MAC Group SB 5511 & ORI – Funding Application
Deadline: 11:59 p.m., Sunday, November 11, 2024

Legal Name of Organization	
Address	
City, State, Zip	
Entity Type Non-Profit, Public Entity, Other (explain)	
State Organization Registered	
Project Contact Name	
Phone Number	
Email Address	

1. HMIS – Your organization will contribute information to the Homeless Management Information System, in a complete and timely manner, as defined in Request for Application?

a. Yes
b. No

2. Universal Data Elements – Your organization agrees to input all of the *Universal Data Elements* for each client involved in your program?

a. Yes
b. No

3. Client-Centered, Housing First - Your organization agrees to provide client-centered, housing focused case management supports. A client-centered, housing focused 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.

a. Yes
b. No

4. Provide Information and Report – In order to assist COIC in meeting the State's Reporting Requirements, do you agree to supply COIC with any and all requested information related to meeting contractual obligations? Reporting expectations can be found on page 22 of the Intergovernmental Grant Agreement, Senate Bill SB 5511, between OHCS and COIC.

a. Yes
b. No

5. Monthly reports are a requirement. Does your organization have the capacity to produce them?

a. Yes
b. No

COIC

Program Proposal and Narrative Response Section

Narrative response to the following shall not exceed **six (6) letter sized pages in 12-point font** with one-inch margins. **Please follow the narrative format below by adding your response directly under the specific lettered or numbered section.**

1. **Organizational Overview:**
    a. **Tell us about your organization, its mission, history, services offered, and established partnerships.**
    b. **Explain your agency's outreach efforts to underserved communities, including diverse cultures, ethnic minorities, and special needs populations.**
    c. **Outline how your agency utilizes HMIS to track and report on outcomes. If you do not currently use HMIS, tell us about the data system you currently use and what you will need to successfully adopt HMIS within your program.**

2. **Please provide an overview of how your organization proposes to use this funding. Be precise as possible by identifying specific services you intend to offer participants, projects cost per household/person serviced through these services, program designs to engage with landlords, outreach program model, how you will assist clients in finding and accessing permanent housing, etc.**

3. **How many households will you assist with this funding?**

4. **Grant activities will be conducted to achieve the performance measures as listed in the Request for Application. Please explain how this project proposal will contribute to the performance measures required for this funding.**

5. **What is the amount of funding being requested?**

6. **Please provide 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 and FTE details for staffing supporting through this funding.**

7. **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:**
    a. BIPOC
    b. LGBTQ+ Youth
    c. Medically Vulnerable
    d. Veterans
    e. None
    f. Other (please specify)

8. **If your project will specifically impact one or more of the 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.**

9. **This question helps us keep track of the regions in Central Oregon that are served through the funding. What region(s) will you serve?**
    - **a.** Bend
    - **b.** Redmond
    - **c.** Sisters
    - **d.** La Pine
    - **e.** Prineville
    - **f.** Madras
    - **g.** Warm Springs
    - **h.** Rural Deschutes County (outside City limits)
    - **i.** Rural Crook County (outside City limits)
    - **j.** Rural Jefferson County (outside City limits)
    - **k.** Other (please specify)

10. **Are you interested in receiving technical assistance help with program implementation, reporting, fiscal administration, etc.? If so, please explain in detail how Technical Assistance Providers can support your work.**