

HEAP & CESH Application

Proposal Deadline: April 16, 2019 at 5:00 p.m.

Homeless Emergency Aid Program & California Emergency Solutions and Housing Program

2019-2021 Application

City of Pasadena Department of Housing

649 N Fair Oaks Ave, Pasadena, CA 91103

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Notice Regarding Disclosure of Contents of Document

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Applicant

Organization Name *

DUNS Number *

Organization Address *

State
▼

Executive Director/CEO Name *

Email *

Phone *

Contact Person *

Email *

Phone *

Program Types

Please indicate which project areas you are applying for: *

- Emergency Shelter (HEAP) Direct Healthcare Services (HEAP) Street Outreach (CESH)
- Housing Locators (HEAP) Capital Improvements (HEAP) Rapid Rehousing (CESH)
- Emergency Shelter (City Dept. ONLY)


Authorization *

The above-named applicant hereby submits an application to receive funding from the City of Pasadena Homeless Emergency Aid Program and/or California Emergency Solutions Grant Program pursuant to the request for applications. The applicant further agrees on behalf of the above named representative, I certify that: The information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.

Name of Authorized Representative *

Title *

Signature of Authorized Representative *



Date *



Agency Capacity

Administrative Capacity *

*Please describe the organization's administrative experience with utilizing and/or leveraging federal, state, local, or private sector funding. Applicants should present a detailed process for ensuring operational effectiveness and quality control, and should describe a clear process for meeting financial reporting requirements. *For capital improvement projects, please describe your background and experience with implementing similar projects and your capacity for project oversight and administration. Please also include a description of other funding resources that will be used to sustain the project. (Max 2,000 characters)*

Collaboration *

Please detail any mainstream resources that will be made available to clients and describe how other community partners will be engaged in order to address the needs of the clients. If the proposed project provides services through a formal collaboration, please include an executed Memorandum of Understanding signed by both parties. Please also state how your organization will involve people with lived experience of homelessness in the proposed project. (Max 2,000 characters)

Emergency Shelter (HEAP) Project Application

Project Name *

Homeless Youth Set-Aside

Yes No

Total Request

0.00

Project Design

Project Type *

Choose One ▼

Households Served

0

Will this funding be used to create a new project or expand an existing program?

Project Description *

Describe how the project and services offered will expand and improve upon the emergency shelter system, and how the proposed activities are directly related to providing immediate emergency assistance to people experiencing homelessness. Please identify where the services will be provided and the population(s) that will be served, and explain any new strategies and best practices that will be implemented to better serve the specified target population. Indicate how clients will be referred to and/or prioritized for shelter, and any requirements of clients in order to access shelter or services. Since HEAP is a temporary, one-time funding source, please describe potential opportunities for the project's long-term sustainability after the grant term has expired, or how the project will end with the least negative impact on participants. (Max 2,000 characters)

Project Capacity *

Please describe the organization's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your organization administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Emergency Shelter Outcomes *

- 95% of all clients served are assessed through CES 15% of all exits are to permanent housing locations
- Average length of time homeless <420 days

Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Emergency Shelter Outcomes *

Describe how the proposed project will connect clients to the CES and exit participants to permanent housing locations, as well as any past achievements related to these measures. (Max 1,500 characters)

HMIS

HMIS Participation *

- Project will participate in HMIS Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days <5% errors for Personally Identifiable Information (PII)
 <5% errors for all Universal Data Elements <5% errors for Chronic Homeless status questions
 <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC committee meeting per quarter and all full membership meetings
 Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *

Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
 \$379,145.00

Summary of Request **Requested Project & Operating Costs**
 \$0.00

Project Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Operating Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Budget Narrative *

[Empty text box for Budget Narrative]

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the two-year timeframe of 7/1/19-6/30/21. Descriptions of key tasks and milestones, as well as the number of new households served, should be provided for each quarter of Year 1 and Year 2.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
<input type="checkbox"/> Quarter		

Year 1 Households Served: 0

+ Add Item

Year 2 *	New Households Served *	Description of Key Tasks & Milestones *
<input type="checkbox"/> Quarter		

Year 2 Households Served: 0

+ Add Item

Continuum of Care Needs

Explanation of how the Project Meets CoC Needs *

[Empty text box for CoC Needs Explanation]

Please describe how the proposed project best meets the current needs of the Continuum of Care. Successful applicants should describe why the project's target population is being prioritized, include how the project will address unmet needs and services gaps in existing programs, and how the project will improve and/or impact the homeless population and system of care at large. (Max 2,000 characters)

Housing Locator (HEAP) Project Application

Project Name *
[Text box]

Homeless Youth Set-Aside
 Yes No

Total Request
\$0.00

Project Design

Project Type *
Choose One [Dropdown menu]

Households Served
0

Will this funding be used to create a new project or expand an existing program?

Project Description *

Provide an overview of the proposed project, describing Housing Locator responsibilities and how the proposed activities are directly related to providing immediate emergency assistance to people experiencing homelessness. Please also identify where the services will be provided, the population(s) that will be served, and any best practices that will be implemented. Since HEAP is a temporary one-time funding source, please describe potential opportunities for the project's long-term sustainability after the grant term has expired or how the project will end with the least negative impact on participants. (Max 2,000 characters)

Project Capacity *

Please describe the organization's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your organization administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Housing Locator Outcomes *

- 2 landlord outreach or other marketing events hosted or attended annually 3 new units/month available to match for people experiencing homelessness

Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Housing Locator Outcomes *

Describe how the proposed project will track and achieve the minimum housing locator outcomes in order to ensure reporting requirements are met, as well as any past achievements related to this metric. (Max 1,500 characters)

HMIS

HMIS Participation *

- Project will participate in HMIS Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days <5% errors for Personally Identifiable Information (PII)
 <5% errors for all Universal Data Elements <5% errors for Chronic Homeless status questions
 <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes and any past achievements related to this requirement. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC committee meeting per quarter and all full membership meetings
 Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *


Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this requirement. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
 \$380,000.00


Summary of Request **Requested Project & Operating Costs**
 \$0.00

Project Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Operating Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Budget Narrative *

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this proposal. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget.

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the two-year timeframe of 7/1/19-6/30/21. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1 and Year 2.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
 Quarter		

Year 1 Households Served: 0

+ Add Item

Year 2 *	New Households Served *	Description of Key Tasks & Milestones *
Quarter		

✖

Year 2 Households Served: 0

+ Add Item

Continuum of Care Needs

Explanation of how the Project Meets CoC Needs *

Please describe how the proposed project best meets the current needs of the Continuum of Care. Successful applicants should describe why the project's target population is being prioritized, include how the project will address unmet needs and services gaps in existing programs, and how the project will improve and/or impact the homeless population and system of care at large. (Max 2,000 characters)

Direct Healthcare Services (HEAP) Project Application

Project Name *

Homeless Youth Set-Aside

 Yes No

Total Request

\$0.00

Project Design

Project Type *

Choose One
▼

Households Served

0

Will this funding be used to create a new project or expand an existing program?

Project Description *

Provide an overview of the proposed project, describing any specific healthcare need(s) that will be addressed and how the proposed services are directly related to providing immediate emergency assistance to people experiencing homelessness. Please identify where the services will be provided, the population(s) that will be served, best practices that will be implemented, and how participants will be referred or connected to housing resources. When possible, please use data to describe the scope of the healthcare problem(s) the program will target and why this problem has been chosen. Since HEAP is a temporary one-time funding source, please describe potential opportunities for the proposal's long-term sustainability after the grant term has expired or how the project will end with the least negative impact on participants. (Max 2,500 characters)

Project Capacity *

Please describe the organization's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your organization administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Healthcare Services Outcomes *

 50% of all participants served report an improved health condition

Please check this box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Minimum Healthcare Services Outcomes *

Describe how the proposed project will work to improve the health conditions of people experiencing homelessness, as well as any past achievements related to these measures. Please also indicate how this outcome will be tracked in order to ensure this requirement is met. (Max 1,500 characters)

Additional Outcomes

Please identify up to 3 additional direct healthcare services outcomes for your proposed project

Direct Healthcare Services Outcome *

+ Add Outcome

Description of Activities to Achieve Additional Healthcare Services Outcomes *

Describe how the proposed project will track and achieve the additional outcomes identified to ensure reporting requirements are met, as well as any past achievements related to these measures. (Max 1,500 characters)

HMIS

HMIS Participation *

Project will participate in HMIS Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days <5% errors for Personally Identifiable Information (PII)
- <5% errors for all Universal Data Elements <5% errors for Chronic Homeless status questions
- <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes and any past achievements related to this requirement. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC committee meeting per quarter and all full membership meetings
- Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *

Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
 \$237,500.00

Summary of Request **Requested Project & Operating Costs**
 \$0.00

Project Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
✘ Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Operating Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
✘ Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Budget Narrative *

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the two-year timeframe of 7/1/19-6/30/21. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1 and Year 2.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
✘ Quarter		
Year 1 Households Served: 0		

+ Add Item

Year 2 *	New Households Served *	Description of Key Tasks & Milestones *
✘ Quarter		
Year 2 Households Served: 0		

+ Add Item

Continuum of Care Needs

Explanation of how the Project Meets CoC Needs *

Please describe how the proposed project best meets the current needs of the Continuum of Care. Successful applicants should describe why the project's target population is being prioritized, include how the project will address unmet needs and services gaps in existing programs, and how the project will improve and/or impact the homeless population and system of care at large. (Max 2,000 characters)

Capital Improvements (HEAP) Project Application

Project Name *

Total Request

\$0.00

Project Design

Project Description *

Describe the project that will be supported, including the site's location, the population(s) that will be served, how the project will benefit people experiencing homelessness, and any other key features. Applicants should state the percentage of people served by the project who are homeless or at risk of homelessness, describe any building or zoning requirements, and if these requirements can be achieved within 6 months of contract execution. Lastly, provide sufficient details to determine project readiness and the plan to expend funds by June 30, 2021. (Max 2,000 characters)

Project Capacity *

Please describe the organization's capacity and qualifying experience to carry out the proposed project. Please also identify staff who will provide project oversight along with their respective experience. If applicable, please include a description of current and/or similar projects your organization has implemented, as well as prior achievements or successes with the project and any other pertinent information. (Max 1,500 characters)

Project Requirements

Minimum Capital Improvement Requirements *

- Applicants will be required to confirm project site control at the time of application submission through a period of five (5) years from the date of proposed project completion.
- Agency must provide homeless services to clients who are homeless or at risk of homelessness in Pasadena
- Project must be used to assist people experiencing homelessness for a minimum of 5 years after project completion

Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Capital Improvement Requirements *

Describe how the proposed project will be used to better assist people experiencing homelessness and how the project will improve the agency's ability to provide homeless services. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC committee meeting per quarter and all full membership meetings
- Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *


Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
 \$142,500.00


Summary of Request **Requested Project & Operating Costs**
 \$0.00

Project Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Operating Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Budget Narrative *

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the two-year timeframe of 7/1/19-6/30/21. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1 and Year 2.

Year 1 *	Description of Key Tasks & Milestones *
 Quarter	

+ Add Item

Year 2 *	Description of Key Tasks & Milestones *
✖ Quarter	

+ Add Item

Project Need

Explanation of the Need for the Project *

Please describe why there is a need for this project and any added value the project will bring. (Max 2,000 characters)

Street Outreach (CESH) Project Application

Project Name *

Total Request

\$0.00

Project Design

Project Type *

Households Served

0

Will this funding be used to create a new project or expand an existing program?

Project Description *

Describe how the proposed outreach efforts will support people experiencing homelessness in achieving permanent, sustainable housing and best practices that will be implemented. Include a summary of the assessment process, the population(s) that will be served, and how clients will be connected with Pasadena's Coordinated Entry System (CES). (Max 2,000 characters)

Project Capacity *

Please describe the organization's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your organization administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Street Outreach Outcomes *

50% of clients served exit to temporary or permanent housing

60% of clients served are assessed through CES

Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Street Outreach Outcomes *

Describe how the proposed project will connect clients to the CES and exit participants to temporary or permanent housing locations, as well as any past achievements related to these measures. (Max 1,500 characters)

HMIS

HMIS Participation *

- Project will participate in HMIS
- Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days
- <5% errors for Personally Identifiable Information (PII)
- <5% errors for all Universal Data Elements
- <5% errors for Chronic Homeless status questions
- <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes and any past achievements related to this requirement. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC meeting per quarter and all full membership meetings
- Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *

Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding	Project & Operating Costs \$65,951.00
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Summary of Request	Requested Project & Operating Costs \$0.00
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Project Costs

Line Item *	Year 1 *	Description of Line Item *
Cost Category		

Project Costs:
\$0.00

+ Add Item

Operating Costs

Line Item *	Year 1 *	Description of Line Item *
 Cost Category		

Operating Costs:
\$0.00


+ Add Item

Budget Narrative *

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within a one-year timeframe of 7/1/19-6/30/20. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
 Quarter		

Year 1 Households Served: 0

+ Add Item

Continuum of Care Needs

Explanation of how the Project Meets CoC Needs *

Please describe how the proposed project best meets the current needs of the Continuum of Care. Successful applicants should describe why the project's target population is being prioritized, include how the project will address unmet needs and services gaps in existing programs, and how the project will improve and/or impact the homeless population and system of care at large. (Max 2,000 characters)

Rapid Rehousing (CESH) Project Application

Project Name *

Total Request
\$0.00

Project Design

Project Type *

Choose One

Households Served

0

*Will this funding be used to create a new project or expand an existing program?***Project Description ***

*Describe how the proposed project will engage households experiencing homelessness, the population(s) that will be served, how best practices will be implemented, and how CES will be used to prioritize the most vulnerable households for housing. Summarize efforts and strategies that will be implemented to prevent households from falling back into homelessness. (Max 2,000 characters)***Project Capacity ***

Please describe the organization's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your organization administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Housing Outcomes *

- 98% of households have permanent housing at exit
- 95% of households maintain permanent housing for at least 6 months after exit
- 90% of households maintain permanent housing for at least 12 months after exit
- 85% of households maintain permanent housing for at least 24 months after exit

*Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.***Description of Activities to Achieve Housing Outcomes ***

*Describe how the proposed project will equip households with the necessary skills and resources to achieve minimum housing requirements and how the project will ensure permanent housing retention at exit, as well as any past achievements related to this metric. (Max 1,500 characters)***Minimum Income Outcomes ***

- 30% of households increase earned income
- 20% of households increase non-employment cash income
- 30% of households increase total income

*Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.***Description of Activities to Achieve Income Outcomes ***

Describe how the proposed project will equip households with the necessary skills and resources to achieve minimum income requirements, as well as any past achievements related to this metric. (Max 1,500 characters)

HMIS

HMIS Participation *

- Project will participate in HMIS Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days
- <5% errors for Personally Identifiable Information (PII)
- <5% errors for all Universal Data Elements
- <5% errors for Chronic Homeless status questions
- <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes and any past achievements related to this requirement.

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Agency will attend and participate in at least one CoC meeting per quarter and all meetings of full membership
- Agency will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *

Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
\$76,750.00

Summary of Request **Requested Project & Operating Costs**
\$0.00

Project Costs

Line Item *	Year 1 *	Description of Line Item *
✘ Cost Category		

Project Costs:
\$0.00

+ Add Item

Operating Costs

Line Item *	Year 1 *	Description of Line Item *
✘ Cost Category		

Operating Costs:
\$0.00

+ Add Item

Budget Narrative *

Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While organizations will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the one-year timeframe of 7/1/19-6/30/20. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
✘ Quarter		

Year 1 Households Served: 0

+ Add Item

Continuum of Care Needs

Explanation of how the Project Meets CoC Needs *

Please describe how the proposed project best meets the current needs of the Continuum of Care. Successful applicants should describe why the project's target population is being prioritized, include how the project will address unmet needs and services gaps in existing programs, and how the project will improve and/or impact the homeless population and system of care at large. (Max 2,000 characters)

Emergency Shelter (City Departments ONLY)

City Internal Emergency Shelter Project Application (HEAP)

Project Name *

Total Request

0.00

Project Design

Project Type *

Choose One ▼

Households Served

0

Will this funding be used to create a new project or expand an existing program?

Project Description *

Describe how the project and services offered will expand and improve upon the emergency shelter system, and how the proposed activities are directly related to providing immediate emergency assistance to people experiencing homelessness. Please identify where the services will be provided and the population(s) that will be served, and explain any new strategies and best practices that will be implemented to better serve the specified target population. Indicate how clients will be referred to and/or prioritized for shelter, and any requirements of clients in order to access shelter or services. Since HEAP is a temporary, one-time funding source, please describe potential opportunities for the project's long-term sustainability after the grant term has expired, or how the project will end with the least negative impact on participants. (Max 2,000 characters)

Program Capacity *

Please describe your department's capacity and qualifying experience to carry out the proposed project. If applicable, please include a description of current and/or similar programs and services your department administers that are related to this specific project type, length of time programs have been offered, prior achievements and successes with the program, staff experience, and any other pertinent information. (Max 1,500 characters)

Project Outcomes

Minimum Emergency Shelter Outcomes *

- 95% of all clients served are assessed through CES 15% of all exits are to permanent housing locations
- Average length of time homeless <420 days

Please check each box to indicate that the project meets the minimum metrics to pass threshold requirements.

Description of Activities to Achieve Emergency Shelter Outcomes *

Describe how the proposed project will connect clients to the CES and exit participants to permanent housing locations, as well as any past achievements related to these measures. (Max 1,500 characters)

HMIS

HMIS Participation *

- Project will participate in HMIS Project will not participate in HMIS

Projects are required to participate in HMIS, unless the project is a victim-service agency, serving survivors of domestic violence or a legal services agency. Please indicate if the project will participate in HMIS.

Minimum Data Quality Requirements *

- All clients are entered into HMIS within 10 days <5% errors for Personally Identifiable Information (PII)
- <5% errors for all Universal Data Elements <5% errors for Chronic Homeless status questions
- <5% inactive records

Please check each box to indicate that the project meets the minimum HMIS metrics to pass threshold requirements. HMIS includes a Data Quality Report with each of these metrics that awardees will be responsible for meeting. [Report HUDX-225]

Description of Activities to Achieve Data Quality Outcomes *

Describe how the proposed project will meet the minimum data quality outcomes. (Max 1,500 characters)

Continuum of Care Engagement

Minimum Continuum of Care Engagement Requirements *

- Department will attend and participate in at least one CoC committee meeting per quarter and all full membership meetings
- Department will commit staff to volunteer to participate in the annual Pasadena CoC homeless count

Please check each box to indicate that the project will meet the minimum Continuum of Care (CoC) engagement metrics to pass threshold requirements.

Description of Activities to Achieve Continuum of Care Engagement Requirements *


Describe how the proposed project will meet the minimum CoC engagement outcomes and any past involvement related to this metric. (Max 1,500 characters)

Project Budget

Total Available Funding **Project & Operating Costs**
 \$75,000.00


Summary of Request **Requested Project & Operating Costs**
 \$0.00

Project Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	

+ Add Item

Operating Costs

Line Item *	Year 1 *	Year 2 *	Total	Description of Line Item *
 Cost Category			\$0.00	
	\$0.00	\$0.00	\$0.00	


+ Add Item

Budget Narrative *


Please provide a detailed explanation of leveraged funds (if any) that will be used to support this project. While departments will not be scored higher or more favorably for utilizing funding from other sources, this description will assist reviewers in evaluating the completeness of the budget. (Max 1,500 characters)

Project Timeline

Please provide a detailed timeline outlining the completion of this project within the two-year timeframe of 7/1/19-6/30/21. Descriptions of key tasks and milestones, as well as the number of new households served should be provided for each quarter of Year 1 and Year 2.

Year 1 *	New Households Served *	Description of Key Tasks & Milestones *
 Quarter		
Year 1 Households Served: 0		

+ Add Item

Year 2 *	New Households Served *	Description of Key Tasks & Milestones *
 Quarter		
Year 2 Households Served: 0		

+ Add Item

Continuum of Care Needs

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Attachments

Please attach all required supporting documentation and other relevant materials such as proof of site control and MOU's related to your application.

Vendor Questionnaire Form (AA-1)

or drag files here.

Project Workforce Utilization (AA-2)

or drag files here.

Current Permanent Workforce Utilization (AA-3) (Optional)

or drag files here.

Declaration of Non-Collusion

or drag files here.

City of Pasadena Taxpayer Protection Amendment (TPA)

or drag files here.

W-9 Form (rev. Oct 2018)

or drag files here.

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Proof of Site Control (required for Capital Improvement proposals) *

or drag files here.

Relevant MOU(s) if applicable

or drag files here.

Does Everything Look Right?

Please review your application for completeness and accuracy.
Once you submit you will no longer be able to make changes or edits to your application.