

# North Carolina Emergency Solutions Grants Program

## FY 2019-2020 Project Application

Funding for the 2020 Program Year (January 1, 2020 – December 31, 2020)

*For submission information, refer to the NC ESG Application Instructions.*

### Section 1: Organization Information

#### 1. Applicant Organization Information

Legal Name of Organization (as it appears on your Organization's tax return): Orange County Department of Social Services (OCDSS)	
Physical Address Street, City, State and Zip: 113 Mayo Street Hillsborough, NC 27278	Mailing Address (if different from physical address) Street, City, State and Zip: P.O. Box 8181 Hillsborough, NC 27278
Telephone: 919-245-2800	Website: <a href="https://www.orangecountync.gov/378/Social-Services">https://www.orangecountync.gov/378/Social-Services</a>
Federal Tax ID Number: 56-6000327	DUNS #: 088563762
Select Organization Type: Unit of Local Government	Date of Incorporation: 0/0/0
Name of Contact Person for Organization: Suzanne Hitt Sharron Hinton Nancy Coston	Title of Contact Person: Social Worker Supervisor II Human Services Manager Director
Phone Number of Contact Person: 919-245-2850 919-245-2840 919-245-2802	Which CoC/LPA is your organization in? NC-513 Orange
Email Address for the Contact Person: hitt@orangecountync.gov shinton@orangecountync.gov ncoston@orangecountync.gov	
What counties does your organization currently serve? (include all, even if in a different CoC/LPA) Orange	

## 2. Organization Mission

Describe the organization's mission and how homeless programs fit within that mission.

The Orange County Department of Social Services shall meet with clients at their point of need to provide preventive, supportive, and restorative services delivered with competence and compassion while striving to protect vulnerable children, the at-risk elderly, persons with disabilities and the economically disadvantaged in our community. These services will enhance skills, broaden knowledge, and encourage self-sufficiency and independence. We will work to preserve the dignity and privacy of all people and provide programs of human welfare with the goal of improving the quality of life for Orange County residents.

Types of Programs:

Child Welfare

Adult Services

Child Care Subsidy

Economic Services: (FNS, Medicaid, CIP/LIEAP, Emergency Assistance)

Employment Services: (Workforce Innovation and Opportunity Act, Work First, FNS E&T)

Veterans Services

Prevention Services: (Adolescent Parenting Program, Rapid Re-Housing, SOAR, and Elder Care Services)

Emergency Assistance

The Rapid Re-Housing Program serves an economically disadvantaged population and encourages self-sufficiency and independence with the residents of Orange County.

## 3. Signatory Authority

Provide the information for the person authorized to sign contracts for the organization.

Name: Travis Myren	Title: Deputy County Manager
Telephone: 919-245-2308	E-mail: tmyren@orangecountync.gov
Mailing Address, including City, State and Zip Code: P.O. Box 8181 Hillsborough, NC 27278	

Provide the information for the person(s) authorized to sign requisitions (if different from above) for the organization.

Name: Nancy Coston	Title: Director
Telephone:	E-mail:


919-245-2802	ncoston@orangecountync.gov
Mailing Address, including City, State and Zip Code: P.O. Box 8181 Hillsborough, NC 27278	

Second authorized requisition signatory (if applicable)

Name: Sharron Hinton	Title: Human Services Manager
Telephone: 919-245-2840	E-mail: shinton@orangecountync.gov
Mailing Address, including City, State and Zip Code: P.O. Box 8181 Hillsborough, NC 27278	

#### 4. Application Certification

To the best of my knowledge and belief, all information in this application is true and correct.

Name of Applicant Organization: Orange County Government (Orange County Department of Social Services)	
Name of Authorized Official: Travis Myren	
Title: Deputy County Manager	Date: 9/10/19
Signature 	



## Section 2: Organizational Capacity & Stability

### 5. Financial Capacity

**5.1** Applicant organization's fiscal year: 7/1 to 6/30

**5.2** What type of accounting software does your organization use, specifically for NC ESG funds? (Examples include – QuickBooks, SAP, Raisers Edge, etc.)

Munis

**5.3** Explain how your organization monitors activities to ensure that NC ESG dollars are spent in a timely manner

The ESG funds will be managed by the same fiscal rules, procedures, and standards administered by Orange County's Financial Services Department and the OCDSS Accounting Division. OCDSS uses several tools to help with capturing and reporting fiscal information. The county uses an automated time-keeping system, KRONOS, to keep track of employee work hours and earned leave. Additionally, the county's financial information is maintained through Munis. This system provides access to all fiscal operations and reports throughout the county.

OCDSS guarantees fiscal accountability by participating in the annual single county audit. The audit is prepared by an independent accounting firm and provides an overview of all fiscal operations. The OCDSS Director and the Fiscal Operations Manager are responsible for ensuring accountability by using various internal control measures. Accounts are reviewed monthly to track income and spending; ensuring that expenditures and revenue are appropriate and timely. In order for a staff person to obligate any program dollars, the agency requires both a signed check requisition form and an attached receipt/invoice. Each request is reviewed and approved by a supervisor and must have a supervisor's signature prior to submission to the Accounting Division. The request is then keyed into Munis to ensure appropriate fund availability. Once approved, all supporting documentation is prepared for a manager's signature and forwarded to the Financial Services Department for payment.

Actual and projected obligations and encumbrances are tracked within the Munis. This system compares the budgeted amounts (based on the grant award) and the actual expenditures. It is important to note that this system tracks encumbrances separately in order to give a comprehensive look at all obligations.

**5.4** Provide the difference (positive or negative) in revenue and expenses for the organization over the last three completed fiscal years.

2018

Fiscal Year End Date: 6/30/2019	Difference in Revenue and Expenses	9316443
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2017

Fiscal Year End Date: 6/30/2018	Difference in Revenue and Expenses	9107501
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2016

Fiscal Year End Date: 6/30/2017	Difference in Revenue and Expenses	8222485
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**5.5** Provide an explanation for any negative balances over the past three years.

Since OCDSS is a part of the Orange County Government, the agency is not allowed to have deficits or fund balances.

The NC ESG Office may request additional financial documentation after application review.

## 6. Organization Capacity

**6.1** Has the organization received any HUD findings, resolved or unresolved, within the past 5 years? **No**

**6.2** Has the organization received any ESG findings (County, City or State), resolved or unresolved within the past 5 years? **No**

**6.3** Has the organization had any ESG contract (County, City or State) terminated? **No**

**6.4** If yes, what steps has the organization taken to ensure the deficiencies identified to warrant contract termination, have not and will not be repeated?

N/A

**6.5** How does the organization self-monitor for success and HUD/ESG compliance?

The Prevention Services Supervisor supervises the Rapid Re-Housing Case Manager. The supervisor will staff cases, monitor paperwork within the agency's electronic documentation system and monitor data within the HMIS. The supervisor and/or the Rapid Re-Housing Case Manager will attend the Data and Grants work group monthly meetings, where data quality and data elements are reviewed and discussed to ensure that the programs serving homeless individuals within Orange County meet standards set by ESG and HUD.

## 7. Board Information

**7.1** Total number of current board members: 5

**7.2** Does the current board include a person with lived experience of homelessness? **No**

**7.3** If no, when does the organization anticipate adding a person with lived experience to the



board?

OCDSS does not appoint members to the board. The board members are chosen by the Social Services Commission or the Board of Commissioners. OCDSS staff serves on various committees within the community where individuals who are experiencing or have experienced homelessness also serve on. One example is the Orange County Partnership to End Homelessness committee.

**7.4** Provide a brief explanation of how board members are selected.

The Board of Social Services consists of five members who are residents of Orange County. Two members are appointed by the state Social Services Commission, two are appointed by the Board of Commissioners, and one is appointed by the other four members.

**7.5** What is the term length for board members in your bylaws?

Terms are 3 years in length. A member can serve 2 terms unless they are a member of the Board of County Commissioners. If they are a member of the Board of County Commissioners, they can serve as long as they remain a Commissioner.

## 8. Past Awards

**8.1** Did the applicant organization receive NC ESG funding during the 2019 Program Year?  
**No**

**8.2** If you answered no because you did not receive NC ESG funding during the 2018 calendar year, has the applicant organization been a subrecipient in previous years? **Yes**

**8.3** If you have previously been a subrecipient, what was the most recent year you were funded? 2017-2018

## Section 3: Staff Capacity

### 9. Organizational Staff Information

9.1 Complete the charts below.

Entire Organization	NC ESG Program
Total FTEs: 182	Number of FTEs paid with NC ESG Funds 0
Total PTEs: 15	Number PTEs Paid with NC ESG Funds: 0
Number of Volunteers: 0	Number of Volunteers with ESG Program: 0

Position	Filled with Paid Staff	Filled with Volunteer Staff	Unfilled	Position Does Not Exist
Executive Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMIS Organization Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Officer/Bookkeeper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Director/Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Specialist/Landlord Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9.2 Describe which NC ESG activities are performed by volunteers and what the activity entails.

N/A



## Section 4: Connection to Community

### 10. CoC/LPA Participation

**10.1** Explain how the organization coordinates with other organizations to provide non duplication of services **AND** access to mainstream resources such as TANF, Food Stamps, Housing Assistance, etc.

OCDSS is a member of the HOME Committee, which is comprised of agencies and organizations within Orange County who serve the homeless population. The clients have signed a release for their information to be shared with this committee and their cases are staffed monthly to assess for eligible services and referred to that service. This process assists with making sure the clients are not receiving duplicate services and to identify any gaps in service.

Additionally as a local government agency, we administer and provide a majority of local mainstream resources, such as Medicaid, FNS, Work First, and Employment Programs. If the Rapid Re-Housing clients are not currently receiving services, they are encouraged to apply.

### 11. Coordinated Entry

Subrecipients are required to participate in the local coordinated assessment process as designed by your Continuum of Care/LPA and only take referrals from the coordinated assessment system.

**11.1** Does the organization as a whole, regardless of funding source, fully participate in the coordinated entry process in the CoC/LPA? **Yes**

**11.2** Does the organization, as a whole, regardless of funding source, ever take referrals from sources outside of the coordinated entry system? **Yes**

**11.3** If yes, provide the other sources outside of the coordinated entry system, where the organization accepts referrals. Note whether or not this exception is included in the approved coordinated entry plan for the CoC/LPA.

Orange County Department of Social Services offers an array of services within our agency. No Rapid Re-Housing funds will be used for individuals who have not been assessed through the Coordinated Entry Process.

### 12. Written Standards

Subrecipients are required to adhere to written standards of the CoC/LPA.

**12.1** Does the organization operate programs according to all of the CoC's/LPA's written standards? **Yes**

**12.2** If no, which written standards does the organization decline to adhere to?

N/A

### 13. Feedback from Participants

**13.1** Describe how the organization receives and responds to feedback from participants in the program.

OCDSS completes the HMIS exit interview paperwork with the clients. During this meeting, the client is verbally asked about their experience with the Rapid Re-Housing program. Additionally, OCDSS has polices regarding client's grievances and appeals process.

## Section 5 Data:

### 14. Data Collection

**14.1** What is the name of the software the organization uses to comply with the data collection and reporting requirements?

Homeless Management Information System (HMIS)

**14.2** Is the software capable of producing a CAPER? **Yes**

**14.3** Does the organization deny services if clients refuse to provide any of the HUD required data elements? **No**

**14.4** If yes, which data elements?

N/A

**14.5** How does the organization ensure that client files are kept confidential?

If a hard copy of a file is used, it is locked when staff is not working on the file. OCDSS uses an electronic documentation system and access restricted to direct workers and supervisors. Once information has been entered into the HMIS and the electronic documentation system, all hard copies are shredded.

**14.6** Does the organization have a designated staff member to enter data, pull reports and attend user meetings? **Yes**

**14.7** Is the employee a Full-time or Part-time staff person or a volunteer?

**Full-time**

**14.8** Is the employee's primary job responsibility data entry?

No

14.9 How many licensed users does your organization have? 0

## Section 6 Activities:

Complete only the activity section(s) for which the organization is seeking NC ESG funding.

- Street Outreach
- Emergency Shelter
- Rapid Rehousing
- Homelessness Prevention
- HMIS/Comparable Database



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# Street Outreach

## 15. Street Outreach Project Description

15.1 Population to be served:

- single men       single women       households with children  
 youth 18-24       unaccompanied youth 17 years old and under  
 Other (specify):

15.2 Does this program exclusively serve victims of domestic violence (DV)? **Select yes or no**

15.3 Fill out the following chart.

Outreach Activity	Provided with NC ESG funds	Provided with other funds	Referral (Or does not provide this service)	Years of experience providing service (if none mark n/a)
<b>Contact Activities</b> (formerly Engagement) must be provided with NC ESG funds.	<input type="checkbox"/>	-	-	
<b>Engagement Service – Case Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Engagement Service – Emergency Health Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Engagement Service – Emergency Mental Health Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Engagement Service – Transportation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Engagement Service – Services for special populations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15.4 If the organization does not provide an outreach activity listed above, with NC ESG funds or other funds, explain how referrals are made.

Enter Response Here- Maximum 2000 Characters

15.5 If the organization received funding in the prior year for street outreach, what has been accomplished to improve the organization’s service delivery?

Enter Response Here- Maximum 2000 Characters

**15.6** What days and times are services available for program participants?

Enter Response Here- Maximum 2000 Characters

## 16. Experience

**16.1** Explain any experience the organization has in implementing street outreach. *Specifically, include the years of experience of staff that will be administering the NC ESG funds.*

Enter Response Here- Maximum 2000 Characters

## 17. Street Outreach Program Design and Philosophy

**17.1** Describe how outreach is conducted, how participants are contacted and engaged, and how often outreach is done.

Enter Response Here- Maximum 2000 Characters

**17.2** Does the program screen out participants based on any of the following:

- Having too little or no income
- Active or history of substance abuse (alcohol and/or drugs)
- Having a criminal record (with exceptions for state mandated restrictions)
- History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**17.3** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**17.4** Does the program terminate participants based on the following:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the program's geographic area

**17.5** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**17.6** Describe how the program is housing focused.

Enter Response Here- Maximum 2000 Characters

**17.7** How does the program partner with shelters in the CoC/LPA?

Enter Response Here- Maximum 2000 Characters

**17.8** How does the program partner with Rapid Rehousing and Permanent Supportive Housing programs in the CoC/LPA to provide permanent housing?

Enter Response Here- Maximum 2000 Characters

**17.9** What role does the organization play in the coordinated entry system?  
(check all that apply):

- Assess households that you outreach
- Refer households to coordinated entry upon engagement
- Transport households to coordinated entry points for assessment
- Other (specify):

**17.10** Provide an estimated number of persons to be served by this funding request.

Category	Program Estimate
Total Persons Served	
Percentage of Persons Exiting to Positive Housing Destinations	
Cost Per Household	

**17.11** Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

Enter Response Here- Maximum 2500 Characters



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## Emergency Shelter

### 18. Emergency Shelter Program Description

**18.1** Population to be served:

- single men       single women       households with children  
 youth 18-24       unaccompanied youth 17 years old and under  
 Other (specify):

**18.2** Does this program exclusively serve victims of domestic violence (DV)?  
**Select yes or no**

**18.3** Indicate which services will be provided by the organization and which will be provided by another through referral.

Emergency Shelter	Provided with NC ESG funds	Provided with other funds	Referral (Or does not provide this service)	Years of experience providing service (if none mark n/a)
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employment assistance & job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Services for special populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shelter Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**18.4** If the organization does not provide an emergency shelter activity, listed above, with NC ESG funds or other funds explain how referrals are made.

Enter Response Here- Maximum 2000 Characters

**18.5** What days and times are services available for program participants?

Enter Response Here- Maximum 2000 Characters

**18.6** If the shelter does not operate 24 hours a day for 7 days a week (including holidays), describe how households access emergency services when the shelter is closed:

Enter Response Here- Maximum 2000 Characters

## 19. Experience

**19.1** Explain any experience the organization has in providing emergency shelter services. *Specifically, include the years of experience of staff that will be administering the NC ESG funds.*

Enter Response Here- Maximum 2000 Characters

## 20. Emergency Shelter Program Design and Philosophy

**20.1** What are the eligibility requirements to access emergency shelter and/or services?

Enter Response Here- Maximum 2000 Characters

**20.2** What are the reasons that someone may be turned away or asked to leave the shelter?

Enter Response Here- Maximum 2000 Characters

**20.3** Does the program screen out participants based on the following:

- Having too little or no income
- Active or history of substance abuse (alcohol and/or drugs)
- Having a criminal record (with exceptions for state mandated restrictions)
- History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**20.4** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**20.5** Does the program terminate participants based on the following:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence

**20.6** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**20.7** Describe how the program is, or moving towards, a low-barrier and housing first model:

Enter Response Here- Maximum 2000 Characters

**20.8** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**Select yes or no**

**20.9** If no, do the case manager's responsibilities include landlord recruitment and negotiation? **Select yes or no**

**20.10** How does the organization utilize Rapid Rehousing and Permanent Supportive Housing programs within the CoC/LPA.

Enter Response Here- Maximum 2000 Characters

**20.11** If the organization received funding in the prior year for emergency shelter, what has been accomplished to improve the organization's exits to a positive destination?

Enter Response Here- Maximum 2000 Characters

**20.12** What role does the organization plan in the coordinated entry system?

- Shelter serves as an access point for coordinated entry
- Shelter staff completes assessments
- Shelter accepts referrals from coordinated entry
- Other (specify):

**20.13** Provide estimates of who will be served by this funding request.

<b>Category</b>	<b>Program Estimate</b>
Total Number of Persons served	
Total Number of Persons Enrolled (entered into HMIS/DV Comparable)	
Percentage of Persons Exiting to Positive Housing Destinations	
Cost Per Household	



**20.14** Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

Enter Response Here- Maximum 2500 Characters

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## Rapid Rehousing

### 21. Rapid Rehousing Program Description

21.1 Population to be served:

- single men     
  single women     
  households with children  
 youth 18-24     
  Other (specify): households without children

21.2 Does this program exclusively serve victims of domestic violence (DV)? **No**

21.3 Indicate which services will be provided by the organization and which will be provided through referral.

Rapid Rehousing	Provided with NC ESG funds	Provided with other funds	Referral (Or does not provide this service)	Years of experience providing service (if none mark n/a)
Rental Application Fees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Security Deposits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Last month's rent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Utility deposits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Utility payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Moving costs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Housing search and placement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10+
Housing stability and case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10+
Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Credit repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Short term rental assistance (up to 3 months)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+
Medium term rental assistance (up to 24 months)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20+
Payment of arrears	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20+

21.4 If the organization does not provide a rapid rehousing activity, listed above, with NC ESG or other funds, explain how referrals are made.

If the Rapid Re-Housing Case Manager is not able to alleviate the client's need, a referral will be made to an agency that can assist the client. Clients are referred to Legal Aid for mediation, legal services, and credit repair. Additionally, clients will be referred to Compass Center and Community Empowerment Fund for credit and budgeting assistance. There are local resources, such as Love Chapel Hill that may assist a client with moving needs. DSS has federal Crisis Intervention Program funds that may assist a client with arrears for utility needs. Orange Congregations in Missions and Inter-Faith Council, two local non-profit agencies, will assist with \$200 toward rent if clients meet their eligibility requirements



21.5 What days and times are services available for program participants?

Normal operating hours will be Monday--Friday 8:00-5:00. If participants need appointments outside of normal business hours, arrangements can be made to meet them at a time that suits their situation.

21.6 If participant and/or landlord have an issue outside of operating hours, how are these issues addressed:

Once the agency re-opens, the case manager will contact the participant/landlord regarding the issue/concern and work to resolve issue.

## 22. Experience

22.1 Explain the organization's experience in implementing a rapid rehousing Program(s). *Specifically, include the years of experience of staff that will be administering the NC ESG funds.*

In 2009, OCDSS was awarded the Homelessness Prevention and Rapid Re-Housing Program (HPRP) grant. This grant was for three years in the amount of \$1,000,000. During this time we operated both the Prevention and the Rapid Re-Housing programs. OCDSS was awarded the 2012-2013 ESG Rapid Re-Housing grant and OCDSS implemented and operated the program until December 2018. During the operation of this program, OCDSS provided outreach, assessment, intake, housing search, case management services, financial assistance, data entry, and financial requisition paperwork. Another department within Orange County Government applied for, but was not awarded the ESG Rapid Re-Housing grant for the 2018-2019.

The Prevention Services Supervisor who will oversee the Rapid Re-Housing Program has been affiliated with the housing programs since 2009.

## 23. Rapid Rehousing Program Design and Philosophy

23.1 How does the organization partner with emergency shelters?

Inter-Faith Council is the organization in Orange County that operates the emergency shelter. Inter-Faith Council is a member of the HOME Committee, where the referrals for Rapid Re-Housing are obtained.

23.2 What are the eligibility requirements to be accepted into the Rapid Rehousing program?

All referrals for Rapid Re-Housing will come through the HOME Committee unless they meet the criteria for a DV victim. Clients will be eligible for Rapid Re-Housing if they score in the range of 4-9 on the Vi-SPADT assessment.



**23.3** What are the reasons that someone may be turned away or asked to leave the Rapid Rehousing program?

If an individual is not on the HOME Committee list or does not meet the criteria as a DV victim, they will not be eligible for Rapid Re-Housing. Additionally, if a participant is not able to be reached by the caseworker for 2 months following placement, they may be dropped from the program. Otherwise, participants are eligible for the program as long as they need the service for up to 24 months within a 36 month period, continue to meet Rapid Re-Housing criteria, and the funding source is available.

**23.4** Does the program screen out participants based on the following:

- Having too little or no income
- Active or history of substance abuse (alcohol and/or drugs)
- Having a criminal record (with exceptions for state mandated restrictions)
- History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**23.5** If any box above is checked, explain:

N/A

**23.6** Does the program terminate participants based on the following:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the program's geographic area

**23.7** If any box above is checked, explain:

N/A

**23.8** Describe how the program is, or moving towards, a housing first model:

OCDSS uses the housing first model. Clients are placed into housing as quickly as possible. OCDSS does not require people experiencing homelessness to address all of their problems, including behavioral health problems, or to graduate through a series of services before they can

access housing. Additionally, OCDSS does not mandate participation in services either before obtaining housing or in order to retain housing. OCDSS will refer clients to services; the client decides if they would like to initiate and participate in the services.

**23.9** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program? **No**

**23.10** If no, do the case manager's responsibilities include landlord recruitment and negotiation?  
**Yes**

**23.11** Does the program offer a standard, basic level of support to all landlords?  
**Yes**

**23.12** If yes, describe

For the duration that we are assisting the participant, the case manager is available to the landlord to help resolve any tenancy or lease compliance issues.

**23.13** Does the program use a progressive approach, where financial assistance is not standard "package" and is flexible enough to adjust to households' unique needs and resources, for determining the duration and amount of rental assistance provided? **Yes**

Explain:

OCDSS assesses each client individually. The type of services offered to the client will depend on the client's assessment results and needs. The amount of utility and rent assistance will gradually be scaled back until the client is fully responsible for their entire housing cost. For example, some clients need deposits, while others need ongoing assistance with rent and utilities.

**23.14** Is participation in services voluntary? **Yes**

**23.15** Does the organization have a relationship with employment and income programs to which to refer RRH participants? **Yes**

**23.16** If yes, describe, including the names of the employment and income programs.

OCDSS Employment Services unit provides services to help individuals secure employment, training, or education leading to employment with the goal of self-support. Services may include individual job search, education and training, and supportive services such as child care for eligible clients.

Programs Include:

- FNS Employment & Training

- Work First Employment Services
- Workforce Innovation and Opportunity Act (WIOA)

OCDSS operates two employment centers to help with vocational needs: Orange Works Employment and Training Center and Skills Development/NCWorks Career Center.

OCDSS has a dedicated SOAR worker and a Veterans Services Officer that can assist clients with applying for benefits that may generate income.

**23.17** What role does the organization play in the coordinated entry system?

- Assess households
- Refer households to coordinated entry upon engagement
- Transport households to coordinated entry points for assessment
- Provide diversion services
- Other (specify):

**23.18** Provide estimates of who will be served by this funding request.

Category	Program Estimate	
Total Persons Served**	10	
Total New Persons Served? (entered after January 1, 2020)	10	
Total Returning Persons Served? (entered before January 1, 2020)		0
Percentage of Persons Exiting to Positive Housing Destinations	83%	
Cost Per Household	\$4,000	

\*\*Total of new plus returning persons

**23.19** Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

Enter Response Here- Maximum 2500 Characters

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# Homelessness Prevention

## 24. Homeless Prevention Program Description

24.1 Population to be served:

- single men       single women       households with children  
 youth 18-24       Other (specify):

24.2 Does this program exclusively serve victims of domestic violence (DV)? **Select yes or no**

24.3 Indicate which services will be provided by the organization and which will be provided by another through referral.

Homeless Prevention	Provided with NC ESG funds	Provided with other funds	Referral (Or does not provide this service)	Years of experience providing service (if none mark n/a)
Rental Application Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last month's rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utility payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing search and placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing stability and case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short term rental assistance (up to 3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medium term rental assistance (up to 24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Payment of arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24.4 If the organization does not provide a prevention activity, listed above, with NC ESG or other funds, explain how referrals are made.

Enter Response Here- Maximum 2000 Characters

24.5 What days and times are services available for program participants?

Enter Response Here- Maximum 2000 Characters

**24.6** If participant and/or landlord have an issue outside of operating hours, how are these issues addressed:

Enter Response Here- Maximum 2000 Characters

## 25. Experience

**25.1** Explain below any experience the organization has in implementing a homelessness prevention program that you have proposed in this application. *Specifically, include the years of experience of staff that will be administering the NC ESG funds.*

Enter Response Here- Maximum 2000 Characters

## 26. Homeless Prevention Program Design and Philosophy

**26.1** Does your organization have prior experience with providing rapid rehousing with NC ESG, SSVF or other funding? Select yes or no

**26.2** If yes, describe:

Enter Response Here- Maximum 2000 Characters

**26.3** How are you targeting this assistance to those most likely to become homeless or return to homelessness?

Enter Response Here- Maximum 2000 Characters

**26.4** Does the program screen out participants based on the following:

- Having too little or no income
- Active or history of substance abuse (alcohol and/or drugs)
- Having a criminal record (with exceptions for state mandated restrictions)
- History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**26.5** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**26.6** Does the program terminate participants based on the following:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the program's geographic area

**26.7** If any box above is checked, explain:

Enter Response Here- Maximum 2000 Characters

**26.8** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**Select yes or no**

**26.9** If no, do the case manager's responsibilities include landlord recruitment and negotiation? **Select yes or no**

**26.10** Is staff trained in landlord recruitment? **Select yes or no**

**26.11** If yes, describe.

Enter Response Here- Maximum 2000 Characters

**26.12** Does your program offer a standard, basic level of support to all landlords?

**Select yes or no**

**26.13** If yes, describe.

Enter Response Here- Maximum 2000 Characters

**26.14** Are program staff trained on regulatory requirements of all prevention funding streams and on the ethical use and application of a program's financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums? **Select yes or no**

**26.15** If yes, describe

Enter Response Here- Maximum 2000 Characters



**26.16** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided? **Select yes or no**

**26.17** If yes, describe

Enter Response Here- Maximum 2000 Characters

**26.18** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager? **Select yes or no**

**26.19** Do meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible? **Select yes or no**

**26.20** Is participation in services voluntary? **Select yes or no**

**26.21** Do you have a relationship with employment and income programs to which to refer HP participants? **Select yes or no**

**26.22** If yes, describe, including the names of the employment and income programs

Enter Response Here- Maximum 2000 Characters

**26.23** How does your program participate with coordinated entry (check all that apply):

- Assess households
- Refer households to coordinated entry upon engagement
- Transport households to coordinated entry points for assessment
- Provide diversion services
- Other:

**26.24** Provide estimates of who will be served by this funding request. These numbers are estimates and should not be seen as a cap on the total number served by the program.

Category	Program Estimate
Total Persons Served	
Percentage of Persons Exiting to Positive Housing Destinations	
Cost Per Household	



**26.25** Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

Enter Response Here- Maximum 2500 Characters

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## HMIS/DV Comparable Database

While Victim Service Providers cannot participate in HMIS, these agencies can apply for HMIS funds to be used on the costs associated with the required comparable database.

### 27. Database Project Description

**27.1** Which type of database does the organization currently use? **Select type**

**27.2** Does the organization applying for database project dollars, exclusively serve victims of domestic violence (DV)? **Select yes or no**

**27.3** If the organization uses a DV comparable database, which database do you use?

Enter Response Here- Maximum 2000 Characters

**27.4** Is the organization requesting financial assistance or operations funding only?

**Select yes or no**

If yes, choose which expenses in column 1 below, will be covered by NC ESG funds.

If no, choose which expenses in column 2 below, will be covered by NC ESG funds.

HMIS/DV Comparable	Column 1	Column 2
Supplies, Hardware, and Software	<input type="checkbox"/>	<input type="checkbox"/>
Salary and/or Fringe Benefits	<input type="checkbox"/>	N/A
Database Licenses and Fees	<input type="checkbox"/>	<input type="checkbox"/>

**27.5** Describe how these funds will contribute to your ability to collect, analyze, and report data.

Enter Response Here- Maximum 2000 Characters

**27.6 Regional Applicants only:** Only CoC Collaborative Applicants, as defined in the application instructions, are able to apply for NC ESG funds to cover the following eligible HMIS costs.

HMIS/Data	Requesting NC ESG HMIS funds
Continuum of Care Staff Cost	<input type="checkbox"/>
HMIS Lead Organization Costs	<input type="checkbox"/>
HMIS Local System Administrator Costs	<input type="checkbox"/>

**27.7** Describe how these funds will contribute to your ability to collect, analyze, and report data.

Enter Response Here- Maximum 2000 Characters

## 28. Experience

**28.1** Explain below any experience the organization has in implementing HMIS activities that you have proposed in this application. *Specifically, include the years of experience of staff that will be administering the NC ESG funds.*

Enter Response Here- Maximum 2000 Characters

**28.2** Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

Enter Response Here- Maximum 2500 Characters



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# Rapid Rehousing

## Detailed Project Budget

Indicate below which eligible ESG budget items are being requested in this project application for the 2019-2020 Program Year. The applicant is not required to request funding for all budget line items.

<b>Applicant Organization Name</b>	Orange County Department of Social Services
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Eligible Budget Line Item	Amount Requested
<b>Rapid Rehousing Services (no more than 40% of total request)</b>	
Housing Stability Case Management	
Housing Search and Placement	
Mediation	
Legal Services	
Credit Repair	
Information & Referral	
Salary and/or Fringe Benefits	
Overhead (maximum 15% of total request)	
<b>Total Request</b>	\$ -
<b>Rapid Rehousing Financial Assistance</b>	
Rental Application Fees	\$ 500.00
Rent Assistance	\$ 25,000.00
Rent Arrears	\$ 1,200.00
Security Deposit	\$ 5,000.00
Utility Assistance	\$ 3,300.00
Utility Deposit	\$ 3,000.00
Utility Arrears	\$ 2,000.00
Moving Costs	\$ -
Overhead (maximum 15% of total request)	
<b>Total Request</b>	\$ 40,000.00