**Missouri Balance of State Continuum of Care**

**FY24 NOFO CoC Local Application Instructions**

For the Fiscal Year 2024 NOFO competition, the following considerations should be factored into new applications:

**CAP AMOUNT OF GRANT:**

New projects are recommended to submit grant applications for $325,000 or less. If a project cannot be viable for less than $325,000, the applicant must explain the reason for requesting funds above this threshold. The explanation must detail **why** the extra funds are necessary to the operation of the project.

The Cap Amount does not apply to renewals.

**MO BOS COC FY2024 INELIGIBLE ITEMS:**

While these budget line items may be allowable under HUD guidelines, the MO BoS CoC has determined that the FY24 NOFO has a priority to PSH beds for single adults or households with no children. For this reason, the following applications and/or budget line items will not be funded in this round of competition:

* New construction
* Acquisition of facilities
* Rehabilitation of facilities
* Vehicles
* Supportive service budgets over 35% of the award amount. For example, if an applicant is requesting $325,000, no more than 35% or $113,750 may be requested for supportive services.
* New Supportive Services Only (SSO) grants, which includes the regular competition and DV bonus funds. The CoC has recently received SSO grants that are enrolling people in Coordinated Entry.

**RANK & REVIEW SUBCOMMITTEE:**

The Rank and Review Subcommittee will have discretion to award more or less funds to agencies submitting project applications based on priority status, availability of funds, and drawdown histories.

**LETTER OF INTENT PROCESS:**

If you submitted early with a Letter of Intent, please submit your response letter from CPSEMO about your submission.

If you did not submit a Letter of Intent, please be sure to include all attachments with your application.

**GRANT CONTACT:**

Someone from your agency must be available during the time of Rank and Review to answer any questions that may exist about your application or budget. **This is a requirement.** If someone from your agency is not available and there are questions, your agency will receive a **loss of points** for any matter that cannot be resolved.

**APPLICATION SUBMISSION:**

There are two applications to be submitted for your NOFO submission to be completed. Each agency must complete the eSNAPS application. Please export to a PDF and email along with the local CoC application by the deadline. Please do not hit SUBMIT in eSNAPS until after the final priority listing is approved by the Board of Directors and listed on the Final Priority Listing. Each agency must also complete the local CoC application. These applications are de-duplicated and scoring elements are pulled from both applications. Failure to submit both applications will result in a loss of points for any information that cannot be obtained due to missing applications.

**ADDITIONAL ATTACHMENTS:**

These items are not required for renewals but will help strengthen the overall CoC Consolidated Application and earn points to help score projects in Tier 2. If your agency has relationships with any of these entities, please include a letter of support, MOU, MOA, or any other partnership agreement you have:

* Healthcare, Mental Health, or substance use disorder
* Childcare, pre-K education and services
* Coordination with PHA (Move on Homeless Preference, development, etc.)

**APPLICATION DUE DATES AND TIMES:**

Both applications and all attachments are due by 12:00 pm CST on Monday, September 23, 2024. This is Noon time. All documents must be submitted to the moboscoc@gmail.com email to be considered accepted and submitted. If you have any submission issues, please contact Grans Committee Chair, Reginald Jennings at reginald@capeareahabitat.org or at 573-334-9728.

**NARRATIVE:**

All questions for the CoC local application must be submitted in narrative form on a Word document. There is no page limit to the narratives. The CoC does not want agencies to submit policies in place of narrative. Rank and Review will not be reading pages and pages of agency policy. The narrative section is designed to give you ample space to summarize your descriptions and answer the questions. The only request for attachments in the Narrative Section is for the DV Bonus applications which ask for a safety plan.

**Missouri Balance of State Continuum of Care**

**FY24 NOFO CoC Local Application**

**Name of Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Funding Type: Subcategory:**

\_\_\_\_\_ Rapid Rehousing (RRH) \_\_\_\_\_ DV Bonus Funds

\_\_\_\_\_ Transitional Housing Joint Component (TH-RRH)

\_\_\_\_\_ Permanent Supportive Housing – Single Adult (PSH) \_\_\_\_\_ New Project

\_\_\_\_\_ Permanent Supportive Housing – Family (PSH) \_\_\_\_\_ Renewal Project

\_\_\_\_\_ Supportive Services Only (SSO) \_\_\_\_\_ Expansion Project

**Total Request for Project: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person **One**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person **Two**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person **Three:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Information Only:**

Does your agency have a relationship, MOU, MOA, or any other partnership agreement with any of the following:

\_\_\_\_\_ Healthcare Entities \_\_\_\_\_ Mental Health Entities

\_\_\_\_\_ Substance Use Disorder Entities \_\_\_\_\_ Childcare Centers

\_\_\_\_\_ Pre-K education, Head Start \_\_\_\_\_ Education and services

\_\_\_\_\_ Coordination with PHA (Move on Homeless Preference, development, etc.)

**CoC Wide Questions:**

The following questions must be answered by each applicant organization.

1. **Coordinated Entry**

Please describe your agency’s participation in Coordinated Entry. At a minimum, please Include your access level, experience using CES, participation in case conferencing, and regional leadership roles.

1. **Point in Time Count**

Please describe your agency’s participation in the 2023 Point in Time Count (PITC). At a minimum, please include how you participated (sheltered count, unsheltered street count, unsheltered service-based count), what activities your agency assisted with (Project Connect, Meals, Warming centers, etc.), and regional or county leadership roles. If your agency participated in a unique or creative way, please share that information in this application.

1. **CoC Wide Activities**

Please describe your agency’s participation in all CoC wide activities. These can include regional leadership, statewide committees, subcommittees, or workgroups. Basically, describe for the reviewers how your agency engages with the CoC outside of your local county.

1. **Cap Amount**

Please describe, in detail, why this project cannot be viable for less than $325,000. If your requested project funding is less than $325,000 or your project is a renewal, please put N/A.

1. **Additional Information or mitigating factors**

**\*\*\*This section is optional and is not a required question.**

Please describe any additional information that may not be asked in eSNAPS or the local application that you feel is important to your grant application or are mitigating factors that should be considered by Rank and Review Subcommittee.

**See the next page if you are submitting for the DV Bonus Funds.**

**DV Bonus Questions:**

These questions must be answered by each agency applying for DV Bonus Funds.

1. **Confidentiality of Survivors**

Please describe your agency’s confidentiality policies that protect survivors' personally identifying information in compliance with FVPSA, VOCA, and HUD requirements. Include the following: How informed consent is obtained, how staff are trained on this issue, how data is secured and shared, and how these policies are implemented with other agency partnerships.

1. **Client Database Entry and Safety**

For non-primary victim service providers, please describe your agency’s policies and procedures to inform survivors about the benefits and risks of entering information into a HMIS database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including a locked HMIS file

For primary victim service providers, please describe your agency’s policies and procedures to inform survivors about the benefits and risks of entering information into a comparable database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including anonymous reporting

1. **Safety Planning and Outcomes**
* Please identify how your agency assists survivors to identify potential safety risks. Include the following: attach the Agency/project safety plan for survivors of domestic violence, dating violence, sexual assault, and stalking and include How safety planning is evaluated and the outcomes for the prior 12 months

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

Plans should include:

\*\*Information sharing policies that include de-identification for any client data that may be collected for Coordinated Entry efforts

\*\*Comparable database use for all programs where the target population is survivors of domestic violence, dating violence, sexual assault, and stalking.

\*\*Comparable database should include the ability to generate aggregate CAPER reports for the reporting of System Performance Measures within the data sharing policies for survivors of domestic violence, dating violence, sexual assault, and stalking.

Support available to adjust safety plans

1. **Community Resources and Outcomes**

Please identify how your agency helps connect survivors to available community resources. Include the following: How are relevant referrals provided, how are survivors assisted in accessing mainstream benefits, and how accessing community resources are evaluated and the outcomes for the prior 12 months

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

1. **CE System Safety**

Please describe your agency’s current or planned involvement in the Coordinated Entry System, specific to the non-HMIS list and safety protocols of the CoC. Applicant must also describe how your agency upholds survivor confidentiality when working with other system partners and within case conferencing.

**Signature Block for Programs Seeking FY 2024 NOFO Funds**

The undersigned applicant(s) hereby certify that all statements contained in this application are true and correct to the best of applicant(s) knowledge and belief, and that the Review Committee will rely on this certification in reviewing the application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Electronic or typed signatures will be accepted.