

**SSO PROJECTS**

**Form UN-B. SUBRECIPIENT NEW SSO PROJECT APPLICATION**

**Supportive Services Only Projects SSO – Non-Coordinated Entry**

**Unsheltered Special NOFO New Project Application**

**City of St. Louis**

**Reminder: This Form UN-B is to be completed ONLY by applicants wishing to be a subrecipient of the City of St. Louis. Direct Applicants must create their project applications in eSNAPS.**

***Applicant:*** *Please adhere closely to the* [*HUD Unsheltered NOFO New Project Application Detailed Instructions*](https://www.hud.gov/sites/dfiles/CPD/documents/CoC/NEW-Unsheltered-DI-FINAL-7-14-22.pdf) *document in completing this application form. Examine the requirements for SSO Non-CE application instructions. This stands for Supportive Services Only Non-Coordinated Entry projects.*

**Experience of Applicant, Subrecipient(s), and Other Partners** (eSNAPS 2B.)

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
	1. working with and addressing the target population(s) identified housing and supportive service needs;
	2. developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
	3. identifying and securing matching funds from a variety of sources; and
	4. managing basic organization operations including financial accounting systems.

Applicant experience narrative (maximum 3,500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “No experience leveraging other federal, state, local, or private sector funds.”

Applicant experience in leveraging funds narrative: (maximum 3500 characters):

1. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

Organizational financial management structure narrative: (Maximum 3,500 characters)

1. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?

🞏 Yes, your organization has unresolved HUD Monitoring or OIG Audit findings

🞏 No, there are no unresolved HUD Monitoring or OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

4a. Describe the unresolved monitoring or audit findings. If “Yes” was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

Unresolved monitoring findings narrative:

**Project Detail** (eSNAPS 3A.)

6a. Select the type of SSO project: Select either “SSO-Street Outreach,” or “SSO- Other” from the dropdown menu.

* **Street Outreach.** Applicants should select this SSO subtype if the project will fund street outreach activities. Street outreach offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
* **SSO-Other**. Applicants select this SSO subtype if the project will fund stand-alone support services to individuals and families experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). This means, the recipient is providing supportive services to individuals and families experiencing homelessness for whom the applicant is not also providing housing or housing assistance. Examples of stand-alone supportive services include (1) housing navigation activities for people experiencing homelessness when the applicant is not also providing any ongoing housing assistance (e.g., rental assistance), (2) childcare services to individuals and families experiencing homelessness, (3) drop-in centers that provide supportive services to people experiencing homelessness, and (4) family reunification services to reunite people experiencing homelessness with their families.

7. Is your organization a victim service provider defined in 24 CFR578.3? ❑YES ❑NO

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

24 CFR 578.3: Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? ❑YES ❑NO

## Project Description (eSNAPS 3B.) for SSO – Non CE

1. **Provide a description that addresses the entire scope of the proposed project.** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

Project description narrative: (Maximum 3,500 characters)

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? The CoC Plan to End Homelessness for Individuals and Families with Severe Service Needs. ***(NOTE: The CoC Plan to be finalized by the CoC Sept. 9, 2022 and posted on the COC and City websites.)***

The Plan: (Maximum 3,500 characters)

**Project Implementation Milestones –**

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award. You must enter a value greater than zero for at least one project milestone. You must enter information in at least one field on the table. If your project includes multiple structures you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** | **Days from Execution****of Grant Agreement** |
|  | **A** | **B** | **C** | **D** |
| **Begin hiring staff or expending funds** |  |  |  |  |
| **Begin program participant enrollment** |  |  |  |  |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** |  |  |  |  |
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** |  |  |  |  |

Populations to be Served

3. Place “X” the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| N/A - Project Serves All Subpopulations |  | Domestic Violence |  |
| Veterans |  | Substance Abuse |  |
| Youth (under 25) |  | Mental Illness |  |
| Families |  | HIV/AIDS |  |
| Chronic |  | Other |  |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? ❑YES ❑NO

5. As an SSO non-CE project, answer the following questions:

5a. (SSO-Street Outreach ONLY) Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Street Outreach Strategies: (Maximum 3,000 characters)

5b. (SSO-Other non-CE ONLY) Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

Service Connections: (Maximum 3,000 characters)

## Supportive Services for Participants (eSNAPS 4A.)

1. **Describe how program participants will be assisted to obtain and remain in permanent housing:**

The description should include:

•how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen 4B. Housing Type);

•if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;

•the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and

•how you will work with program participants to set goals towards successful retention of permanent housing.

* if this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

Supportive Services Plan narrative: (maximum 3,000 characters)

2. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.** Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
* the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
* the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and
* access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

Integration and coordination of services narrative: (maximum 3,000 characters)

3. **COMPLETE UN-B1 UN NOFO New Project Applications.xls EXCEL SPREADSHEET EXHIBIT A**.

**INSTRUCTIONS FOR EXHIBIT A all supportive services available to program participants, indicate who will provide them and how often they will be provided.** From the list of supportive services provided on the excel spreadsheet Exhibit A, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one “Provider” or “Frequency” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non- Partner.

Provider: For the supportive services listed, select one of the following as applicable:

**“Applicant”** indicates the City of St. Louis organization will provide the supportive service;

**“Subrecipient”** indicates the subrecipient(s) YOUR ORGANIZATION listed on Screen 2A. Project Subrecipients will provide the service;

**“Partner”** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

**“Non-Partner”** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?

* Yes, if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

* No, if transportation is not regularly provided or cannot be provided consistently as requested.

5. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?

* Yes, if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.
* No, if the project does not follow-up with program participants annually.

6. Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?

* Yes, if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency–through a formal or informal relationship.
* No, if there is no or significantly limited access to SSI/SSDI technical assistance.

35a. IF YES Has the staff person providing the technical assistance completed SOAR training in the past 24 months?

* Yes, if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select “Yes” if all persons have completed the training.
* No, if the staff person(s) has not completed SOAR training.

PARTICIPANTS SERVED (eSNAPS 5A and 5B)

1. COMPLETE EXCEL UN-B1 UN NOFO New Project Application.xls EXHIBIT B “Households Table” Detailing the total number of program participants in the Households Served table to indicate household types and total persons served by the project.

2. COMPLETE EXCEL UN-B1 UN NOFO New Project Application.xls EXHIBIT C “Subpopulations Table” For the units provided, indicate the number of persons intended to be served within the subpopulations.

FUNDING REQUEST (eSNAPS Part 6)

NOTE: All funds conditionally awarded in the UN Special NOFO Program Competition must be obligated via grant agreement no later than September 15, 2024.

3. Does this project propose to allocate funds according to an indirect cost rate? Required.

❒Yes, if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent de minimis rate.

❒No, your project will not use an indirect cost rate.

PROJECT BUDGET (6A – 6F)

Complete UN-B1 UN NOFO New Project Application.xls EXHIBIT E, G and H

**You will create an annual budget in the Exhibits. The Summary worksheet (H) will provide the three-year mandatory grant term TOTAL three-year budget. This three-year budget represents the funds you are applying for.**

**Select the costs for which funding is requested**: Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

Supportive Services Only grants can only be funded for eligible Supportive Services and/or HMIS costs.

* + **Supportive Services (24 CFR 578.53)**.
	+ **HMIS (24 CFR 578.57)**.

The itemized budget screen includes eligible Supportive Services categories:

|  |  |
| --- | --- |
| 1 | Assessment of Service Needs |
| 2 | Assistance with Moving Costs |
| 3 | Case Management |
| 4 | Child Care |
| 5 | Education Services |
| 6 | Employment Assistance |
| 7 | Food |
| 8 | Housing/Counseling Services |
| 9 | Legal Services |
| 10 | Life Skills |
| 11 | Mental Health Services |
| 12 | Outpatient Health Services |
| 13 | Outreach Services |
| 14 | Substance Abuse Treatment Services |
| 15 | Transportation |
| 16 | Utility Deposits |
| 17 | Operating Costs |

HMIS Costs include:

1. Equipment
2. Software
3. Services
4. Personnel
5. Space and Operations

4. (6F) Supportive Services Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT E To provide supportive services that will be funded through the project.

6. (6H)HMIS Budget Detail. COMPLETE EXCEL WORKSHEET EXHIBIT G To provide any HMIS costs that will be funded by the project.

7. (6J)Budget Summary. COMPLETE EXCEL WORKSHEET EXHIBIT H To provide a complete summary of the budget, match, and administration costs.

Match (eSNAPS 6I)

1. Applicants should review 24 CFR 578.73 and the New Project Detailed Instructions regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected. Match may be in the form of Cash or In-Kind. Match is required on all projects in the amount of 25% of the total budget amount, excluding Leasing. Program Income as described in 24 CFR 578.97 may also be used as match. **A dated written letter(s) will need to be provided for each match source and included in the application Attachments Part III**. The match letter should refer to the proposed grant term dates. **Match must cover the entire THREE YEAR Budget**

|  |  |  |
| --- | --- | --- |
| Cash or In-Kind | Source | Amount |
|  |  |  |
|  |  |  |
|  |  |  |