**COC Y Renewal Subrecipients**

**ZoomGrants Application Walkthrough**

**January 10, 2022**

***Office Hours***

***9:30-10:30 Joint Programs***

 ***10:30-11:30: Supportive Services***

1. **Welcome/Introductions**

RTFH Leadership: Lahela Mattox, Aimee Cox

RTFH Staff:Jessica Torres

Purpose of Office Hours: RTFH will be on a call to support the SRs in completing their application for ZoomGrants.

1. **Action Item: Applications due no later than 01/12/22**
	* Subrecipients are to submit their ZoomGrants applications no later than 01/12/22
	* *RTFH will then review the applications and follow up with the Subrecipients if corrections are needed.*
2. **Action Item**: Invoices are to be submitted monthly by the 15th, The first invoice is expected and due by 1/15/22
	* Claim Reimbursement form and supporting documentations are mandatory to process invoices for payment.
3. **Discussion Items:** Joint Program Application 9:30-10:30 am: Supportive Services 10:30-11:30 am
	* **Items needed…**
		+ ZoomGrants Access
		+ Executed agreements are needed to complete the application
			- Program Type: Agency Name\_ Program Name\_ Program Type (Joint, Host Homes, YSN, RRH, Prevention/Diversion
			- Amount awarded
			- Applicant Information
			- Organization’s Information: Legal name, address, phone number
			- CEO’s information: First/Last Names, title and email
	* **Application Questions will need answers to submit the application successfully: Executed Agreement needed during this portion of the training.**
		+ Q1: Program Service Area(s) Identify all jurisdictions that will be affected by the programs listed in the application.
		+ Q2: Provide a brief description of your organization and the mission statement.
		+ Q3: Youth Population Served: Dedicated youth 18-24, dedicated unaccompanied youth under 18 and youth 18-24
		+ Q4: Which Activities best describe your project? Prevention/Diversion, Youth Systems Navigation, Host Homes, Joint TH/RRH, RRH **(Found under Program Type in agreement)**
		+ Q5: Describe scope of services: Found in Scope of Work in the executed agreement “program details”
		+ Q6: Does the delivery of services in your project involve subrecipients? (Yes/**No**) If so, please list the names of the organizations and their responsibilities. (Response should be No)
		+ Q7: If you will have subcontractors, how will you ensure subrecipient compliance with agency and COC requirements? **Response should be N/A**
	* **Budget: Using the executed agreement as a reference.**
		+ Revenue/Funding Sources
			- Supportive Services
			- Operating
			- TH Leasing
			- TH/RRH Rental Assistance
			- Admin
			- Match Revenue
	* **Expenses**: Complete the Expenses for the entire project(s). The budget in your agreement and what is entered in the Zoom Grants Budget Tab should be identical.
	* **Required Documents: You will need to upload these documents in order to submit the invoice**
		+ Organizational chart: should clearly depict the structure of the organization and the specific unit responsible for the implementation of the Grant Subaward.
		+ Housing First: Copies of your project intake / admissions forms reflecting a Housing First approach
		+ Disability Status– Copy of form(s) used for determining and documenting disability status
		+ Homeless Status – Copy of form(s) used for documenting homeless status
		+ Job Descriptions for all awarded positions.

Applications are due 1/12/22, the office hours are not mandatory; but highly recommended. We will record the training and make it available post training.