2023 CoC Renewal Projects Application

Submission Deadline: August 9, 2023 at 5:00 p.m.

Overview

Pasadena Continuum of Care

Renewal Projects Application

FY2023 CoC Application

City of Pasadena Department of Housing

649 N Fair Oaks Ave, Pasadena, CA 91103

Diana Trejo

Homeless Programs Coordinator

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Notice Regarding Disclosure of Contents of Document

All responses to this renewal projects application 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 renewal project applications 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 application which are defined by the contractor as business or trade secrets and plainly marked as "Trade Secret", "Confidential", or "Proprietary". Each element of an application 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

Agency Information

Organization Name

[ ]

UEI Number

[ ]

*On **April 4, 2022**, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by SAM.gov)*

Employer/Tax ID Number

[ ]

Organization Address

[ ]
Address Line 1

[ ]
Address Line 2

[ ] [ ] [ ]
City   State   Zip Code

System for Award Management (SAM) Clearance

○ Yes ○ No

To pass threshold requirements, applicants 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.

Agency Director/CEO Name

[ ]
First

[ ]
Last

Email

[ ]

Phone

[ ]

Contact Person

[ ]
First

[ ]
Last

Email

[ ]

Phone

[ ]

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

Contact Person Title

[ ]

Renewal Project Application Contact

[ ]
First

[ ]
Last

Email

[ ]

Phone

[ ]

Please include the name of the person

*working on the renewal project application
who should recieve the confirmation email
once submitted.*

Renewal Project

[   ]

*Which project is this renewal application being submitted
on behalf of?*

**Is this project requesting to consolidate
during the FY2023 competition?**

☐ Yes ☐ No

*To be eligible for consolidation, the projects
must
have the same recipient and be for the
same component.*

Permanent Housing Renewal Project Application

Responses provided below should be specific to 'sCoC Rental Assistancerenewal project.

1. HMIS Implementation
○ Yes ○ No
To pass threshold requirements, 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.

2. Coordinated Entry System Participation
○ Yes ○ No
To pass threshold requirements, projects are required to participate in the Coordinated Entry System (CES) when it is available for the project type.

3. Project Address

[ ]
Address Line 1

[ ]
Address Line 2

[ ]   [ ]   [ ]
City   State   Zip Code

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 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. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4. Target Population: (select all that apply)

☐ Veterans   ☐ Chronically Homeless   ☐ Families with Children

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

☐ Mental Illness   ☐ HIV/AIDS   ☐ N/A - Project Serves all Populations

☐ [ ]
Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

HMIS Data Quality

Please refer to Question 6c (Data Quality: Income and Housing Data Quality) of your APR for reporting period of 10/1/21 - 9/30/22 to answer all of the following questions.

1. Destination Error Count (3.12)

[ ]

Enter the number of errors for Destination (Row 3 Column 2)

2. Destination Error Rate (3.12)

[ ]

Enter the percent of errors for Destination (Row 3 Column 3)

3. Income Error Count at Start (4.2)

[ ]

4. Income Error Rate at Start (4.2)

[ ]

Enter the number of errors for Income and Sources at Start (Row 4 Column 2)

Enter the percent of errors for Income and Sources at Start (Row 4 Column 3)

5. Income Error Count at Annual Assessment (4.2)

6. Income Error Rate at Annual Assessment (4.2)

Enter the percent of errors for Income and Sources at Annual Assessment (Row 5 Column 3)

Enter the number of errors for Income and Sources at Annual Assessment (Row 5 Column 2)

7. Income Error Count at Exit (4.2)

8. Income Error Rate at Exit (4.2)

Enter the number of errors for Income and Sources at Exit (Row 6 Column 2)

Enter the percent of errors for Income and Sources at Exit (Row 6 Column 3)

9. Description of Activities to Maintain or Improve HMIS Data Quality

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

Bed Utilization

*Please refer to **APR question 8b (column 2)**. Point-in-Time Count of Households on the Last Wednesday and the **2022 HIC** to answer the following questions.*

APR Date Range: 10/1/21-9/30/22

Total Units (based on 2022 HIC)	January HH PIT	April HH PIT	July HH PIT	October HH PIT
0	0	0	0	0
1. January Utilization	**2. April Utilization**	**3. July Utilization**	**4. October Utilization**	

5. Total Average Utilization
0%

6. Activities to Maintain or Improve Bed Utilization Rates

Please outline any activities your agency is implementing to either maintain high, or improve, bed utilization rates.

7. Explanation of Low Bed Utilization Rates

Please explain any total average utilization rates below 80%.

System Performance Measures

*Please use the Systems Performance Measure (SPM) report with the **date range 10/1/21-9/30/22** to answer the questions below.*

SPM 2: Recidivism

Refer to SPM 2a. and 2b *(The Extent to which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 months)., **row 6 entitled "Exit was from PH" for the following questions.***

1. Number of Persons Who Exited to PH

Column 2, Total Number of Persons who Exited to a Permanent Housing Destination (2 Years Prior)

2. Percent of Returns in < 6 Months	**3. Percent of Returns in 6-12 Months**
Column 4, (0 - 180 d)	*Column 6, (181 - 365 d)*
4. Percent of Returns in 13-24 Months	**5. Percent of Returns in 2 Years**
Column 8, (366 - 730 d)	*Column 10*

6. Returns to Homelessness Narrative

Please describe your project's strategy to reduce returns to homelessness.

SPM 4.1-3: Income (Stayers)

Change in earned income for adult system stayers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.1 - 4.3).

1. Universe: Number of Adults (4.1, system stayers)

Enter the number of adult system stayers (row 2, column 3)

2. Percent with Increased Earned Income (4.1, system stayers)

Enter the percentage of adult system stayers who increased earned income (row 4, column 3)

3. Percent with Increased Non-Employment Cash Income (4.2, system stayers)

Enter the percentage of adult system stayers who increased non-employment cash income (row 4, column 3)

4. Percent with Increased Total Income (4.3, system stayers)

Enter the percentage of adult system stayers who increased total income (row 4, column 3)

SPM 4.4-6: Income (Leavers)

Change in earned income for adult system leavers during the reporting period. Refer to the column entitled "Current FY" for the following questions (metrics 4.4 - 4.6).

5. Universe: Number of Adults (4.4, system leavers)

Enter the number of adult system leavers (row 2, column 3)

6. Percent with Increased Earned Income (4.4, system leavers)

Enter the percentage of adult system leavers who increased earned income (row 4, column 3)

7. Percent with Increased Non-Employment Cash Income (4.5, system leavers)

Enter the percentage of adult system leavers who increased non-employment cash income (row 4, column 3)

8. Percent with Increased Total Income (4.6, system leavers)

Enter the percentage of adult system leavers who increased total income (row 4, column 3)

9. Jobs and Income Growth Narrative

Please describe the following:

1. Your project's strategy to assist participants with accessing employment and non-employment cash sources.

2. How the project is working with mainstream employment organizations to help people experiencing homelessness increase their cash income.

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.

1. 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. (row 2, column 3)

2. Percent of Successful Exits/Retention

Enter the percentage of successful exits/retention. (row 4, column 3)

3. Housing Retention Narrative

Please describe your project's strategy to maintain or improve permanent housing retention.

Program Design and Service Delivery

1. Serving People with the Highest Service Needs

Please refer to APR Q13c.2. and sum the rows entitled "2 conditions" and "3+ conditions" (column 2). Divide this number by the total number of persons (row 9).

2. Previously Unsheltered Program Participants

Please refer to APR Q.15 row entitled "place not meant for human habitation" (column 2). Divide this number by the total number of persons.

3. Serving People with the Longest Experiences of Homelessness

4. Chronically Homeless at Project Entry

> *Please refer to APR Q.22e. (Length of Time Prior to Housing - based on 3.917 Date Homelessness Started)*
>
> *Sum the rows entitled "366 to 730 days (1-2 Yrs)" and "731 days or more" (column 2). Divide this number by the total number of persons.*

> *Please refer to APR Q.26a. row entitled "Chronically Homeless " (row 2, column 2). Divide this number by the total number of persons (row 6, column 2).*

5. Rapid Move In

> *Please refer to APR Q.22c. (Length of Time between Project Start Date and Housing Move-in Date). Enter the number that appears for "Average Length of Time to Housing" (row 11, column 2).*

6. Minimizing Negative Program Exits

> *Please refer to APR Q.23c. (Exit Destination). Sum the total number of participants who exited to Temporary Destinations and Institutional Settings (excluding deceased, long-term care facility or nursing home) and divde this number by the total number of exits.*

7. BIPOC Enrollment (race)

> *Please refer to APR Q.12a. (Race). Sum the total number of people served by the project who are Black, Indigenous People of Color (BIPOC), which is inclusive of all races except for white (rows 3-9, column 2), and divide this number by the total number of participants (row 10, column 2).*

8. BIPOC Enrollment (ethnicity)

> *Please refer to APR Q.12b. (Ethnicity). Sum the total number of people served by the project who are Hispanic/Latin(a)(o)(x), Client Doesn't Know/Client Refused, and Data Not Collected (rows 3-5, column 2), and divide this number by the total number of participants (row 6, column 2).*

9. Racial Disparity Analysis
☐ Yes ☐ No
Does your project analyze whether or not BIPOC are more likely to have a negative outcome outside of the CoC competition?

*Please note - Full points are provided to projects that attach an example of a previously conducted analysis in the Attachment section.

11. Advancing Racial Equity

Please describe:

1. Any barriers to participation the applicant has identified (i.e. lease up and retention challenges) that are faced by people of color enrolled in the program;

2. Steps that have been taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and

3. Measures the project has in place to track progress on preventing or eliminating disparities.

12. Inclusion of People with Lived Expertise of Homelessness in Service Delivery and Decision Making

Please describe:

1. Outreach efforts to engage people with lived experience in leadership roles and decision making processes;

2. Professional developement (i.e. internships, continuing education, skill-based training) and employment opportunities that are provided to people with lived experience of homelessness; and

3. Process to gather feedback from people who have received assistance through the CoC program and the steps that are taken to address challenges raised by people with lived experience.

14. Community Reintegration

Please describe the proactive steps that the project is taking to reintegrate participants into the community (i.e. increasing access to education and training opportunities, volunteer and community service opportunities, etc.)

Policies and Procedures

Housing First

1. Does the project quickly move participants into permanent housing without prerequisites or conditions?
☐ Yes ☐ No

2. Does the project enroll program participants who have the following barriers? (select all that apply)

☐ Having too little or no income

☐ Active or history of substance use

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

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

☐ None of the above

All criteria must be selected to meet Housing First requirements

3. Will the project prevent program participants termination for the following reasons? (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   ☐ Loss of income or failure to improve income
to comply with a treatment program

☐ Any other activity not covered in a lease   ☐ None of the above
agreement typically found for unassisted persons in
the project's geographic area

All criteria must be selected to meet Housing First requirements.

4. Housing First Evaluation

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Please describe the tools and methods that are regularly used to ensure the project is following and maintaining fidelity to a Housing First approach throughout implementation and operation.

Anti-Discrimination

5. Anti-Discrimination Policy
○ Yes ○ No
Does your organization have their own anti-discrimination policy consistent with the CoC-wide anti-discrimination policy?

*Please note an attachment is required to recieve full points. Applicants that select yes and do not upload an attachment will not recieve points.

6. Anti-Discrimination Narrative

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Please describe how the project ensures the privacy, respect, safety, and access to assistance for participants regardless of gender identity or sexual orientation?

Connection to Mainstream Benefits

7. Activities Related to Mainstream Benefits (select all that apply)
☐ Transportation assistance to clients to attend   ☐ At least annual follow-ups with participants to

mainstream benefit appointments, employment training, jobs, etc.

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 provides the following activities at least once per program year.

8. SOAR Certification Narrative

Please describe the strategies used to promote SOAR certification among program staff, if any.

9. Healthcare Mainstream Benefits Assistance Narrative

Please describe how the project collaborates with healthcare organizations, including those that provide susbtance use disorder and mental health treatment, to assist program participants with recieving healthcare services, including MediCal.

HEARTH Act Compliance

This section 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.

10. 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. Full points will only be awarded to projects that meet these requirements.

11. 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. Full points will only be awarded to projects that meet these requirements.

12. 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. Full points will only be awarded to projects that meet these requirements.

13. 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. Full points will only be awarded to projects that meet these requirements.

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

Grant Utilization and Financial Efficiency

Please answer the following questions related to grant utilization and financial efficiency. In addition, projects will be evaluated on the percent of funds available for recapturing by HUD over the past two years and cost effectiveness (i.e. the cost per housing outcome) based on information provided by the City of Pasadena Finance Department.

1. Unspent Funds for Most Recent Grant Term

Please utilize the final drawdown supporting documentation provided by city staff via email on 7/5/23. Contact dtrejo@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available	Total Unspent Grant Funds	Percentage of Unspent Funds
$0.00	$0.00	0.00%

2. Grant Spending History (2 years)

Please utilize the final drawdown supporting documentation provided by city staff via email on 7/5/23. Contact dtrejo@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available	Total Unspent Grant Funds in	Percentage of Unspent Funds

$0.00 $0.00

Two Year Average Unspent Funds
0%

4. 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.

6. 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?

7. Federal Debt
○ Yes ○ No
Is your agency delinquent on any Federal debt?

8. Indirect Costs
○ Yes ○ No
Will this project allocate funds accordnig to an indirect cost rate?

9. Other Government Assistance

Applicants must report any other government assistance involved in the project or activity for which assistance is sought. "Other government assistance" is defined to include, but is not limited to, any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought. If no other government assistance will be provided, please indicate N/A.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

10. Interested Parties

*Applicants **must disclose**:*
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity; and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

If there are no parties with a financial interest in the project, please indicate N/A.

First and Last Name	Type of Participation	Financial Interest ($)	Financial Interest (%)

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for CoC Rental Assistance

HUD 50070 Drug Free Workplace
All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Proof of SAM Clearance
Please upload documentation providing evidence that your agency has active SAM clearance at the time of application submission.

Racial Disparity Analysis
Please upload an example of a previously conducted racial disparity analysis that examines whether or not BIPOC are more likely to have a negative outcome to receive full points for this question.

Anti-Discrimination Policy
Please upload a copy of your project/agency's anti-discrimination policy to receive full points for this question.

Approved Indirect Cost Rate (Optional)
Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.

Updated Annual Performance Report (Optional)
Project applicants have the option to upload an updated APR that corrects any identified data errors.

Updated System Performance Measures Report (Optional)
Project applicants have the option to upload an updated SPM that corrects any identified data errors.

Completed HUD Housing First Assessment Tool (Required for Bonus Points)
Projects that upload a completed spreadsheet of HUD's Housing First Assessment Tool will recieve two (2) bonus points.

Coordinated Entry System Renewal Project Application

Responses provided below should be specific to 'sCoordinated Entry System (CES)renewal project.

1. HMIS Implementation

○ Yes ○ No

To pass threshold requirements, 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.

HMIS Implementation Explanation

[   ]

Please explain why the project will not participate in HMIS and what comparative data base (if any) is utilized to collect client-level information.

2. Coordinated Entry System Participation

○ Yes ○ No

To pass threshold requirements, projects are required to participate in the Coordinated Entry System (CES) when it is available for the project type.

CES Participation Explanation

[   ]

Please explain why the project will not participate in CES.

3. Project Address

[   ]
Address Line 1

[   ]
Address Line 2

[   ] [   ] [   ]
City   State   Zip Code

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 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. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4. Target Population: (select all that apply)

☐ Veterans ☐ Chronically Homeless ☐ Families with Children

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

☐ Mental Illness ☐ HIV/AIDS ☐ N/A - Project Serves all Populations

☐ [   ]

Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

HMIS Data Quality

Please refer to Question 6c (Data Quality: Income and Housing Data Quality) of your APR for reporting period of 10/1/21 - 9/30/22 to answer all of the following questions.

1. Destination Error Count (3.12)

2. Destination Error Rate (3.12)

_____

Enter the number of errors for Destination (Row 3 Column 2)

_____

Enter the percent of errors for Destination (Row 3 Column 3)

3. Income Error Count at Start (4.2)

_____

Enter the number of errors for Income and Sources at Start (Row 4 Column 2)

4. Income Error Rate at Start (4.2)

_____

Enter the percent of errors for Income and Sources at Start (Row 4 Column 3)

5. Income Error Count at Annual Assessment (4.2)

_____

Enter the number of errors for Income and Sources at Annual Assessment (Row 5 Column 2)

6. Income Error Rate at Annual Assessment (4.2)

_____

Enter the percent of errors for Income and Sources at Annual Assessment (Row 5 Column 3)

7. Income Error Count at Exit (4.2)

_____

Enter the number of errors for Income and Sources at Exit (Row 6 Column 2)

8. Income Error Rate at Exit (4.2)

_____

Enter the percent of errors for Income and Sources at Exit (Row 6 Column 3)

9. Description of Activities to Maintain or Improve HMIS Data Quality

_____

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

Access to Coordinated Entry

1. Access Points

☐ A hotline or 211 system where clients call a central phone number for access to housing/services

☐ A central location (i.e. a walk-in center for access to housing/services)

☐ A regional approach where walk-in locations are scatted for easy access to locations throughout the geography

☐ A no-wrong door approach where clients may present at any housing/service provider in the participating geography and is assessed using the same tool and methodology as all other projects use across the system.

☐ A specialized team of workers which provide assessment services at locations not meant for human habitation (e.g. streets)

☐ _____

Identify the ways participants can access the Coordinated Entry System. (select all that apply)

2. Access to CES Narrative

Describe how access to the CES works for people in need of services and how the CES prioritizes people most in need of assistance.

3. CES Access for Special Populations

Describe how access to the CES is promoted among special populations (i.e. adults, families, youth, DV survivors, etc). Describe how it is similar or different to other populations' access.

NOTE: DV projects should also describe efforts to improve the ability of the CES to meet the needs of DV survivors while maximizing client choice for housing and services. Projects should also describe the protocols that prioritize safety and incorporate trauma-informed, victim-centered services.

4. CES Access for Other Populations

How is the CES easily accessible by other populations, such people with limited English proficiency and people with visual, auditory, or mobility impairments?

NOTE: DV projects should also describe how the CES maximizes client choice for housing and services while ensuring safety and confidentiality.

5. CES Coverage
☐ Yes ☐ No
Does the CES project cover the CoC's entire geographic area?

7. Affirmatively Markets Housing and Services
☐ Yes ☐ No
Does the CES project implement affirmative marketing procedures to ensure all people seeking assistance are informed of their rights and remedities under federal, state and local fair housing

and civil rights laws?

8. Affirmatively Furthering Fair Housing

[text box]

Describe how the CES project informs participants of their rights and remedies available under fair housing and civil rights laws. What processes are in place to report any conditions or actions that impeded fair housing choice for current and prospective participants?

9. BIPOC Enrollment (race)

[text box]

Please refer to APR Q.12a. (Race). Sum the total number of people served by the project who are Black, Indigenous People of Color (BIPOC), which is inclusive of all races except for white (rows 3-9, column 2), and divide this number by the total number of participants (row 10, column 2).

10. BIPOC Enrollment (ethnicity)

[text box]

Please refer to APR Q.12b. (Ethnicity). Sum the total number of people served by the project who are Hispanic/Latin(a)(o)(x), Client Doesn't Know/Client Refused, and Data Not Collected (rows 3-5, column 2), and divide this number by the total number of participants (row 6, column 2).

11. Racial Disparity Analysis

☐ Yes ☐ No

Does your project analyze whether or not BIPOC are more likely to have a negative outcome outside of the CoC competition?

*Please note - Full points are provided to projects that attach an example of a previously conducted analysis in the Attachment section.

13. Advancing Racial Equity

[text box]

Please describe:

1. Any barriers to participation the applicant has identified (i.e. lease up and retention challenges) that are faced by people of color enrolled in the program;

2. Steps that have been taken to address these barriers and/or disparities in the provision of assistance to improve racial equity; and

3. Measures the project has in place to track progress on preventing or eliminating disparities.

14. Participative Planning and Implementation

Please describe:

1. What steps are taken to ensure that traditionally marginalized populations (such as racial and ethnic minorities and persons with disabilities) are able to meaningfully participate in the CES planning process?

2. How is the feedback provided by these populations incorporated into the CES?

NOTE: *DV projects should also describe the process for involving survivors in the planning process throughout the project's operation.*

15. Inclusion of People with Lived Expertise of Homelessness

What is the process to gather feedback from people who have received assistance through the CES and what steps are taken to address the challenges raised and feedback provided by people with lived experience?

NOTE: *DV projects should also describe the process for involving survivors who have recieved assistance.*

16. Engaging Organizations

Please describe how the CES engage with a broad range of organizations (e.g., local government, law enforcement, affordable housing developers, early childhood programs, education authorities, mental health organizations.) that participate in the coordinated entry system.

Screening and Assessment

1. Standardized Assessment
☐ Yes ☐ No

2. Assessment Tool by Household Type
☐ Yes ☐ No

Does the CES use a standardized assessment process and assessment tool?

Does the CES utilize population-specific assessment tools (i.e. households without children, households with children, households with unaccompanied youth only, households fleeing violence)

3. Assessment Tools Narrative

Please describe how different CE assessment tools utilized and how is each tool administered.

<u>NOTE</u>: *DV projects should describe the CES implements protocols for safety, planning, and confidentiality for victims of DV, dating violence, sexual assault, and stalking in the assessment process.*

4. CES Prioritization

☐ Yes ☐ No

Does the CES have a method to prioritize households that takes into account community needs?

5. CES Prioritization Narrative

Please describe how the CES prioritizes households in need of assistance while taking into account community needs (i.e. severity of client needs, length of time homeless, subpopulation characteristics, etc.)

6. Rapid Obtainment of Permanent Housing

☐ Yes ☐ No

Does the CES ensure that permanent housing is rapidly obtained consistent with participant preferences?

7. Rapid Obtainment of Permanent Housing Narrative

*Please describe how the CES ensures that permanent housing is **rapidly** obtained consistent with*

participant preferences.

8. Reducing Burdens

☐ Yes ☐ No

Does the CES take steps to reduce burdens on people utilizing coordinated entry, including any invasive questions or complexity in the assessment processes?

9. Reducing Burdens Narrative

[ ]

Please describe how the CES takes steps to reduce burdens on people utilizing coordinated entry, including any invasive questions or complexity in the assessment processes.

Grant Utilization and Financial Efficiency

Please answer the following questions related to grant utilization and financial efficiency. In addition, projects will be evaluated on the percent of funds available for recapturing by HUD over the past two years and cost effectiveness (i.e. the cost per housing outcome) based on information provided by the City of Pasadena Finance Department.

1. Unspent Funds for Most Recent Grant Term

Please utilize the final drawdown supporting documentation provided by city staff via email on 7/5/23. Contact dtrejo@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available	Total Unspent Grant Funds	Percentage of Unspent Funds
$0.00	**$0.00**	**0.00%**

2. Grant Spending History (2 years)

Please utilize the final drawdown supporting documentation provided by city staff via email on 7/5/23. Contact dtrejo@cityofpasadena.net if you do not have access to this information.

Total Grant Funds Available in Performance Year 2020-2021	Total Unspent Grant Funds in Performance Year 2020-2021	Percentage of Unspent Funds in Performance Year 2020-2021
$0.00	**$0.00**	

Two Year Average Unspent Funds

0%

3. Explanation of Underspending

*Please explain any contributing factors for underspending CoC grant funds and actions that are being taken to address this. **Points are only available to projects with 10% or more of unspent funds for the past two grant terms.***

4. 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.

6. 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?

7. Federal Debt
○ Yes ○ No

Is your agency delinquent on any Federal debt?

8. Indirect Costs
○ Yes ○ No

Will this project allocate funds accordnig to an indirect cost rate?

9. Other Government Assistance

*Applicants must report any other government assistance involved in the project or activity for which assistance is sought. "Other government assistance" is defined to include, but is not limited to, any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought. **If no other government assistance will be provided, please indicate N/A.***

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

10. Interested Parties

*Applicants **must disclose:***
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity; and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought

that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

If there are no parties with a financial interest in the project, please indicate N/A.

First and Last Name	Type of Participation	Financial Interest ($)	Financial Interest (%)

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for Coordinated Entry System (CES)

HUD 50070 Drug Free Workplace
All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Proof of SAM Clearance
Please upload documentation providing evidence that your agency has active SAM clearance at the time of application submission.

Racial Disparity Analysis
Please upload an example of a previously conducted racial disparity analysis that examines whether or not BIPOC are more likely to have a negative outcome to receive full points for this question.

Approved Indirect Cost Rate (Optional)
Project applicants requesting to utilize a Federally approved indirect cost rate for billing may attach the approved agreement.

Updated Annual Performance Report (Optional)
Project applicants have the option to upload an updated APR that corrects any identified data errors.

Updated System Performance Measures Report (Optional)
Project applicants have the option to upload an updated SPM that corrects any identified data errors.

Projects in Operation for Less than 1 Year Renewal Application

Responses provided below should be specific to Home First Pasadena renewal project.

HMIS or Comparable Database

1. HMIS or Comparable Database Participation
☐ Yes ☐ No
Is the project set up in HMIS or a comparable database?

2. HMIS or Comparable Database Data Entry
☐ Yes ☐ No
Is the project entering client data in HMIS or a comparable database? An HMIS program roster or an equivalnet report upload is required to recieve full points.

Coordinated Entry System Participation

1. CES Participation
☐ Yes ☐ No
Is the project participating in the Coordinated Entry System (CES)?

Commitment to Housing First

1. Does the project quickly move participants into permanent housing without prerequisites or conditions?
☐ Yes ☐ No

2. Does the project enroll program participants who have the following barriers? (select all that apply)
☐ Having too little or no income
☐ Active or history of substance use
☐ Having a criminal record with exceptions for state-mandated restrictions
☐ History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
☐ None of the above

All criteria must be selected to meet Housing First requirements

3. Will the project prevent program participants termination for the following reasons? (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
☐ None of the above

All criteria must be selected to meet Housing First requirements.

4. Housing First Evaluation

Please describe the tools and methods that are regularly used to ensure the project is following and maintaining fidelity to a Housing First approach throughout implementation and operation.

Project Enrollment

1. Number of people currently enrolled in the project

Based on program roster

2. Number of people the project proposed to serve

Based on 2022 CoC project application

3. Project Enrollment Percentage

The number of people currently enrolled in the project divided by the total number of people the project proposed to serve

4. Enrollment Narrative

Please explain any contributing factors for delayed project enrollments and actions that are being taken to address this

Staff Capacity

1. Hired Staff

☐ Yes, fully staffed

☐ Yes, partially staffed

☐ No, no staffing in place

Have staff that will be supporting this project been hired and onboarded?

2. Staffing Narrative

Please describe the project's staffing progress, including any contributing factors to delayed hiring and

actions that are being taken to address this.

Grant Utilization

1. Total Funding Available

2. Total Funding Reimbursed through June 30, 2023

Information current as of 7/17/23.

3. Funding Spent through June 30, 2023

4. Explanation of Underspending

Please explain any contributing factors for delayed spending of CoC grant funds and actions that are being taken to address this.

*Points only available to projects that have spent less than 30% of funding contracted for the grant term. Total funding reimbursed through June 2023 is current as of 7/17/23.

Attachments

Please attach all required supporting documentation and other relevant materials related to your renewal application for Home First Pasadena

HUD 50070 Drug Free Workplace

All projects are required to submit a signed HUD 50070 form for submission with the CoC's consolidated application. Access the form here: https://www.hud.gov/sites/documents/50070.PDF

Proof of SAM Clearance

Please upload documentation providing evidence that your agency has active SAM clearance at the time of application submission.

HMIS or Comparable Database Program Roster

Review

Does Everything Look Right?

Please review your Home First Pasadena renewal project application for completeness and accuracy.

Once you submit, you will no longer be able to make changes or edits to your application.

Certification and Submit

Renewal Application Certification

Authorization

☐ The above-named applicant hereby submits a renewal project application for inclusion in the City of Pasadena FY2023 Consolidated Application for the Department of Housing and Urban Development Continuum of Care (CoC) 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 renewal project application are, to the best of my knowledge and belief, true and correct. I possess the legal authority to submit this renewal project application on behalf of the entity identified in the signature block.

Name of Authorized Representative

First

Last

Title

Signature of Authorized Representative

Date