHIO		
ESG-CV		
FEMA		
Foundations		
Human Services Levy		
ODSA		
OHFA		
Ohio Department of Health		
TOTAL	\$0	

4. Do you anticipate any budget problems when new/additional COVID resources end?
5. What changes have you made to your service model as a result of the pandemic?
6. In what, if any, ways do you think your operations or service delivery models may have changed permanently?
7. Briefly describe your process for providing vaccine information to participants and connecting them to vaccination opportunities.

III. HMIS STANDARDS

1. Is the HMIS currently programmed to collect all HUD required data elements? If not, explain why and the planned steps for compliance.
2. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? If not, explain why and the planned steps for compliance.
3. Is the HMIS able to generate all reports required by Federal partners including HUD, VA, and HHS? If not, explain why and the planned steps for compliance.
4. Does the HMIS have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?
5. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?
6. Complete the following Bed Coverage Rate table using HIC and HMIS data. For any project type that is below 85%, describe the steps that will be taken to increase bed coverage to at least 85%.

Project Type	Total Beds in HIC	Total DV Beds in HIC	Total Number of HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter				
Transitional Housing				
Rapid Rehousing				
Permanent Supportive Housing				

V. BUDGETS

1. Were all funds in your most recently completed CoC grant term fully expended? If no, what amount was not expended and why not?
2. Is there any money in this project that would be available for reallocation to a new project?
3. Complete the following Total Project Budget table, INCLUDING MATCH. Indicate whether funding is cash or in-kind.

TOTAL PROJECT BUDGET			
FUNDING SOURCE	AMOUNT	CASH	IN-KIND
HUD CoC			
ADAMHS			
CDBG			
Donations/Fundraisers			
ESG			
Foundations			
HHS			
HOME			
Human Services Levy			
Low-Income Tax Credits			
ODSA			
Project-Based Section 8 Vouchers			
United Way			
Other			
TOTAL	\$0		

4. Complete the following CoC budget tables as applicable. If you have subrecipients, complete multiple budget tables – one for the program as a whole, one for the grant recipient, and one for each subrecipient. QUANTITY DESCRIPTIONS, INDICATING HOW MANY UNITS AND UNIT COST, MUST BE ENTERED.

HMIS BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Funds Requested
Equipment		
Software		
Services		
Personnel		
HMIS Space & Operations		
	SUBTOTAL HMIS FUNDS REQUESTED	\$0

SUMMARY BUDGET			
Eligible Costs	CoC Funds Requested	Match	Total
Leased Units			\$0
Leased Structures			\$0
Rental Assistance			\$0
Supportive Services			\$0
Operating			\$0
HMIS			\$0
Sub-Total	\$0	\$0	\$0
Admin (up to 7%)			
TOTAL	\$0	\$0	\$0

Specifically identify what costs are included in the Administration line item. 25% match required for total request minus leasing costs. Matching funds must be used on eligible CoC program costs

Complete and return electronically to Kathleen Shanahan by 5:00 p.m. on July 6, 2021

ALONG WITH:

- 12/31/2020 Financial Audit (or 6/30/2020 Financial Audit and Statement of Financial Position and Statement of Activities through 12/31/2020) for grantee and any subrecipients **ONLY** if it has not already been submitted to Montgomery County Human Services Planning & Development
- Match Documentation
- A current Table of Organization with staff names, indicating which positions are CoC-funded and any new staff since October 2020
- Any executed or requested grant amendments submitted to HUD during 2020
- A blank copy of your participant satisfaction survey and copies of participant satisfaction surveys that were completed in the first quarter of 2021