

2019-2020 Idaho PATH Subgrant Application

Face Page

Information Required	Applicant Response
Lead Applicant Organization	
Federal Tax Identification Number (TIN)	
Data Universal Numbering Systems (DUNS)	
Other partner/collaborating organizations (if applicable)	
Name of contact person	
Phone Number	
Email Address	
Fax Number	
Address	
City & Zip Code	
Amount of funding requested	
Brief project description	

I hereby certify that the information contained in this application is true and correct.

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Application Elements

Please provide the following information for your application. Be specific and use data or other supportive information.

1. Describe the agency's mission and purpose. (1 pt)
2. Describe the agency's current and past experience serving individuals who are literally homeless with serious mental illness or co-occurring disorders. Be specific and provide information to support record of serving this population. (10 pts)
3. Describe the agency's community response to ending homelessness. Provide specific strategies and successes using specific evidence and data to support success rate. (5 pts)
4. Describe the agency's specific strategies/activities contributing to the community's success in ending homelessness. Provide specific information as it relates to individuals with mental illness and co-occurring disorders. (5 pts)
5. Describe the agency's participation in the HUD Continuum of Care program. Be specific. (5 pts)
6. Provide a brief description of partnerships the agency has with community organizations that provide key services (e.g., mental health, primary health, substance use disorders, employment, etc.) to the target population. Describe the coordination of activities and list any Memoranda of Agreement in place. (5 pts)
7. Describe the agency's intended catchment area for PATH services. Indicate the specific county or counties in which the agency will deliver PATH services. (3 pts)
8. Provide a brief description of partnerships the proposed agency has with organizations or agencies providing housing and housing support and services to the target population. Describe coordination activities and any Memoranda of Agreement. (5 pts)
9. Describe how the agency will use PATH funds to meet the PATH goal to provide street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless. (10 pts)
10. Provide a list of key management, customer service, and other personnel positions to be used in the fulfillment of this subgrant, including the number of incumbents that will fill each position and the full-time equivalent (FTE) for each incumbent. Use the guidance in the RFA and budget table for required positions and describe how the staffing model supports PATH service provision. Describe strategies that will be utilized for recruiting and retaining qualified staff. Provide resumes for employees who will be managing and/or directly providing services under

the subgrant. For positions that are not currently filled, a position description (including requisite qualifications/experience) should be provided. (10 pts)

11. Describe the training plan for PATH staff including program implementation and the required annual training elements and the agency's plan for when and how training will occur. (5 pts)
12. Describe the evidence-based practices (EBPs) the agency incorporates in the services provided and how the agency supports and sustains the EBPs. Describe and provide dates of the agency's training provided to staff for each EBP identified. List the EBPs the agency plans to incorporate into the PATH Program and include a training plan for the PATH staff to learn and sustain the EBPs. (3 pts)
13. PATH data must be entered into the local Homeless Management Information System (HMIS). Describe the agency's experience with HMIS and provide an ongoing staff training plan for PATH HMIS data collection, entry, and reporting. (10 pts)
14. Describe the agency's experience using the SSI/SSDI Outreach, Access, and Recovery (SOAR) model. Indicate the number of PATH staff who are trained on SOAR and utilize the model with the target population. (2 pts)
15. Describe the demographics and potential health disparities of the target population in the areas of the state to be served. (5 pts)
16. Describe the demographics of the agency's staff and how staff providing services to the target population will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender (LGBT), racial/ethnic, and differences of PATH participants. Include the extent to which staff receive periodic training in cultural competence and health disparities. Describe the agency's experience with identifying and addressing health disparities with the national Culturally and Linguistically Appropriate Services (CLAS) standards, which can be found at <https://thinkculturalhealth.hhs.gov/>. (3 pts)
17. Describe how individuals who are homeless or at risk for homelessness and have serious mental illness, and their family members are involved at the organizational level in the planning, implementation, and evaluation of services provided by the agency. Indicate whether individuals of the target population are employed as staff or volunteers or serve on governing or formal advisory boards. (1 pt)
18. In the table on the next page, provide a proposed budget for PATH subgrant positions and expenses. Insert additional rows as necessary and be sure to provide thorough explanation in the proposal. (12 pts)

Budget Table

Personnel				
PATH Position	Annual Salary	PATH-Funded FTE	PATH-Funded Salary	Total Projected Cost
PATH Program Manager				
PATH Program Specialist				
Total Personnel Costs				
Fringe				
Fringe Benefits Position	Annual Salary	PATH-Funded FTE	PATH-Funded Salary	Total Projected Cost
PATH Program Manager				
PATH Program Specialist				
Total Fringe Costs				
Equipment (article of nonexpendable, tangible personal property having a useful life of more than one year) Supplies				
Category	Item	Per unit cost	Number	Total
Equipment				
Supplies				
Total Equipment and Supplies				
Travel, Training, and Fees				
Category	Description	Per unit cost	Number	Total
Staff Travel and Training				
HMIS/CoC Fees				
Total Travel, Training, and Fees				
Administrative and Indirect				
Total Administrative and Indirect				