

**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.

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

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. PERFORMANCE/HIGH NEED POPULATION**

Complete the cells for households expected to be served and number anticipated to exit during the 2020 CoC grant term.

Households	2018 Calendar Year	2019 Calendar Year	2020 Calendar Year	CoC 2021 Grant Year (Projected)
Total households served/to be served				
Total households who exited/will exit				
Participants with zero income at entry				
Participants with more than one disability type				
Participants who were unsheltered at entry				

Provide an explanation as well as specific steps that will be taken to improve your program's outcomes if the data in the following table is trending negatively over the last three years OR performing below the Project Type Target.

Data Element	2018 Calendar Year	2019 Calendar Year	2020 Calendar Year	Target
Exit to Permanent Housing	85%	73%	67%	70%
Increase in Total Cash Income – Leavers	25%	35%	38%	35%
Non-Cash Benefits – Leavers	43%	55%	50%	53%
Return to Homelessness within 6 months	0%	22%	40%	31%
Occupancy				
HMIS Data Completeness				95%

Source: Dayton-Montgomery County HMIS

**IV. PARTICIPANT SATISFACTION**

- Briefly describe the process by which you collect participant satisfaction surveys, including how participants are selected to complete a survey and how often they are administered.
- How many participants completed surveys during 2020? During the first quarter of 2021?
- Briefly describe what your organization does with the results of the participant satisfaction surveys.

**V. BUDGETS**

- Were all funds in your most recently completed CoC grant term fully expended? If no, what amount was not expended and why not?
- Is there any money in this project that would be available for reallocation to a new project?
- 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			
<b>TOTAL</b>	<b>\$0</b>		

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.

SUPPORTIVE SERVICES BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Funds Requested
Assessment of Services Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
	<b>SUBTOTAL SERVICES FUNDS REQUESTED</b>	<b>\$0</b>

OPERATING BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Assistance Requested
Maintenance/Repair		
Property Taxes & Insurance		
Replacement Reserve		
Building Security		
Electricity, Gas & Water		
Furniture		
Equipment (buy/lease)		
<b>SUBTOTAL OPERATING FUNDS REQUESTED</b>		<b>\$0</b>

LEASING/RENTAL ASSISTANCE BUDGET					
Size of Units	# of Units	FMR/Actual Rent	# of Months	Total Budget	
0 Bedroom	x	\$563	x 12	=	\$0
1 Bedroom	x	\$647	x 12	=	\$0
2 Bedrooms	x	\$836	x 12	=	\$0
3 Bedrooms	x	\$1,122	x 12	=	\$0
4 Bedrooms	x	\$1,214	x 12	=	\$0
<b>Total</b>	<b>0</b>			=	<b>\$0</b>

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	
<b>Sub-Total</b>	\$0	\$0	\$0	
Admin (up to 7%)				
<b>TOTAL</b>	\$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