

## Project Contact Name:

Enter the name of the individual responsible for responding to questions about the application.

## Organization:

Enter the name of the organization submitting the supplication.

## Contact Email:

Enter the email address of the individual responsible for responding to questions about the application.

## Contact Phone Number:

Enter the phone number of the individual responsible for responding to questions about the application.

## Entity Type:

Please select your organization's entity type.

## State Where Registered:

Where is your legal entity registered?

## HMIS:

Your organization will contribute information to the Homeless Management Information System

## Universal Data Elements:

Your organization agrees to input all of the [Universal Data Elements](#) for each client involved in your program

## Low Barrier:

Your organization agrees to abide by low-barrier principles for its clients. *Low Barrier means a program that does not require any of the following for a client to participate in one of the programs: (i) criminal background checks, (ii) credit checks or income verification, (iii) program participation, (iv) sobriety, or (v) identification. Low Barrier programs may enforce safety requirements for self, staff, place, and/or others.*

## Client-Centered, Housing First:

Your organization agrees to provide client-centered, housing-first case management supports. A client-centered case management approach ensures that the person who has experienced homelessness has a major say in identifying goals and service needs, and that there is shared accountability. Case management must focus on housing assessment, placement and housing stability.

## Provide Information and Report:

In order to assist COIC in meeting the State's Reporting Requirements, you agree to supply COIC with any and all requested information related to meeting contractual obligations under EO 23-02. *Reporting expectations can be found on page 20 of the State's draft contract language:*

<https://www.coic.org/wp-content/uploads/2023/03/EO-23-02-Grant-Template-Final-2023-03-21.docx>

## Project Complete by 1/10/2024:

The deadline to have a project up and running is January 10, 2024. Your organization agrees that the project will be complete and operating at full capacity by January 10<sup>th</sup>, 2024.

## Project Goal:

*Select the goal your project will address.*

## Project Overview:

Please provide an overview of your proposed project and explain how your project will make and measure impact towards the goal by January 10<sup>th</sup>, 2024. Go into as much detail as possible to explain your full project concept. Please include a section that specifically explains how your project will make a measurable impact toward one of the two goals above.

## Number of Clients or Units:

Enter the number of clients your project will serve/units your project will make available. This question helps us ensure we meet the goals of the funding allocation.

## Detailed Project Budget:

Submit a detailed project budget that outlines your expected costs through the grant term. Please be sure to include funding from outside sources if it will be utilized.

## Maximum Amount of Funding Requested:

*Enter your funding request for this opportunity here.*

## Budget Contingency:

We can't guarantee that all applicants will be granted their full funding request. Can your project be scaled down if your full request cannot be awarded? If so, please describe what parts of your request are able to be scaled down, if any.

## Grant Experience:

*Does your organization have experience with government grants? If yes, please provide details about your grant experience.*

## Financial Reporting:

We want to ensure that you are prepared to satisfy the financial reporting requirements of this funding opportunity. Please explain how you will meet the financial reporting requirements.

## Additional Funding:

*Is your project intended to be solely funded through Executive Order funding, or will you seek/have you sought funding elsewhere?*

## Additional Funding Secured:

If you have secured other funding, how much additional funding has been secured?

## Project Sustainability:

We are hopeful that projects awarded under this one-time funding opportunity will maintain operations after January 10th, 2024. Please tell us your plan for sustaining operations after this funding has expired.

## Client Eligibility:

Explain how you will implement client eligibility requirements. For instance, this funding is intended to support low-barrier beds; explain how you will ensure low-barrier principles are centered in your program offerings. As another example, list the criteria clients must meet to be eligible for the program.

## Coordinated Entry:

Explain how you envision sourcing clients from [Coordinated Entry](#) in your program. Maximizing the number of providers utilizing Coordinated Entry is recognized as a Best Practice, and projects that prioritize clients from Coordinated Entry will receive priority in funding decisions.

## Impact on Disproportionately Affected Populations:

Early in the MAC process, the group identified subpopulations that are disproportionately more likely to experience unsheltered homelessness in Central Oregon. Please tell us if your project will impact any of these subpopulations.

## Targeting Subpopulations:

If your project will specifically impact one or more identified subpopulations, explain how exactly you will target that subpopulation and what steps you will take to ensure that the services provided are relevant, appropriate, and aligned with the desired outcome. Consider things like - staff hiring, training, outreach, program evaluation, and provision of culturally responsive services.

## Region Served:

*This question helps us keep track of the regions in Central Oregon that are served through the funding. What region(s) will you serve?*

## Partnerships:

*We encourage partnerships to ensure the greatest impact. Please let us know who your project will partner with and what services they will provide. Explain if your partnerships are established (MOUs, IGAs, Contracts, etc) or still being discussed*

## Prior Project Experience:

Please explain your organization's experience with what has been proposed in your application. If your experience in an area is limited, please speak to other relevant experience that shows your ability to execute your proposed project effectively. This could be lived experience, experience utilizing a program, or experience creating similar programs in other areas.

## Expected Challenges:

We know that this project will not be easy. Please explain areas you are expecting challenges with your project and explain your plan(s) for overcoming expected challenges.

## Success Measures, Outcomes, and Impacts:

Explain what success will look like, for you, in your project.

## Relevant Milestones:

Please review the list of milestones and system improvements actions starting on page 15 of the following document and explain how your project will help contribute to their success:



## Additional Help:

Are you interested in receiving technical assistance help with program implementation, reporting, fiscal administration, etc.?

## Help Requested:

How would you like us to help you?