

# **RENEWAL PROJECT APPLICATION**

# FY22 Continuum of Care (CoC) Program

OKLAHOMA CITY CONTINUUM OF CARE (CoC OK-502)



Agency Name		DUNS #		
Mailing Address		Phone		
City	State	Zip		
Person to contact about this a	pplicatio	n:		
Contact Name	Title			
Email	Phon	e		
Person authorized to enter into agreement for this project:				
Name	Title			
Requesting to expand renewal project?	Yes (	Must also complete supplemental application)		
	No			
Requesting to consolidate with other ren	ewal project	? If so, list other projects.		

Please attach the following requested documents to the application. The application will not be processed without the following documents.

Match documentation, including estimate of program income to be used as match.

HMIS generated APR with dates from January 1, 2021 to December 31, 2021.



- 1. If your agency provides permanent supportive housing to homeless individuals or families, provide the number of new clients housed by your program from January 1, 2021 to December 31, 2021. What percentage of those came through coordinated intake referrals?
- 2. Does you agency currently have a formerly homeless individual serving on the Board of Directors or equivalent policy making entity. If not, describe your agency's plan to incorporate persons with lived experience.

Yes No

#### 3. Project Performance

Exits to Positive Destinations	1. Enter the Percentage from the bottom of Q23c.	
Total Income	<ol> <li>Enter the percentage from the row "Number of Adults with Any Income (i.e., total income)" and the column "Performance Measure:" from Q19a2.</li> </ol>	
Earned Income	<ol> <li>Enter the percentage from the row "Number of Adults with Earned Income (i.e., employment income)" and the column "Performance Measure:" from Q19a23.</li> </ol>	
Entered From	<ol> <li>Enter total from "Place not meant for human habitation" in Q15.</li> </ol>	
Streets	2. Enter "Total households served who moved into housing" from Q08a.	
	3. Divide Line 1 by Line 2, convert to percentage.	



	<ol> <li>Enter the total numbers for "Emergency shelter, including hotel or motel paid for with emergency shelter voucher" in 23a. and 23b.</li> </ol>	
Exits to Homelessness	<ol> <li>Enter total number for "Transitional housing for homeless persons (including homeless youth)" in 23a. and 23b.</li> </ol>	
	<ol> <li>Enter total for "Place not meant for human habitation" in 23a. and 23b.</li> </ol>	
	4. Add Lines 1 + 2 + 3 together	
	5. Enter " <b>Number of Leavers</b> " from Q05a.	
	6. Divide Line 4 by Line 5, convert to percentage.	
	<ol> <li>Enter number from the row "1 + Source(s)" and the column "Benefit at Latest Annual Assessment for Stayers" in Q20b.</li> </ol>	
Non-Cash Benefit Stayers	<ol> <li>Enter number of "Heads of Households and Adult Stayers in the Project for 365 Days or More" from Q05a.</li> </ol>	
	3. Divide Line 1 by Line 2, convert to percentage	
	<ol> <li>Enter number from the row "1 + Source(s)" and the column "Benefit at Exit for Leavers" in Q20b.</li> </ol>	
Non-Case Benefit Leavers	<ol> <li>Enter the number of "Adult and Head of Household Leavers" from Q05a.</li> </ol>	
	3. Divide Line 1 by Line 2, convert to percentage	
Utilization Rate	Enter the Utilization Rate for your project on the night of the 2022 Point In Time Count (March 3, 2022) listed on the Housing Inventory Count.	

# 4. Housing First/Low Barrier

	Yes	No
Does the project require a background screening prior to project entry?		
Does the project prohibit persons with certain criminal convictions from entering the project?		



Does the project require participants to be clean and sober prior	
to project entry or during project stay?	
Does the project require participants to take alcohol/drug tests?	
Does a positive alcohol/drug test result in termination from the project or require participant to participate in substance abuse	
treatment and/or detox to resume project services?	
Does the project require participants to have a mental health evaluation prior to project entry?	
Does the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance as a condition of participation?	
Does the project require participants to have an income at time of project entry?	
Does the project require participants to obtain income as a condition of remaining in the project?	
Does the project require participants to participate in supportive services as a condition of continued services?	
Does the project require participants to be "progressing" in their goals to remain in the project?	
Does the project exclude or refuse project entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression?	
Does the project include any requirements, outside of those typically found in a lease agreement or in "community living" conduct rules?	
Do project participants have to travel to the agency's office(s) to receive the majority of their services, including case management, after they are housed?	
Does the project prohibit any member of a household, based on	
age, gender, biological relationship and/or marital status, from residing together at the project?	
Enter the Total # of "Yes" and "No" responses	

# 5. Project Populations

Percent of	<ol> <li>Enter "Number of Chronically Homeless Persons" from Q05a.</li> </ol>	
Chronically Homeless Served	<ol> <li>Enter "Total number of Persons Served" from Q05a.</li> </ol>	
	3. Divide Line 1 by Line 2	
	3. Divide Line 1 by Line 2	



"Hard to Serve" as defined by no	<ol> <li>Enter number from the row "Adults with No Income" and the column "Number of Adults at Start" from Q18</li> </ol>	
income at entry	<ol> <li>Enter "Number of Adults (Age 18 and Over)" from Q05a.</li> </ol>	
	3. Divide Line 1 by Line 2	
	<ol> <li>Enter "Total Persons" with "2 Conditions" from Q13a2.</li> </ol>	
"Hard to Serve" as	<ol> <li>Enter "Total Persons" with "3+ Conditions" from Q13a2.</li> </ol>	
defined by 2 or more conditions at entry	<ol> <li>Enter "Total Number of Persons Served" from Q05a.</li> </ol>	
	<ol> <li>Add Line 1 + Line 2 then Divide Total by Line</li> <li>3</li> </ol>	

6. HMIS Data Quality

Identifiable Information Data Quality	Enter " <b>Overall Score</b> " from Q6a.	
Veteran Status Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Veteran Status"</b> from Q6b.	
Project Start Date Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Project Start Date"</b> from Q6b.	
Head of Household Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Relationship to</b> Head of Household" from Q6b.	
Disabling Condition Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Disabling</b> Condition" from Q6b.	
Destination Data Quality	Enter <b>"% of Error Rate"</b> for " <b>Destination"</b> from Q6c.	
Income at Entry Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Income and Sources at Start</b> " from Q6c.	
Income at Annual Assessment Data Quality	Enter <b>"% of Error Rate"</b> for <b>"Income and Sources</b> <b>at Annual Assessment"</b> from Q6c.	



Income at Exit	Enter <b>"% of Error Rate"</b> for <b>"Income at Sources</b> <b>at Exit"</b> from Q6c.	
Chronic Homelessness Data	Enter "% of records unable to calculate" from the "Total" row from Q6d.	
Quality		

# 7. Financial and Monitoring

#### 8. Collaboration

The agency has consistent representation at CCMSA, Veterans	
CCM, Family CCM or Youth CCM.	

#### 9. Other

Does the project collect consumer/participant satisfaction surveys at least annually? If yes, please provide a copy of satisfaction survey.

Yes No



Describe the work your agency is doing to forward racial diversity, equity and inclusion within the agency. Include all approaches taken.