City of Lowell: *Partnership for Change to End Homelessness*

Lowell Continuum of Care ~ MA-508

CoC Program: Reallocation Plan

The LOWELL CoC has implemented a comprehensive reallocation process that uses performance and outcome data to determine how best to use available CoC program resources to end homelessness within LOWELL. This process is described below.

A. CoC Offers Provider Education & Technical Assistance Regarding Reallocation

1. Information on reallocation opportunities is shared at CoC Advisory Board meetings and disseminated to the CoC membership. 2016 is the first year that LOWELL will be reallocating project(s) in the CoC application to HUD.
2. Lowell's Department of Planning and Development can provide technical assistance to providers interested in reallocation.

B. Providers Are Assisted To Voluntarily Reallocate

1. CoC discusses reallocation options with TH providers and encourages projects to consider reallocation.
2. Each year the HUD CoC competition provides the LOWELL CoC with opportunities for projects to reallocate.
    a. This year, on DATE, LOWELL CoC sent out via e-mail a reallocation plan form to begin the process of voluntary reallocation for any TH grantee interested in reallocating their project funds.
3. Providers submit Reallocation Plans for their TH programs and work with Lowell's Department of Planning and Development/HUD Collaborative Applicant (DPD) to:
    a. Create the best program design to meet the needs of the community when reallocating funds to PSH or RRH.
    b. DPD reviews projects against HUD and CoC performance criteria and funding priorities to determine the extent, to which:
        i. Each project is necessary,
        ii. Aligned to funding priorities and proposing to achieve desired HUD outcomes.
        iii. Project review also includes determining if applicants demonstrate sufficient capacity to successfully carry out the project,
        iv. Plans meet project eligibility and quality threshold,
        v. Program design is aligned with best practices, and that
        vi. A sufficient plan is in place to secure permanent housing for current project participants.
4. Once the reallocation plan is in place, the Lowell Funding Review Committee (FRC) reviews and approves the reallocation plan/s.

C. CoC Advisory Board (CCAB)/DPD seek new project applications aligned with funding priorities for new projects created through reallocation.

1. CCAB/DPD create:
    a. Funding priorities for new project(s),
    b. A process for new project applications, and
    c. Criteria/process for scoring and selecting new projects.

2. CCAB/DPD seeks applications for new projects to be created through reallocation.
3. Renewal Programs in corrective action status for 2 consecutive years may be at risk of losing their funding

Lowell CoC Reallocation Plan for HUD CoC Transitional Housing

INSTRUCTIONS:

This is the Reallocation Plan for existing Lowell Continuum of Care (LOWELL) TH projects wishing to reallocate to either permanent supportive housing or rapid re-housing. Final rules for reallocation will be defined by HUD in the (Notice of Funding Availability) for the FY2016 Funds in the Continuum of Care Program Competition (FY16 NOFA). Please note that this plan is based on the best information that is currently available and LOWELL may need to revise the requirements described below and/or request additional **information after the NOFA is released.**

Please complete Sections 1-3 for all reallocations. If you are retaining funds to continue some portion of your current project, you must complete Section 4 (starts on page 12 of the single doc.).

- **For questions, please contact** lking@lowellma.gov
- **Please return to** lking@lowellma.gov **no later than DATE**

A. Eligible populations and program models:

1. PSH:
    a. All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix).
    b. Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in Notice CPD-14-012: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons* (See Appendix).
    c. Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
    d. All project must use a Housing First approach (See Appendix)
2. RRH: All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations.
    a. **NOTE:** Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.

B. **Agency/Program Info**

1. **Please provide the following information on your existing project:**

Agency Name:	Project Name:
Grant Amount:	Agency Contact Person:
Grant Number:	E-mail:
Grant Start date:	Phone:

2. **Reallocation Information**
   a. **The project will reallocate:**
      ☐ Part of the project funds or
      ☐ All of the project funds

   b. **Type of Project that the New Project will Be:**
      ☐ Rapid Rehousing or
      ☐ Permanent Supportive Housing

   c. **Summary Budget Chart**
      Please complete the summary budget chart below. Indicate the amount of the existing grant. If the project will be keeping funds, indicate the amount of funds to be retained. Enter the total amount of funds to be reallocated.

Category/Activity	Current Existing Grant Amounts by Category	Retained Funds (if applicable)	Funds to be Allocated to a New PSH or RR project
Leasing			
Permanent/Long-term Rental Assistance			
Short and/or Medium Term Rental Assistance			
Operating Funds			
Supportive Services			
Administration			
Total Budgets			

   d. **Reallocation Plan:**
      i. Briefly describe your agency's plan for reallocating project funds,
      ii. Indicate if the reallocated funds will be used for PSH or rapid rehousing,
      iii. Note any subrecipients or project partners,
      iv. Please include how the existing clients will be transitioned out and rehoused by the close of the grant and how the new project will be ready to start upon the new award,

and

v. Provide a timeline for the project transition.

3. New Project Information

Complete this section for the new project you will be developing. Please answer the following questions on the new reallocated rapid rehousing or PSH project. ***Only projects that are moving all existing funds to a new project must fill out this section. (If retaining some funds see section 7)***

a. **Project Units/Beds and Participant Charts**

i. *In Part 1, indicate the maximum number of units and beds available for project participants.*

ii. *In Part 2, indicate the number of households or persons served at maximum program capacity.*

iii. *In Part 3, indicate the sub-populations served when project is at maximum capacity.*

b. **Number of units/beds**

i. Component Type: ☐ PSH ☐ Rapid Rehousing

ii. Unit Type: ☐ Single Site ☐ Scatter Site

iii. Maximum Number of Units: _____

iv. Maximum Number of Beds: _____

c. **Participant chart**

Households	HH's with At Least One Adult And One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

Population Characteristics (Enter number of persons in each category)	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				

Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Population Characteristics (Enter number of persons in each category)	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

i. **Sub-population chart: Households with At Least One Adult and One Child**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 4							
Non-disabled Adults over age 4							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non- disabled Children under age 18							
Total Persons							

ii. **Adult Households without Children**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 4							
Non-disabled Adults over age 4							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Total Persons							

iii. **Households with only Children**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons							

4. **Agency Experience**

Please answer the following questions as they relate to the new reallocated Rapid Rehousing or PSH project.

a. Describe the experience of the project applicant and sub-recipients (if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to address experience with leasing units, operating rental assistance, capital development, and providing supportive services similar to the activities proposed in the applications. ***(Limit 1,000 characters)***
b. If you are applying for Rental Assistance funds, identify who will administer the financial assistance and describe their experience in administering rental assistance funds. ***(Limit 1,000 characters)***
c. Describe experience of project applicant and partners (if applicable) relating to serving long-term homeless persons **(PSH Only).** ***(Limit 1,000 characters)***
d. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (If any)? ***(Limit 1,000 characters)***
e. Have you returned any funds to HUD on any existing grants in the last two years? ***(Limit 1,000 characters)***

5. **Project Information**

a. **Provide a project description.**

i. The specific services that will be provided to serve the target population ***(Limit 750 characters)***
ii. Projected outcomes ***(Limit 750 characters)***
iii. Coordination with Partners ***(Limit 750 characters)***

iv. How will participants be assisted in obtaining and maintaining PH? ***(Limit 750 characters)***
v. How will participants be assisted in increasing employment and maximizing their ability to live independently? ***(Limit 750 characters)***

b. **Outreach**

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations:

___Persons who came from the street or other locations not meant for human habitation

___Persons who came from Emergency Shelters

___Persons who came from safe havens

___**Total of above percentage**

6. **New Project Budget/Funding Requests**

Please provide the following budget information for the new RRH or PSH project. Please complete the budget charts, showing the new project's leasing, rental assistance, operating, supportive services, and admin expenses as applicable and summary budget chart.

a. **Leasing** (enter number of units by unit type; the applicable rent, multiply units times rent times 12 (1 year grant) and enter totals.

Unit Size	No. of Units	Rent	Term (months)	Tot
Efficiency		$	12	
1 Bedroom		$	12	
2 Bedroom		$	12	
3 Bedroom		$	12	
4 Bedroom		$	12	
Total				

b. **Rental Assistance** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals.

i. Indicate the Type of Rental Assistance:
☐ Project Based ☐ Tenant Based ☐ Sponsor Based

Unit Size	No. of Units	FMR	Term (months)	Tot
Efficiency		$	12	
1 Bedroom		$	12	
2 Bedroom		$	12	
3 Bedroom		$	12	
4 Bedroom		$	12	
Total				

c. **Operating Costs**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. ***When including staff costs, please include title, salary and FTE***

Operating Costs	Quantity Description *(Limit 400 characters)*	Annual Assistance Requested
Maintenance and repair		
Electricity		
Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total		

d. **Supportive Services:** Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. ***When including staff costs, please include title, salary and FTE***

Eligible Costs	**Quantity Description** *(Limit 400 characters)*	**Annual Assistance Requested**
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Total Annual Assistance Requested		

e. **Summary Budget**

Activities	**Total Assistance Requested for 1 Year**
1. Acquisition	
2. Rehabilitation	
3. New Construction	
4. Subtotal (1-3)	
5. Leasing Units	
6. Leased Structures	
7. Rental Assistance	
8. Supportive Services	
9. Operations	
10. HMIS	
11. Sub-total Request	
12. Administrative costs	
13. Cash Match	
14. In-kind Match	
15. Total Match	
16. Total Budget	

f. **Leveraging:** Please identify all leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. ***Written commitments are required by HUD at time of project application; do not include leveraged resources if commitment will not be in place by time of NOFA submission.*** Add rows as needed for additional sources

NOTE: HUD requires that commitment letters for leveraged resources be dated on or before the application due date. Written commitments of cash and/or in-kind value of ***leveraged commitments must be at least 200%*** of the total request to HUD.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Example: Cash	CDBG	G	4/9/15	$10,000
*Government sources are appropriated dollars.			TOTAL:	$

Note on Documenting Leverage:

i. Provide information ***only*** for contributions for which you have a ***written commitment in hand at the time of application***.

ii. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment.

iii. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time.

iv. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions).

v. The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements:
   a. T he name of the organization providing the contribution;
   b. The type of contribution (e.g., cash, child care, case management, etc.);
   c. The value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and,
   d. The date the contribution will be available.
      *i. **If you do not have a written agreement in hand at the time of application submission, do not enter the contribution***

7. Retained Units and/or Services Information Section

Please complete this Section for the funds and services that are being retained in the project, if applicable. ***Only projects that are retaining funding for some of the original project should answer these questions.*** *Skip this section if you are reallocating all of your funds.*

a. **Project Units/Beds and Participant Charts**

i. *In Part 1, indicate the maximum number of units and beds available for project participants.*

ii. *In Part 2, indicate the number of households or persons served at maximum program capacity. In Part 3, indicate the sub-populations served when project is at maximum capacity.*

b. **Number of units/beds**

Type: ☐ Single Site ☐ Scatter Site

Maximum Number of Units: _____

Maximum Number of Beds: _____

c. **Participant chart**

Households	HH's with At Least One Adult And One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

Population Characteristics (Enter number of persons in each category)	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Disabled Adults over age 24				
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Non-disabled Adults ages 18-24				
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Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from above:

Population Characteristics (Enter number of persons in each category)	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

d. **Sub-population chart**

i. **Households with At Least One Adult and One Child**

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 4							
Non-disabled Adults over age 4							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non-disabled Children under age 18							
Total Persons							

ii. Adult Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 4							
Non-disabled Adults over age 4							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Total Persons							

iii. Households with only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons							

e. **Project description.**

i. **The specific services that will be provided to serve the target population** *(Limit 750 characters)*
ii. **Projected outcomes** *(Limit 750 characters)*
iii. **Coordination with Partners** *(Limit 750 characters)*
iv. **How will participants be assisted in obtaining and maintaining PH?** *(Limit 750 characters)*
v. **How will participants be assisted in increasing employment and maximizing their ability to live independently? ?** *(Limit 750 characters)*

f. **Outreach**

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations:

___Persons who came from the street or other locations not meant for human habitation

___Persons who came from Emergency Shelters

___Persons who came from safe havens

___**Total of above percentage**

g. **Retained Funding Budgets**

Please provide the following budget information. Please complete the budget charts, showing the retained project's operating, supportive services, leasing, rental assistance, and admin expenses as applicable and summary budget chart.

i. **Leasing** (enter number of units by unit type; the applicable rent, multiply units times rent times 12 grant) and enter totals.

Unit Size	No. of Units	Rent	Term (months)	Total
Efficiency		$	12	
1 Bedroom		$	12	
2 Bedroom		$	12	
3 Bedroom		$	12	
4 Bedroom		$	12	
Total				

ii. **Rental Assistance** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals.

1. Indicate the Type of Rental Assistance:

☐ Project Based ☐ Tenant Based ☐ Sponsor Based

Unit Size	No. of Units	FMR	Term (months)	Total
Efficiency		$	12	
1 Bedroom		$	12	
2 Bedroom		$	12	
3 Bedroom		$	12	
4 Bedroom		$	12	
Total				

iii. **Operating Costs**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. ***When including staff costs, please include title, salary and FTE***

Operating Costs	Quantity Description *(Limit 400 characters)*	Annual Assistance Requested
Maintenance and repair		
Electricity		
Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total		

iv. **Supportive Services**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. ***When including staff costs, please include title, salary and FTE***

Eligible Costs	Quantity Description *(Limit 400 characters)*	Annual Assistance Requested
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		
Total Annual Assistance Requested		

v. **Summary Budget**

Activities	Total Assistance Requested for 1 Year
1. Acquisition	
2. Rehabilitation	
3. New Construction	
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8. Supportive Services	
9. Operations	
10. HMIS	
11. Sub-total Request	
12. Administrative costs	
13. Cash Match	
14. In-kind Match	
15. Total Match	
16. Total Budget	

vi. **Leveraging:** Please identify all leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. ***Written commitments are required by HUD at time of project application; do not include leveraged resources if commitment will not be in place by time of NOFA submission.*** Add rows as needed for additional sources.

vii. HUD requires that commitment letters for leveraged resources be dated on or before the application due date. Written commitments of cash and/or in-kind value of **leveraged commitments must be at least 200%** of the total request to HUD.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Example: **Cash**	**CDBG**	**G**	**4/9/15**	**$10,00**
***Government sources are appropriated dollars.**			**TOTAL:**	$

Note on Documenting Leverage:

i. Provide information ***only*** for contributions for which you have a ***written commitment in hand at the time of application***.

ii. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment.

iii. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time.

iv. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions).

v. The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements:

   a. T he name of the organization providing the contribution;
   b. The type of contribution (e.g., cash, child care, case management, etc.);
   c. The value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and,
   d. The date the contribution will be available.

      *i. **If you do not have a written agreement in hand at the time of application submission, do not enter the contribution***

RESOURCES

Fair Housing for People with Disabilities: A guidance manual for emergency shelter and transitional housing providers – Mental Health Advocacy Services, Inc.
http://www.mhas-la.org/FH%20Manual%20rev.4-07.pdf

2010 Between the Lines: A Question-and-Answer Guide on Legal Issues in Supportive Housing – National Corporation for Supportive Housing
http://www.csh.org/resources/between-the-lines-a-question-and-answer-guide-on-legal-issues-in-supportive-housing-national-edition/

Bazelon Center for Mental Health Law – http://www.bazelon.org including fact sheets and what "Fair Housing" means for people with disabilities.
http://www.bazelon.org/LinkClick.aspx?fileticket=bdk6FSfUBOQ%3d&tabid=104

Fair Housing Laws and Presidential Executive Orders
http://www.hud.gov/offices/fheo/FHLaws/index.cfm

Department of Justice Americans with Disabilities link – http://www.usdoj.gov/crt/ada/adahom1.htm