Montgomery County Continuum of Care 2022 Competition

Project Application Addendum

All providers applying for 2022 CoC funding must submit one addendum with <u>each</u> project application. Project applications received without this addendum will be considered incomplete.

	Organization Name:			
	Proje	ect Name:		
	Proje	ect Type:		
			Implementation of Housing First	
1.		a) How do you deb) How do you adc) Please describe	ing and intake process by answering the following questions. termine who is eligible for your program? Who is not eligible for your program? dress reasonable accommodations requests? how a referral moves from assigned to accepted including the level of engagement with the y, outreach attempts, and interview process.	
2.	Plea:	se select all that A photo ID Proof of Income	apply. All clients/referring case manager are required to provide:	
			f-declaration of zero income	
		Birth certificate		
		Social Security c	ard	
		Verification of h	omeless status	
		Verification of d	sability status, if applicable	
		Proof of immigra	ition status	
3.		or landlord/prop	ng impact client eligibility? For site-based congregate settings, does the program perty owner deny based on any of the following. Please select all that apply.	
		Minimum rent c	ontribution for those with little or no income	
		Credit rating		
		Rental history		
		Criminal History		

 4. Describe your process for housing placements by answering the following questions. a) For scattered site projects only: How are client matched to units? How many units are offered to each client? b) For all project types (scattered site, site-based, etc.): How do you take into account client preferences in location, size and amenities? 	
Do you master lease or sublet? What does the lease agreement look like?	
5. Describe the program's landlord / property owner's recruitment, retention, and continued engagemen	ıt
strategies:	
 6. Describe the type of services provided by answering the following questions. a) What services are provided or brokered through partnerships including housing support, health, employment/education, social support, recreation, spirituality, etc.? b) To what extent do clients have choice in services? c) What are the requirements of service participation? What happens when clients refuse some or all services offered? d) How often must clients be seen? What is the average number of visits per month provided? How is the frequency and intensity of services determined? e) To what extent are services provided in the home, at the office, and in the community. How often are clients seen face-to-face versus tele visits? f) How do you apply best practices such as harm reduction and motivational interviewing in your service delivery? 	
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7.	7. Describe your termination policy by answering the following questions.		
	a)	What steps do you take when a tenant violates the lease?	
	b)	What steps do you take to avoid eviction?	
	c)	What happens when a tenant is hospitalized or incarcerated? Do services continue and how long will you keep the unit?	
	d)	What happens when there are behavioral issues like traffic in the unit, substance use, odd or bizarre	
	۱۵	behaviors? What is your commitment to rehouse?	
	e) f)	What is your commitment to rehouse? What are the factors that would lead to termination from the program?	
	1)	what are the factors that would lead to termination from the program:	
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٥.		ne training plan for program staff including a list of trainings provided, frequency and method	
	_	, as well as how the program ensures staff are adhering to best practices (including supervision	
	policies).		

Meaningful Participation of People with Lived Experience of Homelessness
1. Does the program employ people with lived experience? If so, in what roles?
 Describe how the program elicits feedback from program participants and uses this to inform program development, services, and/or policies. Please provide a specific example of how feedback from people with lived experience changes how the program operates.
3. Does the program/agency has an advisory committee of program participants? If yes, describe the structure of the committee including memberships, goals, decision-making authority, and frequency of meetings. If not, does the program/agency has a plan to establish a committee and what does the plan entail?
Diversity, Equity, and Inclusion
1. Please attach a copy of the agency's anti-discrimination policy and any other policies or plans related to increasing the diversity of staff including leadership, board members, and frontline staff.
2. Describe how the program does/will provide culturally appropriate services (facility accommodations and policies that specifically address the unique needs) to disadvantaged or underserved communities including the LGBTQ+. Does the program/agency partner with other nonprofit or faith-based organizations led by an services BIPOC and LGBTQ households.
3. What percentage of your staff represent racial and ethnic minorities in each of the following categories: agency leadership, board, and frontline staff? Describe any efforts underway to increase the diversity of th organization (if no formal plan/policy exists).
 Describe how the program reviews or plans to review performance measures, including the frequency of the review, by race, ethnicity, gender, and other demographics to identify disparate outcomes. What
actions steps are being taken to reduce any disparities?