



MARION COUNTY BOARD OF COUNTY COMMISSIONERS
 COMMUNITY SERVICES
 FY 2024 - 2025 NOFO COC COMPETITION
 PPZ61 CHALLENGE GRANT OPPORTUNITY

COVER SHEET & RISK ANALYSIS

This cover sheet assesses the applicant’s financial stability and capacity risk. This also includes a description regarding thresholds that aren’t asked within the full application. This document is required for all applicants and should be emailed to coc@marionfl.org along with all required documents listed. The NOFO full application will be completed in E-snaps and the Challenge Grant full application can be found on the funding website link: [Resources & Funding Availability](#).

SECTION 1

ORGANIZATION AND PRIMARY CONTACT

Applicant Name	_____
Executive Director Name	_____
Email	_____
Phone	_____
Main POC if different	_____
Email	_____
Phone	_____

PROJECT INFORMATION AND FUNDING SELECTION

Project Name	_____		
Project TYPE	NOFO COC BONUS		
<i>Select one. Submit a separate cover sheet if you are applying for multiple projects.</i>	New PH-PSH	New Joint TH/RRH	New PH-RRH
	NOFO DV BONUS		
	New PH-RRH	New SSO-CE	New Joint TH/RRH
	NOFO RENEWAL		
	HMIS	SSO-CE	PH-RRH
	DCF Challenge		
	Emergency Shelter	Other	_____

SECTION 2

REQUIRED ATTACHMENTS FOR SCORING EVALUATION

- HUD required certifications noted in Esnaps Screen 1A – 1L including 7A
- HMIS Lead Report (DQ)
- Collaborative Applicant Attendance
- Project Need Backup (New Projects)
- Recent A133 or Most Recent Audit
- Evidence of 501 (c) 3 Status (if applicable)
- IRS final determination letter providing tax-exempt – including subrecipient if applicable
- Copy of System for Award Management (SAM)
- Current List of Board of Directors (associated role if applicable)
- Supplemental Document: Coversheet & Risk Analysis
- Organizational Chart
- Agency Yearly Budget Report
- Balance Sheet for the Last Three (3) Years
- Federal Form 990 or Equivalent
- Application-Related Program Policies
- 3rd party match
- Replacement Reserve if Applicable

SECTION 3

FINANCE STABILITY INFORMATION

Finance/Accounting Lead Person (name/title)	_____
Phone	_____
Email	_____
Who is your designated fiscal agent?	_____
What is your annual budget size?	_____
How is your budget allocated among different program expenses?	_____
What percentage of your budget goes toward overhead?	_____
Do you have financial reserves or savings?	Yes No
How do you generate revenue aside from donations and grants?	_____
Do you commit to a quarterly drawdown?	Yes No

SECTION 4

POLICY SUPPLEMENTAL INFORMATION

LOCALLY MANDATED POLICY PRIORITIES

As Ocala/Marion County CoC works to make homelessness rare brief and non-recurring, the following policies are recommended by HUD and will be implemented CoC-wide. Each organization requesting funds will be scored based on implementing the following policies. Applicants will not be penalized if policies aren't currently in place provided, they implement the plan 90 days following the executed contract.

POLICY PRIORITY	CURRENT STATUS OF POLICY
Utilizing a housing-first approach <i>organization helps those experiencing a housing crisis to move in quickly while having (1) little to no income, (2) substance use (3) a criminal record except state-mandated restrictions, (4) experience of domestic violence, or sexual assault, or childhood abuse</i>	Current internal policy Implementation plan for internal policy N/A HMIS – projects
Racial Equity <i>organization has or will (1) assess program deficiencies related to racial equity within their program and (2) implement/respond to necessary changes identified in the assessment</i>	Current internal policy Implementation plan for internal policy
Improving LGBTQ+ <i>this organization has or will (1) assess discrimination based on gender or sexual orientation and how it will (2) address the needs of those identified</i>	Current internal policy Implementation plan for internal policy
Improving system performance measures <i>this organization works to assess its effectiveness in the established system performance measures (1) **length of time homeless, (2) **returns to homelessness, (3) first-time homeless, (4) increase earned and non-cash income, (5)** successful permanent housing placement</i>	Current internal policy Implementation plan for internal policy
Lived expertise <i>the organization (1) incorporates people who are experiencing homelessness in their local planning and decision-making process. How are (2) policies assessed and revised to ensure improved effectiveness of programs with the expertise of those who've experienced or are currently experiencing homelessness</i>	Current internal policy Implementation plan for internal policy
Building an effective workplace <i>organization will (1) recruit and retain qualified staff for programs and how they will (2) apply a cost of living/industry assessment to support the staff and improve the pay for those working in the homeless sector</i>	Current internal policy Implementation plan for internal policy

ORGANIZATIONAL LEADERSHIP REPRESENTATION AND DECISIONS (EQUITY)

Describe the organization's plan to ensure (1) LGBTQ, (2) homeless or formerly homeless representation. Also, include how policies will be developed with a (3) equitable lens. If any of the policies are already in place, provide documentation and state, "see attached policy named..."

Address all three areas

PROGRAM OUTCOMES REPRESENTATION AND DECISIONS (EQUITY)

Describe the organization's plan to ensure (1) the review of participant outcomes, (2) identification of changes to make outcomes more equitable. Also, include the applicants intent to (3) disaggregate data by race. If any of the policies are already in place, provide documentation and state, "see attached policy named..."

Address all three areas.

COORDINATED ENTRY NARRATIVE

Describe how this project participates (will participate) in the coordinated entry process. The description should include how you receive participants or participate in specific activities of the CE process. If a policy is in place, a copy of the policy can be submitted in lieu of the description. In the description box, state, "see attached policy named..."

HOUSING FIRST PROJECT NARRATIVE

Describe how this project will handle participants with little or no income, active or history of substance, criminal records (except state-mandated), and history of victimization. If a policy is in place, a copy of the policy can be submitted in lieu of the description. In the description box, state, "see attached policy named..."

Describe how this project will handle participants who fail to participate in supportive services, make progress on a service plan, don't improve income, or do any other activities outside of the lease agreement. If a policy is in place, a copy of the policy can be submitted in lieu of the description. In the description box, state, "see attached policy named..."

DATA QUALITY PLAN

Describe how the project will maintain data quality and improve their current score if below 90%. If a policy is in place, a copy of the policy can be submitted in lieu of the description. In the description box, state, "see attached policy named..."

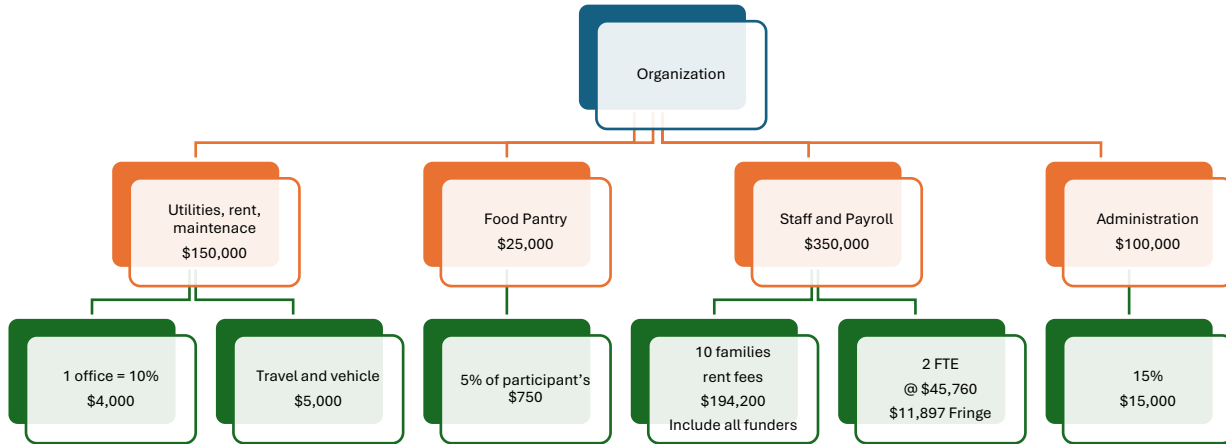
PROJECTED COSTS & OUTCOMES SUPPLEMENTAL INFORMATION

PROGRAM COST-EFFECTIVENESS

A visual example is provided on the next page.

<p>The estimated cost of the program (when estimating program cost, this should include all like programs the applicant currently operates under the same project type. Using the calendar year 1/1/2023 – 12/31/2023 budgets, total served reporting will be sufficient)</p>	
<p>1. The program portion of operations—accounts for all costs related to running the organization's buildings, shelters, maintenance, rent, utilities, payroll for staff, property taxes, security, and supplies. What portion of the operations does this program type account for?</p>	\$ _____
<p>2. The program portion of rental assistance—all costs related to direct participant assistance. Leasing units, deposits, rents/arrearage, moving costs, and incentives to the landlord.</p>	\$ _____
<p>3. The program portion of services—all costs related to providing case management or supportive services to households enrolled in a program. Typical services costs are payroll for case management, intake, and outreach as relevant to the program, transportation for staff and clients, computers and phones for staff, and contracted services such as legal assistance.</p>	\$ _____
<p>4. The program portion of administrative—all costs related to the functioning of an organization that is not program-specific. Often administrative costs are allocated across all the programs an organization operates. Typical costs are management staff, IT, audit, accounting, and legal.</p>	\$ _____
<p>Estimated number of unique participants served</p>	_____
<p>Estimated number of unique participants who will exit to permanent housing.</p>	_____
<p>Average cost per total served</p>	_____
<p>Average cost per total exited to permanent housing</p>	_____

For example: Blue is the organization, orange is the organization's budget as a whole, and green is the portion of the budgets that fully operate the project type. If the participants utilize other resources beyond the project itself, think of the percentage of that resource or budget that goes to the clientele. For projects like HMIS, participants would be considered users.



PROJECTED OUTCOMES FOR PSH, RRH, AND JOINT TH/RRH NEW AND RENEWAL

Projects should anticipate the following outcomes. Once the project is operating, these outcomes will be a part of the quarterly evaluation. Complete the information below regarding the intended outcomes.

SEVERE NEEDS	
1.	What percentage of participants do you anticipate will have 1 or more disabling conditions? _____
2.	What percentage of participants do you anticipate to come from an unsheltered situation? _____
3.	What percentage of participants do you anticipate to have zero income at entry? _____
INCOME INCREASE	
4.	What percentage of adults do you anticipate increasing their earned income? _____
5.	What percentage of adults do you anticipate increasing non-cash income? _____
EXITS	
6.	What percentage of participants do you anticipate exiting to a permanent destination? _____
7.	What percentage of participants do you anticipate returning to homelessness after being permanently housed? _____
LENGTH OF STAY	
8.	What is the average time you anticipate it will take to move the participant into housing? Enrollment date to Move in. _____

PROJECTED OUTCOMES FOR HMIS RENEWAL

TRAINING AND SUPPORT	
1.	How often will the HMIS Lead provide Privacy and Security Training? <hr/>
2.	Does the HMIS Lead provide physical training material for the training selected in Screen 4B? – if some note how many. Yes All Some No <hr/>
3.	How often does the HMIS Lead offer New User Training? <hr/>
4.	Are training dates posted and scheduled for easy access? Yes No <hr/>
5.	What is the process for accessing technical help or custom reporting? <hr/>
REPORTING	
6.	Will the HMIS Lead provide dashboards/performance reports that indicate CoC-Wide outcome? Yes No
7.	Will the HMIS Lead provide dashboards/performance reports that indicate provider level outcomes? Yes No
8.	Will the HMIS Lead provide dashboard/performance reports that indicate funding outcomes? Yes No
9.	Will the HMIS Lead provide dashboards/performance reports for equity outcomes? Yes No

PROJECTED OUTCOMES FOR SSO-CE NEW AND RENEWAL

SEVERE NEEDS	
1.	What percentage of participants do you anticipate will have 1 or more disabling conditions? _____
2.	What percentage of participants do you anticipate to come from an unsheltered situation? _____
3.	What percentage of participants do you anticipate to have zero income at entry? _____
TRAINING	
4.	At what frequency will training occur _____
5.	What types of training will occur? _____
6.	Who will the training be offered to? _____
EXITS	
7.	What percentage of participants do you anticipate exiting to a permanent housing resource? _____
LENGTH OF STAY	
8.	What is the anticipated average length of time from CE access to Resource Match? _____
9.	What is the anticipated average length of time from Resource Match to Provider Engagement? – include both first contact and enrollment of the provider. _____
10.	What is the anticipated average length of time from Resource Match to Housing Placement? _____