2019 CoC Renewal LOI

Submission Deadline: July 29, 2019 at 5:00 p.m.

Letter of Intent (LOI) for Continuum of Care Renewal Projects

FY2019 CoC Renewal Applicants

City of Pasadena Department of Housing

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Notice Regarding Disclosure of Contents of Document

All responses to this Letter of Intent (LOI) accepted by the City of Pasadena (City) shall become the exclusive property of the City. At such time as the City Manager recommends a contractor to the City Council, and such recommendation, with any recommended contract appears on the City Council agenda, all LOIs accepted by the City shall become a matter of public record and shall be regarded as public, with the exception of those elements of the LOI which are defined by the contractor as business or trade secrets and plainly marked as "Trade Secret", "Confidential", or "Proprietary". Each element of a LOI which a contractor desires not to be considered a public record must be clearly marked as set forth above, and any blanket statement (i.e. regarding entire pages, documents, or other non-specific designations) shall not be sufficient and shall not bind the City in any way whatsoever. If disclosure is required or permitted under the California Public Records Act or otherwise by law, the City shall not in any way be liable or responsible for the disclosure of any such records or part thereof.

Agency Information

Organization Name *

DUNS Number *

Employer/Tax ID Number

Organization Address *

State ⌄

Agency Director/CEO Name *

Email *

Phone *

Contact Person *

Please note this information will be included in HUD's electronic grants management system (esnaps) and will be submitted with the CoC application.

Email *

Phone *

Contact Person Title *

Authorization *

☐ The above-named applicant hereby submits a Letter of Intent (LOI) for inclusion in the City of Pasadena FY2019 application for the Department of Housing and Urban Development Continuum of Care Homeless Assistance Program competition. The applicant further agrees on behalf of the above named representative, I certify that: The information, statements, and attachments included in this Letter of Intent are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this Letter of Intent on behalf of the entity identified in the signature block.

Name of Authorized Representative *

Title *

Signature of Authorized Representative *

Date *

Project Information

Project Address *

State

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the LOI submission.

Grant Amount *

Project Type *

Start Date *

End Date *

This will be the amount your program was awarded in the most recent FY2018 competition.

System for Award Management (SAM) Clearance *

◯ Yes   ◯ No

To pass threshold requirements, sub-recipients must have System for Award Management (SAM) clearance to ensure they are not suspended or debarred from working on federally-funded projects. SAM clearance must be renewed annually at www.sam.gov.

Target Population: (select all that apply) *

☐ Veterans   ☐ Chronically Homeless   ☐ Families with Children

☐ Unaccompanied Youth (under 25)   ☐ Domestic Violence   ☐ Substance Use Disorder

☐ Mental Illness   ☐ HIV/AIDS

Please identify the project's specific population focus.

Units Available *   **Beds Available** *

Indicate the maximum number of units available for project participants.   *Indicate the maximum number of beds available for project participants.*

Scope of Work Changes *

Please indicate all significant changes (if any) in the project's proposed Scope of Work compared to 2018.

HMIS Data Quality

Please refer to Question 6c of your APR with a reporting period of 10/1/17-9/30/18 to answer all of the following questions.

Destination Error Count (3.12) *   **Destination Error Rate (3.12)** *

Enter the number of errors for Destination   *Enter the percent of errors for Destination*

Income Error Count at Start (4.2) *   **Income Error Rate at Start (4.2)** *

Enter the number of errors for Income and Sources at Start   *Enter the percent of errors for Income and Sources at Start*

Income Error Count at Annual Assessment (4.2) *   **Income Error Rate at Annual Assessment (4.2)** *

Enter the number of errors for Income and Sources at Annual Assessment   *Enter the percent of errors for Income and Sources at Annual Assessment*

Income Error Count at Exit (4.2) *   **Income Error Rate at Exit (4.2)** *

Enter the number of errors for Income and Sources at Exit   *Enter the percent of errors for Income and Sources at Exit*

Description of Activities to Maintain or Improve HMIS Data Quality *

Please outline any activities your agency will implement to either maintain high or improve HMIS data quality.

Bed Utilization

Please refer to APR question 8b. Point-in-Time Count of Households on the Last Wednesday and the 2019 Housing Inventory Count submitted for Pasadena CoC to answer the following questions.

Total Units on 2019 HIC *

Please enter the total number of units listed for your program in the 2019 Pasadena Housing Inventory Count: https://pasadenapartnership.org/wp-content/uploads/2019/07/Housing-Inventory-Count-2019_LOI-Renewals.pdf

January HH PIT *

April HH PIT *

July HH PIT *

October HH PIT *

Explanation of Low Bed Utilization Rates *

Please explain any utilization rates (PIT/HIC) below 80%.

Activities to Maintain or Improve Bed Utilization Rates *

Please outline any activities your agency will implement to either maintain high or improve bed utilization rates.

System Performance Measures

Please pull a Systems Performance Measure (SPM) report from Clarity using the report dates of 10/1/17-9/30/18.

SPM 2: Recidivism

Refer to SPM 2a/b, row entitled "Exit was from PH" for the following questions.

Number of Persons Who Exited to PH *

Column 1

Percent of Returns in < 6 Months *

Column 3

Percent of Returns in 6-12 Months *

Column 5

Percent of Returns in 13-24 Months *

Column 7

Percent of Returns in 2 Years *

Column 9

Explanation *

Please explain any high/low rates of returns to homelessness.

SPM 4.1-3: Income (Stayers)

Change in earned income for adult system stayers during the reporting period.

Universe: Number of Adults (system stayers) *

Enter the number of adult system stayers for the Current FY

4.1: Percent with Increased Earned Income (system stayers) *

Enter the percentage of adult system stayers who increased earned income during the Current FY.

4.2: Percent with Increased Non-Employment Cash Income (system stayers) *

Enter the percentage of adult system stayers who increased non-employment cash income during the Current FY.

4.3: Percent with Increased Total Income (system stayers) *

Enter the percentage of adult system stayers who increased total income during the Current FY.

SPM 4.4-6: Income (Leavers)

Change in earned income for adult system leavers during the reporting period.

Universe: Number of Adults (system leavers) *

Enter the number of adult system leavers for the Current FY

4.4: Percent with Increased Earned Income (system leavers) *

Enter the percentage of adult system leavers who increased earned income during the Current FY.

4.5: Percent with Increased Non-Employment Cash Income (system leavers) *

Enter the percentage of adult system leavers who increased non-employment cash income during the Current FY.

4.6: Percent with Increased Total Income (system leavers) *

Enter the percentage of adult system leavers who increased total income during the Current FY.

Explanation *

Please explain any high/low levels of income growth for system stayers and/or leavers.

SPM 7b2: Exit to or Retention of Permanent Housing

People in all permanent housing projects who exited after moving into housing or who moved into housing and remained in the project.

Universe: Number of Exits/Retention of Permanent Housing *

Enter the number of people in all PH projects who exited after moving into housing, or who moved into housing and remained in the PH project.

Percent of Successful Exits/Retention *

Enter the percentage of successful exits/retention.

Explanation *

Please explain any high/low levels of exits to or retention of permanent housing.

Continuum of Care Engagement & Collaborative Capacity

Continuum of Care Participation *

☐ Housing Committee   ☐ Planning & Research Committee

☐ Faith Community Committee   ☐ Healthcare Committee

☐ Street Outreach Collaborative   ☐ CES SPA 3 Case Conferencing Western Region

☐ SPA 3 YCES Care Coordination

Please indicate which CoC Committees or Work Groups your agency participates in on a regular basis.

CoC Participation Explanation *

[ ]

Please explain your agency's level of involvement in the selected committee(s)/work group(s). If none were selected, please provide an explanation.

Homeless Count Participation

◯ Yes   ◯ No

Please indicate if your agency participated in the 2019 Pasadena Homeless Count.

Participation in the Coordinated Entry System *

◯ Yes   ◯ No

*Please verify that all housing vacancies are filled through one of the population-specific
Coordinated Entry Systems (CES, CES-F, YCES)*

Promoting and Increasing Employment *

[ ]

*Please describe how your agency works with public and private organizations to promote partnerships and increase access to employment opportunities to assist participants with increasing
their income.*

Promoting Education and Training Opportunities *

[ ]

Please describe how your agency works with local organizations to increase access to education and training opportunities for program participants.

Promoting Volunteering and Community Service *

[ ]

Please describe the proactive steps your agency is taking to increase volunteer and community service opportunities for program participants.

Financial Efficiency & Management

*Please answer the following questions related to financial efficiency and management. In addition, projects will be evaluated on the percent of funds recaptured by HUD over the past three
years and cost effectiveness (i.e. the cost per housing outcome) based on the most recent APR and information provided by the City of Pasadena Finance Department.*

Monthly Claims

◯ Yes   ◯ No

Are monthly claims submitted in a timely fashion? Timely submission means submitting claims by the end of the month following the service month.

Match Requirement *

◯ Yes   ◯ No

*Will your agency be able to provide the match requirement for the renewal project? Match
must equal 25% of the total grant request, including administrative costs but excluding
leasing costs. Match contributions can be cash, in-kind, or a combination of both.*

Audit Findings *

◯ Yes   ◯ No

Does your agency have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?

Indirect Costs *

◯ Yes   ◯ No

Will this project bill an indirect cost rate for FY2019?

Program Policies and Procedures

Housing First

Project participants are not screened out based on: (select all that apply) *

☐ Having too little or no income

☐ Substance use (active or history of use)

☐ Having a criminal record (with exceptions for state-mandated restrictions)

☐ History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

All criteria must be selected to meet Housing First requirements.

Project participants are not terminated based on: (select all that apply) *

☐ Failure to participate in supportive services

☐ Failure to make progress on a service plan

☐ Substance Use (active or history of use) or failure to comply with a treatment program

☐ Loss of income or failure to improve income

☐ Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

All criteria must be selected to meet Housing First requirements.

Connection to Mainstream Benefits

Activities Related to Mainstream Benefits (select all that apply) *

☐ Transportation assistance to clients to attend mainstream benefit appointments, employment training, jobs, etc.

☐ At least annual follow-ups with participants to ensure mainstream benefits are received and renewed

☐ Access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or a partner agency

☐ Staff providing the technical assistance completed SOAR training in the past 24 months

Please identify whether the project includes the following activities.

HEARTH Act Compliance

This section of the LOI asks questions of all renewal projects to ensure compliance with the requirements of the HEARTH Act. Please note, this section does not include all changes under the HEARTH Act and it is recommended that all projects review the Act in its entirety.

Conflict of Interest *

☐ For agency conflicts

☐ For individual conflicts

Please verify that the project has all of the following HEARTH required policies and procedures in place.

Participation of People with Lived Experience of Homelessness *

☐ In policy making bodies

☐ In project operations

Please verify that the project has all of the following HEARTH required policies and procedures in place.

Faith-Based Activities *

☐ Equal treatment of program participants

☐ Separation of explicitly religious activities from program activities

Please verify that the project has all of the following HEARTH required policies and procedures in place.

Fair Housing *

☐ Equal access for program participants regardless of sexual orientation or gender identity in compliance with federal law

☐ Affirmatively furthers Fair Housing

☐ Accessibility for people with disabilities

☐ Non-discrimination and equal opportunity regardless of age, color, disability status, familial status, gender, marital status, national origin, race, religion and sexual orientation

☐ Age and gender of a child under 18 is not used as a basis for denying a family's admission for a project

Please verify that the project has all of the following HEARTH required policies and procedures in place.

If any of the required policies are not in place, please explain *

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[                                                                        ]
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Attachments

Please attach all required supporting documentation and other relevant materials related to your Letter of Intent.

Attachment A: Recent Financial Statements *

> Upload   *or drag files here.*

To meet threshold requirements, projects must submit financial statements and independent audit and management letters for the past two years.

Attachment B: APR Report (10/1/17-9/30/18) *

> Upload   *or drag files here.*

Please run and upload the APR report for the program for which you are applying during the reporting period of 10/1/17-9/30/18.

Attachment C: System Performance Measures Report (10/1/17-9/30/18) *

> Upload   *or drag files here.*

Please run and upload the System Performance Measures report for the program for which you are applying during the reporting period of 10/1/17-9/30/18.

Nonprofit Documentation *

> Upload   *or drag files here.*

Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.

HUD 50070 Drug Free Workplace *

> Upload   *or drag files here.*

Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Code of Conduct *

> Upload   *or drag files here.*

Please provide your agency's code of conduct

Does Everything Look Right?

Please review your Letter of Intent for completeness and accuracy.
Once you submit, you will no longer be able to make changes or edits to your LOI.