

**Community Development Block Grant****Public Services – Permanent Supportive Housing Case Management  
Funding Application***Fiscal Year 2018-2019*

---

**Organization**

The City of Irving is seeking organizations that can demonstrate the capability to administer programming, through the Community Development Block Grant (CDBG), to provide intensive case management and supportive services to its Permanent Supportive Housing Clients. The City of Irving expects approximately \$35,000.00 to be made available for this purpose in Fiscal Year 2018-19.

**Responsibilities under the Permanent Supportive Housing Case Management application include:**

- Identification of potential program participants from the Continuum of Care (CoC) DOPS Priority List
- Marketing the program to potential referral organizations
- Completing and submitting all intake documentation to the City of Irving in a timely manner and per HUD guidance
- Completing all Rent Reasonableness assessments and providing to the City of Irving prior to housing approval
- Completing and submitting Housing Quality Standards inspection documentation to the City of Irving prior to authorization of program participant lease execution (in some cases, City of Irving personnel may provide this service)
- Assisting program participants in locating rental accommodations, negotiations with landlords, securing needed furnishings, and/or moving into apartments, if needed
- Counseling program participants on frugal use of utilities and educating program participants on the structure and contents of the program participants' lease agreements with landlords
- Completing and submitting program participant income calculations and utility allowance calculations to the City of Irving at intake, as well as annually, and/or with changes to income or lease parameters
- Submitting complete client intake packets to the City of Irving for evaluation and approval
- Completing and submitting rental, deposit payment, and utility allowance payment requests prior to client move-in
- Completing HMIS entry for all program participants and maintaining data records in the system; updating all records upon status change
- Referring program participants to needed community services, including educational enrollment for children and assisting program participants in obtaining/maintaining mainstream or other benefits
- Providing ongoing assessment of housing and supportive services and making adjustments, in collaboration with the City of Irving, as needed
- Ensuring that adequate supportive services are available to program participants
- Collaborating with the City of Irving to jointly establish and update, at least every six months, participant goals and related service plans
- Developing and implementing termination policies, eviction prevention plans, and related procedures
- Completing and submitting grant match reports
- Assisting in the composition of the Annual Performance Review

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

---

- Maintaining communication with the City of Irving, on a regular basis, related to program participant status and any issues related to the administration of the Permanent Supportive Housing (known as Shelter Plus Care) program

Prior to completing this application, each qualified organization is urged to review the Guidebook (provided on the City of Irving website) and read the instructions carefully. The Application Guidebook contains information such as the CDBG Policies, Housing and Human Services Board Priorities, and Consolidated Plan Priorities. Before submitting the application, attend a mandatory training session (if new to CDBG funding), check all calculations, and review the proposal for completion of forms and other items on the checklist. Inaccuracies, omissions, and the use of forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Irving’s official files.

**Applications are due to the City of Irving Planning and Community Development office no later than 5 p.m. on Thursday, June 28, 2018. No late applications, incomplete applications, or electronically submitted applications will be accepted. The Planning and Community Development office is located on the first floor of Irving City Hall, 825 W. Irving Blvd., Irving, TX, 75060.**

*General Information*

<i>Tax ID</i>	
<i>DUNS Number</i>	
<i>Contact Name</i>	
<i>Mailing Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>Email</i>	

**CDBG Funds Requested**

<b>Category</b>	<b>Amount</b>
Salaries and Benefits	\$
Supplies	\$
Other:	\$
	\$
	\$
<b>Total City of Irving CDBG Request</b>	<b>\$</b>

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

---

**Overview**

---

Briefly summarize the proposed program below. The description should be no longer than five sentences and should describe the number of clients to be assisted, and the items/activities to be funded by CDBG. This summarization will be provided to the Housing and Human Services Board as written.

Explain why this application fits within the funding category.

Into which category(ies) does the organization fall? *Check all that apply.*

- |             |                          |                              |
|-------------|--------------------------|------------------------------|
| Non-Profit  | Government               | Educational                  |
| Faith-based | Victim Services Provider | Other (Please specify) _____ |

How long has the organization been providing the proposed services?

- |                  |             |                  |           |
|------------------|-------------|------------------|-----------|
| New Organization | New Program | Less than 1 Year | 1-3 Years |
| 4-10 Years       | 11-19 Years | 20+ Years        |           |

How long has the organization been providing the proposed services in Irving?

- |                  |             |                  |           |
|------------------|-------------|------------------|-----------|
| New Organization | New Program | Less than 1 Year | 1-3 Years |
| 4-10 Years       | 11-19 Years | 20+ Years        |           |

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Does the organization have Non-Profit Certification from the Internal Revenue Service?

No                      Yes

For how many years has the organization received CDBG, HOME, and/or ESG funds from the City of Irving?

Never              1 Year              2-5 Years              6-10 Years              11+ Years

Does the organization have a formal and active Board?

Yes, both formal and active  
Formally appointed but no regular meetings  
No formal appointment, but regular meetings  
No

Please list all funds the organization has received from the City of Irving in the last three years.

N/A

<b>Program</b>	<b>Funding Source</b>	<b>Year Funded</b>	<b>Funding Amount</b>

Has the organization ever been cited for misuse of Federal, State, or local funds and been required to repay them?

Yes              No              N/A – No experience with Federal, State, or local funds

If yes, please briefly explain:

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Are there other services or activities similar to the proposed program provided by other organizations in Irving?

Yes                      No

If yes, describe how the organization has worked with other agencies to decrease service duplication and increase effectiveness.

Permanent Supportive Housing programs must exclusively serve chronically homeless individuals and one homeless family with a disabled family member. All participants must have incomes at or below 30% of the Area Median Household Income (AMI) for the Dallas-Ft Worth Area. Please describe how the organization will document the income status of its clients and how the organization will ensure compliance with the income requirements. Also describe the procedures the organization will use for verifying and documenting the eligibility of program participants.

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Will the project provide a new service or a quantifiable increase in services?

This is a new service

This funding will provide a quantifiable increase in services.

Describe what the current level of service is and current CDBG funding, if applicable. Describe how this funding will provide increased services.

What makes your program unique?

If you have received Irving CDBG, HOME, or ESG funds, what was the date of your last monitoring visit?

\_\_\_\_\_

Were there any findings and/or concerns in your last monitoring visit?

Yes

No

N/A – No experience with Federal, State, or local funds

If Yes, was the organization cleared of the findings/concerns?

Yes

No

If the organization is recommended to receive a lower amount of Irving CDBG funds than requested, at what amount of funding can the organization still deliver meaningful services?

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Describe the organization’s financial planning for future project sustainability. Explain the organization’s ability and actions to develop alternate future sources of funding to support the program. Also describe the financial contingency plan in place in preparation for possible funding reductions.

Describe the fundraising efforts that support the organization’s activities and services.

Please indicate program location and hours of operation.

<b>Location</b>	
<b>Hours of Operation</b>	

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

---

**Capacity, Experience, and Performance Measurement**

---

Provide narrative regarding an organizational overview of your agency, including a description of the history, mission, and services of the organization.

Describe the organization’s experience and capacity to administer public service programs by completing the following tables. Be sure to provide sufficient detail. Additional pages may be attached to this application, if necessary.

Describe the specific types of programs/services/activities/projects the organization administers or provides that are relevant to the objectives of the CDBG program. Complete the following tables providing information for similar projects/programs administered by the applicant including size, type, and complexity as those proposed in this application. **Neither agency staff nor board personnel can provide either reference.**

<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
<b>Program Location:</b>	<b>Start-Completion Dates and Status:</b>	<b>Total Project Costs:</b>
<b>Program Reference</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		



**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
<b>Program Location:</b>	<b>Start-Completion Dates and Status:</b>	<b>Total Project Costs:</b>
<b>Program Reference</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		

List current staff positions and qualifications of individuals who will carry out the grant or project activities (or administration of grants). If using agencies or third party contractors, provide the staff positions and qualifications for each, with the name of the agency clearly marked.

<b>Department/ Agency/ Contractor</b>	<b>Position</b>	<b>Program Related Duties</b>	<b>Years Current Employee Conducting Duties</b>	<b>Approximate Hours per Week Completing Duties for Program</b>
<i>Example: XYZ County</i>	<i>Case Manager</i>	<i>Housing stabilization, rent payment, case management</i>	<i>12 years</i>	<i>20 hours</i>

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

How will the organization keep its staff up to date and knowledgeable about grant programs?

Last year, did this program meet its performance goals related to the number of persons served?

<b>Planned # Served</b>	
<b>Actual # Served</b>	
<b>If the organization did not meet its planned # to be served, please provide an explanation</b>	

How will the organization monitor the progress of the program and compliance with program requirements with its staff and third parties?

Please provide the expected number of households to be served under each category:

<i>Category Served</i>	<i>Number of Households</i>
<i>Unaccompanied Males 18+</i>	
<i>Unaccompanied Females 18+</i>	
<i>Unaccompanied Minor Males (&lt;18)</i>	
<i>Unaccompanied Minor Females (&lt;18)</i>	
<i>Single Parent Households</i>	
<i>Two Parent Households</i>	
<i>Adult Couples Without Children</i>	

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Specify the procedures used in the tracking or follow-up of clientele served

What outcomes (including targets and goals) will the organization set for this program in FY 2018-19? This is performance measurement beyond the number of persons served. For example, *85% of all persons exiting the program will maintain employment for 90 days after completing the program*. The application should include at least three measurable outcomes.

How will the organization measure these outcomes?

Why did the organization select these measures?

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

**Statement of Work/Scope of Services**

---

Describe in detail the need of the Irving community for this program. Include factual data such as low income population numbers, unemployment %, occupancy of shelters, point-in-time counts, etc.

Describe how the proposed program will address the community needs listed above.

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Describe the organization’s plan for outreach to the target population.

How does the proposed program coordinate with other services in the community?

Does this organization participate in any area/regional social service planning organizations? If so, please indicate which organizations below and the percentage of available meetings attended by a member of staff.

Is the organization willing to participate in the Dallas Area/Irving Continuum of Care’s Coordinated Assessment program?

Yes                      No                      N/A

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Describe how the organization plans to assess each applicant household’s appropriateness for the program. Discuss how the organization will determine which clients would most benefit from assistance. Please also list any restrictions.

Explain the organization’s involvement of clients or former clients in processes such as program design, service delivery, and program evaluation.

Describe the process to align clients with mainstream resources to aide in the stabilization of the household.

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

Please summarize the organization's understanding of Housing First and how it would apply to this program.

Describe the process for determining the specific types and levels of assistance the organization will provide to each household accepted into the program

If the organization is located outside of Irving, how will the organization ensure service to the target population for the portion of the project to be funded by the City of Irving?

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

**Attachment A: Work Plan**

---

Develop a sound statement of work/work plan narrative that details how the program will achieve its goals and other program design features not previously mentioned. Include procedures, policies, guidelines, and other applicable narrative. Attach a program-specific organizational chart including staff names, titles, and years of experience with the program. Additional pages can be submitted.



**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

**Attachment B: Budget and Leveraging**

Total Organizational Budget: \_\_\_\_\_

Total Program Budget, including requested funds and all other leveraged funds:

<b>Total Program Budget</b>	\$		
<b>Total CDBG Request</b>	\$	<b>CDBG % of Total Program Budget (CDBG Request/Total Program Budget)</b>	<b>%</b>

<b># of Clients Served with CDBG Funds</b>		<b>CDBG Cost Per Client (CDBG Request/# CDBG Clients Served)</b>	\$
<b># of Clients Served through Entire Program</b>		<b>CDBG % Clients (CDBG Clients Served/Entire Program Clients Served)</b>	<b>%</b>

**Program Budget:**

<i>Revenue Source</i>	<i>2016-17 Actual</i>	<i>2017-18 Estimate</i>	<i>2018-19 Proposed</i>
<i>Contributions</i>			
<i>Special Events</i>			
<i>Membership Fees</i>			
<i>Program Service Fees</i>			
<i>Other Grants/Foundations</i>			
<i>CDBG</i>			
<i>Other:</i>			

**Total** \_\_\_\_\_

<i>Expenses</i>	<i>2016-17 Actual</i>	<i>2017-18 Estimate</i>	<i>2018-19 Proposed</i>
<i>Salaries and Benefits</i>			
<i>Other:</i>			

**Total** \_\_\_\_\_

**Leverage**

Please describe the proposed sources of leveraged funds, if any.

<b>Funding Source</b>	<b>Amount</b>	<b>Status- Confirmed, Pending, Denied</b>	<b>Award Date</b>
<b>Total</b>			

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

**Attachment C: Financial Management**

---

Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, internal controls, and audit requirements. Additional pages may be submitted.

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management Funding Application**

*Fiscal Year 2018-2019*

**Attachment D: Board of Directors**

Explain the requirements to be a Board member of the organization.

--

Describe efforts to recruit Board members that represent the diversity of clients served.

--

Complete the tables below. Attach additional information regarding names, terms, and company affiliation of other Board members.

**Board Chair**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Executive Director**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	

**Client Homeless Representative, if Applicable**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Board Composition**

Total # of Board Members \_\_\_\_\_ # Irving Residents \_\_\_\_\_ # Males \_\_\_\_\_ # Females \_\_\_\_\_

***Number of Board Members by Race/Ethnicity***

<i>White/Caucasian</i>	
<i>Black/African American</i>	
<i>Asian</i>	
<i>American Indian/Native American</i>	
<i>Pacific Islander/Hawaiian Native</i>	
<i>Other</i>	
<i>Hispanic (Ethnicity Separate from Race)</i>	

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

**Attachment E: Contact Information and Certification**

---

<b>Person Authorized to Sign Contracts and Make Commitments on Behalf of the Organization</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Program Contact (Person who will liaise with the City of Irving about program operations/performance/reports/training)</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Finance Contact</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Application Contact (Person who wrote this application)</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I have read and understand the requirements detailed in the Notice of Funding Availability. I further certify that no contract has been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a Release of Funds by the City of Irving.

\_\_\_\_\_  
Signature of Authorized Person Listed Above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Community Development Block Grant**

**Public Services – Permanent Supportive Housing Case Management  
Funding Application**

*Fiscal Year 2018-2019*

---

**Application Checklist**

---

**For all Copies:**

Application Form

Attachment A: Work Plan

Attachment B: Budget, Match, and Leveraging

Attachment C: Financial Management

Attachment D: Board of Directors

Attachment E: Contact Information and Certification

**For Original Copy Only:**

Organization Chart

Minutes Authorizing Submittal of Proposal

Articles of Incorporation

Non-Profit Documentation from IRS

By-Laws

Financial Audit/Certified Financial Statements

Director's and Officers' Liability and Errors and Omissions Insurance

Policies and Procedures for Employees, including Internal Control Policies

Code of Conduct listing prohibited behavior for Board and employees; including Conflict of Interest provision