



Office of Homelessness Prevention and Intervention

Application for Emergency Shelter Funding

Purpose

Lexington-Fayette Urban County Government intends to make funds available for Fiscal Years 2016 and 2017 for the purpose of providing emergency shelter for people experiencing homelessness. Grants will be awarded to organizations on a bi-annual basis. The second year of funding will be based on Lexington-Fayette Urban County Council budget appropriation and approval.

Eligibility

Eligible applicants are non-profit 501c3 organizations with a physical presence in Lexington-Fayette County. Applicants must also have a current, complete profile on GoodGivingGuide.net and must agree to enter at least the minimum Universal Data Elements for each shelter participant into the Kentucky Homeless Management Information System (HMIS) except where exempted by law. Complete, accurate use of HMIS is critical as some outcome reports will be collected by LFUCG directly from HMIS.

Applicants also agree, by submitting a request for funding, to participate fully in the Continuum of Care planning processes in Lexington-Fayette County. Full participation includes, – attendance and participation in meetings, special events/activities, committees and development of processes and systems design to improve service delivery for people experiencing homelessness. Additionally, this includes, but is not limited to, agreement to participate in a common assessment once it has been agreed upon and deployed by the Continuum of Care and associated providers.

Applications will be accepted only for the provision of emergency shelter, which is defined as facilities with overnight sleeping accommodations, the primary purpose of which is to provide *temporary* shelter for the homeless in general or for specific populations of the homeless. Transitional and permanent housing are NOT eligible for this emergency shelter funding. All other requests for support from LFUCG should be directed to other application processes including the Department of Social Services' Extended Social Resource Program or Community Development Block Grants from the Division of Grants & Special Projects.

By submitting this application, the organization agrees to comply with all applicable local, state, and federal laws.

Submission

Applications are due by 5 p.m. on Friday, February 20, 2015. Applications received after the deadline will not be considered. Completed electronic applications must be submitted via e-mail to Charlie Lanter in the Office of Homelessness Prevention & Intervention at clanter@lexingtonky.gov. Applicants will receive a reply confirming receipt and acceptance of their application. OHPI will review the applications and may request MINOR corrections. The applicant must submit these corrections by 5 p.m. on February 27, 2015, in order to be considered for funding.

Evaluation

Proposals will be reviewed by the Program Performance and Evaluation Committee of the LFUCG Homelessness Prevention & Intervention Board. This committee comprised of stakeholders involved with homelessness but not direct providers of emergency shelter will evaluate proposals for completeness, program design and use of best practices, compliance with mandates including HMIS, past performance and organizational capacity, and ability to meet community needs. The Program Performance and Evaluation Committee will make funding recommendations to LFUCG through the Chief Administrative Officer who will consult with the Mayor to make final decisions about which proposals to fund and final amounts.

Applicant and Program Information

Section 1: Applicant Information

Applicant Name:

Applicant Mailing Address:

Applicant Physical Address:

Phone:

Fax:

Does your organization have an active and current profile with Blue Grass Community Foundation's GoodGiving.net?

Yes No

Web site address:

Is the information on your Web site current?

Yes No

Applicant's Authorized Representative – typically the Executive Director (Name, Title, Phone, E-mail):

Person Completing Application (Name, Title, Phone, E-mail):

Program Information

Name of emergency shelter program for which funds are requested:

Funding requested for Year 1:

Year 2 Funding will be provided at the same amount unless the total available funding is different in Year 2.

HMIS Compliance – 250 words or less

Please describe organizational compliance with HMIS. If the proposed program does not currently utilize HMIS, describe plans to ensure compliance and entry of all emergency shelter program participants no later than June 30, 2015. **Please note that only those emergency shelter programs in full compliance with HMIS data requirements are eligible to apply for funding.** LFUCG will utilize HMIS data to score future emergency shelter funding applications.

Board of Directors Authorization

Our signatures below acknowledge that we are aware that the information contained in this funding proposal is public record. We further certify that this emergency shelter funding request is consistent with our organization's mission, Articles of Incorporation and Bylaws, and that this application for funding is authorized by our Board of Directors. We hereby provide LFUCG with permission to review all information submitted by our organization to the Blue Grass Community Foundation (GoodGiving.net) as applicable to this application.

Additionally, by submitting this application the organization agrees to comply with all applicable local, state, and federal fair housing laws including the LFUCG Fairness Ordinance and the habitability standards established by the U.S. Department of Housing and Urban Development for its Emergency Solutions Grant program found at 24 CFR 576.403. Applicants also agree to operate in compliance with all applicable local building codes and zoning laws.

Date of Board meeting when Authorization to Apply for Funding was given:

By typing my name* below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this application.

*Alternatively, organizations may submit scanned signatures.

Board Chair/President Typed Name:

Date:

Board Secretary Typed Name:

Date:

Section 2: Program Summary

Number of beds available to the general homeless population for emergency shelter:

Number of beds available but reserved for specific programs such as probation/parole contracts and VA per diem:

Target Population

Beds for unaccompanied men:

Beds for unaccompanied women:

Beds for children and youth*:

Beds for families**:

**Beds for children and youth are those reserved exclusively for that population such as those in a shelter for children only.*

***Family beds are those available to adults or children as part of a unit that serves to keep guardians or caregivers and their children together in the same location or unit.*

Total available emergency shelter beds:

If the number of available emergency shelter beds reported above is different from the number of beds reported on monthly shelter counts collected by the Office of Homelessness Prevention and Intervention then explain the difference:

Annual LFUCG funding requested per bed:

Above calculated as total LFUCG funds requested/total general population beds.

Total cost per bed:

Above calculated as total program cost including ALL funding sources/total general population beds. Exclude beds dedicated for specific programs such as probation/parole contracts and VA per diem.

Percentage of LFUCG funding per bed:

*Above calculated as LFUCG cost per bed/total cost per bed * 100.*

Total number of unduplicated people the program expects to serve:

July 1, 2015 through June 30, 2016:

July 1, 2016 through June 30, 2017:

Days of the week emergency shelter will operate:

Operating hours:

Section 3: Program Narrative

Please limit responses to no more than 350 words per numbered question.

- 3.1 Program Description: Describe the program in detail. Include the shelter intake process, services provided and specific populations targeted.

3.2 Participant Contributions: Are participants required or requested to contribute funds or labor to the program? Are participants required or requested to participate in any classes or programs?

3.3 Preventing and Ending Homelessness: Explain how the program will work with shelter residents to exit the shelter and to which programs and types of housing participants will exit. Additionally, describe how the program will work to prevent future episodes of homelessness.

3.4 Program Need: Describe any specific populations the shelter will target and the identified need among those populations. Provide program and Census data and other relevant statistics to support the premise that this shelter is necessary to meet a need in Fayette County.

3.5 Program Eligibility Criteria: Describe the criteria participants must meet in order to be accepted into and remain in the shelter. This should include any requirements associated with health and personal care which may affect an organization's ability to serve someone.

3.6 Denial of Services Policy: Does the shelter for any reason deny services to potential or existing residents? If yes, describe the policy followed to determine whether someone is not admitted or removed from the shelter and any appeal process available to those denied services. Applicants may submit written operating procedures for denial of services in lieu of this narrative as long as policies answer the questions above. Include date the policy was adopted. Provide data on how many participants were turned away and how many were removed in the previous program year.

3.7 Program Partners: List major contributing partners to the program and their role, including organizations operating permanent housing to which shelter participants can/may exit.

3.8 Coordination of Services: Describe the organization's efforts to collaborate with other groups providing the same or similar services especially those serving the same population? How does this program work with other organizations providing the same or similar services?

Section 4: Program Results and Effectiveness

The following data points should be provided from currently available HMIS data or alternately available organization and program records. Data points and reference dates are taken from HMIS data selection criteria established by the Department of Housing and Urban Development. Future applications will require programs to meet performance thresholds using these and other data as prescribed by HUD and LFUCG. Also for future applications these data points will be accessed directly by LFUCG from HMIS for the purposes of proposal evaluation.

If the applicant does not have data available to report these results for the current cycle then provide a description of the organization's plan to collect the required information and enter it into the HMIS database:

4.1 Average length of stay in the emergency shelter program from:

	Number Served	Average Days
October 1, 2013 through September 30, 2014:		
Target for July 1, 2015 through June 30, 2016:		
Target for July 1, 2016 through June 30, 2017:		

4.2 Number and percentage of residents who exited the program and had returned within 12 months:

	Number	Percentage
October 1, 2013 through September 30, 2014:		
Target for July 1, 2015 through June 30, 2016:		
Target for July 1, 2016 through June 30, 2017:		

4.3 Number and percentage of residents who exited the program who had obtained a job and/or increased income upon exit:

	Number	Percentage
October 1, 2013 through September 30, 2014:		
Target for July 1, 2015 through June 30, 2016:		
Target for July 1, 2016 through June 30, 2017:		

4.4 Number and percentage of residents who exited the program to permanent housing:

	Number	Percentage
October 1, 2013 through September 30, 2014:		
Target for July 1, 2015 through June 30, 2016:		
Target for July 1, 2016 through June 30, 2017:		

Permanent housing is defined as community-based housing without a designated length of stay.

Section 5: Funding and Budget

5.1 Matching Funds: Will LFUCG Emergency Shelter Funding be used to match any other public or private funds?

If yes:

- What is the source of the funding?
- What is the total amount of the match funding?
- Will LFUCG funding be the sole source of local match? If not, what other funding sources will be used to meet the match requirement?
- Ratio of match (Grant Source Funding : LFUCG Funding)

5.2 Total Budget and Requested Amounts

Funding Cycle	Total Budget for Emergency Beds Included in this Application	Amount Requested from LFUCG for Emergency Beds in this Application	LFUCG % of Total Emergency Shelter Budget
Year 1 – 2015-2016			
Year 2 – 2016-2017			
Total Years 1 and 2			

5.3 Year 1 Budget

Complete the chart below indicating total one-year program budget with project totals, amount requested and amount obtained from other sources. Total amount for Year 1 and Year 2 must be the same but variations are allowed within line items.

Budget Category	FY 2015-2016 Project Total	FY 2015-2016 LFUCG Request	FY 2015-2016 Other Sources
Salary			
Fringe Benefits			
Office Supplies			
Program Supplies			
Equipment (computers, furniture, etc.)			
Facility Rent/Mortgage			
Facility Costs (maintenance, custodial, etc.)			
In-Area Travel			
Out-of-Area Travel			
Utilities (electric, gas, phone, internet)			
Client Benefits (bus passes, clothing, personal hygiene, etc.)			
Food or Food Service Costs (clients only)			
Total Direct Costs			
Indirect Costs			
RATE:			
Total			

5.4 Year 2 Budget

Complete the chart below indicating total one-year program budget with project totals, amount requested and amount obtained from other sources. Total amount for Year 1 and Year 2 must be the same but variations are allowed within line items.

Budget Category	FY 2016-2017 Project Total	FY 2016-2017 LFUCG Request	FY 2016-2017 Other Sources
Salary			
Fringe Benefits			
Office Supplies			
Program Supplies			
Equipment (computers, furniture, etc.)			
Facility Rent/Mortgage			
Facility Costs (maintenance, custodial, etc.)			
In-Area Travel			
Out-of-Area Travel			
Utilities (electric, gas, phone, internet)			
Client Benefits (bus passes, clothing, personal hygiene, etc.)			
Food or Food Service Costs (clients only)			
Total Direct Costs			
Indirect Costs			
RATE:			
Total			