**Interim 2022 Application for HUD CoC Program Funding**

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**Application Instructions: SEE INSTRUCTIONS MANUAL**

Complete and submit all relevant sections of this Application, including all required attachments and certifications, by 5:00 PM EST, August 31, 2022.

## 

## Section 1 - Applicant Information

### Applicant Legal Name: Click or tap here to enter text.

### Applicant d/b/a (if any): Click or tap here to enter text.

### Applicant Agency Type:

Corporation exempt from taxation under §501(c)(3) of the Internal Revenue Code

Unit or arm of local or state government

Other (explain): Click or tap here to enter text.

### Applicant Mailing Address: Click or tap here to enter text.

### Applicant Website (if any): Click or tap here to enter text.

### Federal EIN (Tax ID #): Click or tap here to enter text.

### DUNS #: Click or tap here to enter text.

### SAM Registration #: Click or tap here to enter text.

### Applicant Points of Contact:

|  |  |  |
| --- | --- | --- |
|  | **Primary Contact**  **(for Purposes of this Application)** | **Secondary Contact**  **(for Purposes of this Application)** |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Title | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. | Click or tap here to enter text. |
| E-mail Address | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Eligibility Criteria | Yes | No |
| 1. Projects applicant and subrecipient are eligible entities and project is in compliance with CoC Interim Rule and subsequent notices, including threshold requirements outlined in the 2022 Notice of Funding Opportunity |  |  |
| 2. Agreed to Participate in HMIS or if project is Domestic Violence or Human Trafficking project, must adhere with HMIS data and technical standards in a comparable database. |  |  |
| 3. Applicant has Active SAM registration with current information. This is required only if your agency will have a contract directly with HUD. |  |  |
| 4. Applicant has Valid DUNS number in application. This is required only if your agency will have a contract directly with HUD. |  |  |
| 5. Applicant has no Outstanding Delinquent Federal Debts- unless: (a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or (b) Other arrangements satisfactory to HUD are made before the award of funds by HUD. |  |  |
| 6. Applicant has no Debarments and/or Suspensions -or is proposed to be debarred or suspended from doing business with the Federal Government. |  |  |
| 7. Applicant has disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. |  |  |
| 8. Applicant has demonstrated the population to be served meets program eligibility requirements. |  |  |
| 9. Applicant complies with HUD headquarter and field office directives. When considering renewal project for award, Applicant met HUD Expectations. |  |  |
| 10. Applicant demonstrates fiscal and administrative capacity to expend, track and report on grant awards. |  |  |
| 11. Projects will participate in and accept 100% of referrals from Coordinated Entry, when it is available for the project type. |  |  |
| 12. Applicant agrees to practice and monitor fidelity to Housing First principles and be low barrier and scored = or > than 10 on Housing First question Section 7 of Application. |  |  |
| 13. Project has documented the required matching funds. |  |  |
| 14. Project is financially feasible |  |  |
| 15. Applicant is active CoC participant. |  |  |
| 16. Project has reasonable costs per program participant. |  |  |
| 17. Documented organizational financial stability, audit shows agency has no major findings. Financial audit completed within previous 24 months of submission date. |  |  |
| 18. Applicant has a Code of Conduct which complies with 2 CFR part 200 |  |  |
| 19. Representation at Mandatory RFP Workshop (New Project Applicants Only) |  |  |

### Project Funded as Part of 2022 CoC Application

Whether or not this project is funded as part of the 2021 HUD CoC Application, are you willing to have it considered for other opportunities that become available through other sources, including new or reallocated funds?  Yes  No

### Declaration by Authorized Representative

The individual authorized to act for the Applicant and to assume the obligations imposed by the Federal laws, program regulations, NOFA requirements, and conditions from a grant or grant application, including the applicable Federal regulations states the following:

I agree that I am the Authorized Representative for the Applicant, and I certify that the Applicant agrees to be bound by all of the terms and conditions associated with this Application for funding and certifies that data and content in the Application (including all attachments and certifications) are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Printed Name and Title of Authorized Representative Date

## 

## Section 2 - General Information about Proposed Project and Activities

### 2.1 Project Type

Which category best describes your Project Type?

Permanent Supportive Housing (PSH)

Rapid Rehousing (RRH)

Transitional Housing (TH)

Joint TH/PH-RRH (Transitional Housing / Permanent Housing-Rapid Re-Housing)

Other *(explain- max 50 words)*: Click or tap here to enter text.

### 2.2 Provider Activities

For your proposed Project, which of the following are your agency proposing to do in this application's project?

Check all that apply.

Housing - Scattered-Site Rental Assistance or Leasing (Tenant-Based)

Housing - Facility- or Complex-Specific Rental Assistance or Leasing (Project-Based)

Housing - Agency-Operated Rental Assistance or Leasing (Sponsor-Based)

Services - Street Outreach

Services - Housing Stability Case Management (includes Navigation)

Services - Other Supportive Services (list): Click or tap here to enter text.

2.3 HUD Application Type

Which of the following best describes your proposed activities for the Project?

***Note: Please submit separate applications for RENEWAL, EXPANSION and NEW activities.***

Renewal: No changes

Expansion

Reallocation/New Project

Bonus

### 2.4 HUD Application Type: Renewal

(Only answer this question if “Renewal” was selected in 2.3)

Did you submit a signed and submit “Renewal 12 Month Budget” form?  Yes  No

Do you acknowledge the possibility of bundled renewal budget adjustments that may alter the amount of your proposed budget by the time new contracts are executed?  Yes  No

### 2.5 HUD Application Type: Expansion

(Only answer this question if “Expansion” was selected in 2.3)

Did you submit a signed “Renewal 12 Month Budget” form for your non-expansion portion of this application?

Yes  No

### 2.6 HUD Application Type: Reallocation/New Project

(Only answer this question if “New Project” was selected in 2.3)

Do you want this project considered for reallocation? (Meaning you will provide at least as much capacity as reallocated project and will serve the same tenants for permanent housing?)  Yes  No

What month of 2023 would you like your new project to begin? Click or tap here to enter text.

### 2.7 HUD Application Type: Bonus

(Only answer this question if “Bonus” was selected in 2.3)

Do you want this project considered for either COC Bonus or DV Bonus project? (Please refer to criteria for Bonus projects in the HUD COC NOFO).  Yes  No

What month of 2023 would you like your new project to begin? Click or tap here to enter text.

### 2.8 Related HMIS Project IDs: New Project

If any proposed activity is related to a Project that is currently or previously entered data into HMIS, provide all relevant HMIS Project ID #(s)/Names:

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

### 2.9 Providing Services

For applicants proposing to provide Services to the Project. Select all services that you will provide through the Project:

Grant Sharing/Collaborative Service Provider

Linked Services or Sole Services

Services for the Grant Term

N/A

### 2.10 Providing Housing

For applicants proposing to provide Housing to the Project. Select all types of housing you will provide through the Project:

Grant Sharing/Collaborative Housing Provider

Linked Housing

Housing for the Grant Term

N/A

## 

## Section 3 - Key Project Characteristics - Housing

### *If you are providing Services only and have no Housing match, skip to Section IV.*

### 3.1 Coordinated Entry System (CES) Referrals

Will your project take referrals exclusively from CES?

Yes

No

N/A

### 3.2 Relationship to Case Management Service Providers

If you are providing Housing only for the Project (not Services), select the most applicable statement below.

You know who will provide the services for some or all of your residents

Name(s) of Project partner(s): Click or tap here to enter text.

% of program participants these partners will serve: Click or tap here to enter text.

You do not know who will provide the Services for any or all of your residents.

N/A

### 3.3 Number of Homeless Housing Units

What is the total number of units (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period? Click or tap here to enter text.

### 3.4 Number of HUD CoC funded Units

Of the amount listed above as "Number of Housing Units", how many Housing Units/Vouchers/Slots will be HUD CoC-funded? Click or tap here to enter text.

### 3.5 Number of Match funded Units

Of the remaining Housing Units/Vouchers/Slots in the Project not funded by HUD (i.e., not listed above as "Number of HUD CoC Funded Units"), how many are fully committed and available to the Project? Click or tap here to enter text.

***Please attach evidence of any such commitment and availability as a separate file named “Fully Committed Housing Units”.***

### 3.6 Type of Housing Units Provided

Select the type(s) of Housing Units included in your Project.

Permanent Supportive Housing (PSH)

Rapid Re-Housing (RRH)

Transitional Housing (TH) Youth (up to age 25)

Joint Transitional Housing/ Rapid Rehousing (domestic violence or youth services)

### 3.7 Total Beds

**Note: Complete the following table for the type of Housing Units Provided based on the selection made above. Complete only one table.**

### 3.7a Housing Units: Permanent Supportive Housing (PSH)

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# of Units** | **# of Beds** |
| (A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units | Enter # | Enter # |
| (B) Leasing: # of Scattered-Site Units | Enter # | Enter # |
| (C) Rental Assistance (either project-based or sponsor-based): # of Rental Units in Specific Structures, Complexes, etc. | Enter # | Enter # |
| (D) Leasing: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |
| (E) Operations: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |

### 3.7b Housing Units: Rapid Rehousing (RRH)

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# of Units** | **# of Beds** |
| (A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units | Enter # | Enter # |

### 3.7c Housing Units: Transitional Housing (TH) for youth up to age 25

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# of Units** | **# of Beds** |
| (A) Rental Assistance (tenant-based): # of Scattered-Site Rental Units | Enter # | Enter # |
| (B) Leasing: # of Scattered-Site Units | Enter # | Enter # |
| (C) Rental Assistance (either project-based or sponsor-based): # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |
| (D) Leasing: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |
| (E) Operations: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |

### 3.7d Housing Units: Joint Transitional Housing/Rapid Rehousing (TH/RRH)

|  |  |  |
| --- | --- | --- |
| **Housing Type** | **# of Units** | **# of Beds** |
| (A) Rental Assistance (tenant-based). Only for RRH portion of the project: # of Scattered-Site Rental Units | Enter # | Enter # |
| (B) Leasing. Only for TH portion of the project: # of Scattered-Site Units | Enter # | Enter # |
| (C) Leasing. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |
| (D) Operations. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc. | Enter # | Enter # |

### 3.8 Housing Type

Select the type of housing structures in which Program Participants will be housed (*select all that apply*).

Shared housing

Single Room Occupancy

Clustered apartments

Scattered-site apartments (including efficiencies)

Single-family homes/townhomes/duplexes

### 3.9 Combination Project Details

If you checked more than one box from the selections (3.8) above to indicate that more than one type of Housing will be provided, provide the number of Units and Beds to be located within each type and explain the nature of the mixed Housing type Project. (max 150 words)

Click or tap here to enter text.

### 3.10 Housing Project Address

Enter the physical address at which the Housing for the Project is or will be located**.** For Projects with multiple sites, enter the address where the majority of beds will be located. (For tenant-based rental assistance and scattered-site leasing Projects, enter the address for the Housing provider’s Project administrative offices.) (max 150 words)

Click or tap here to enter text.

**3.10a** Renewals only: How many HUD-funded Units dedicated to this Project are not currently operational (renewals only)? Click or tap here to enter text.

**3.10b** If any units are not currently operational, please explain why (max 100 words).

Click or tap here to enter text.

## Section 4 - Key Project Characteristics – Supportive Services

### *If you are not providing Services (providing Housing Only) skip this Section.*

### 4.1 Coordinated Entry System (CES) Referrals

Will your project take referrals exclusively from CES?

Yes

No

N/A

### 4.2 Housing and Services Relationship

Exclusive Housing Partner: Click or tap here to enter text.

Project Includes Housing

No Identified Housing Partner:

N/A

### 4.3 Service Delivery Location

Where will you provide the services to clients?

The Field

Office

Other, please specify: Click or tap here to enter text.

N/A

If services will be delivered in the field, what percentage of services will be delivered in the field?

Select one: 80%+ \_\_\_\_\_\_\_\_\_\_\_ 50 – 79% \_\_\_\_\_\_\_\_\_\_\_\_\_ Less than 50% \_\_\_\_\_\_\_\_\_\_

### 4.4 Supportive Services Provided

Select ONLY those direct services that will be provided by this project. Select all that apply:

Housing Stability Case Management and Housing Navigation

Employment Services

Other, please specify: Click or tap here to enter text.

N/A

### 4.5 HOUSING STABILITY CASE MANAGEMENT QUESTIONS

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Note: The following questions are based on the selections made in question 4.4. Answers are required only if one the options above is checked. Only answer for type of service checked above.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

### 4.5a Target Population: Housing Stability Case Management

Select all that apply:

Chronically Homeless

Families with children

Unaccompanied Youth

Veterans

Domestic Violence

Other, please specify: Click or tap here to enter text.

N/A

### 4.5b Current and Proposed Staffing (FTE) for Housing Stability Case Management

“FTE” means Full-Time Equivalent and refers to a position that is 40 hours/week or at least 2,000 hours per year.

|  |  |  |  |
| --- | --- | --- | --- |
| **A**  **Staff Type** | **B**  **HUD Funded** | **C**  **Non-HUD Funded** | **D**  **Total FTE** |
| Case Management Direct Service Staff | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Case Management Supervisory Staff | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Employment Direct Service Staff | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Employment Supervisory Staff | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Services Direct Staff (please specify type of service this staff will provide):  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Services Supervisory Staff | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**4.5c Partial Funding – All Proposed New Staff Positions**

In the event that your request for funding for a position(s) is not funded

Agency will fund the Gap

Agency will split the position

Agency will hire for the portion of time funded

Other, please specify: Click or tap here to enter text.

### 4.5d Area Served

Checking an area implies that you regularly provide services in that geographic area.

Downtown Orlando/Central Orange County

East Orange County

West Orange County

Osceola County

Seminole County

Region-wide

N/A

## 4.6 OTHER ESSENTIAL ELEMENTS

### 4.6a Caseload Size for Housing Navigation and/or Housing Stability Case Management

For each FTE position in the Project you commit to accept assignment of and continuously serve a caseload of up to:

* 18-20 families with children (and/or youth, if applicable), for RRH, Youth TH, or TH-RRH Projects
* 15-18 chronically homeless individuals and/or families, for PSH Projects

Yes

No

N/A

If No, explain (max 50 words):

Click or tap here to enter text.

### 4.6b CoC FL-507-adopted Standards & Policies

Do you commit to follow the applicable CoC FL-507-adopted standards for the appropriate project type?

Yes

No

N/A

### 4.6c Education and Training Requirements

Do you have other education and training requirements established for the positions?

Yes

No

N/A

If yes, please describe (max 25 words): Click or tap here to enter text.

### 4.6d Job Description

Yes

No

N/A

If Yes, Please attach all job descriptions

### 4.6e Professional Oversight and Supervision

Yes

No

N/A

If Yes, Please attach the description

### 4.7 Cultural Competence

How will you ensure cultural competence in your service provision (max 300 words)?

Click or tap here to enter text.

### 4.8 Language barriers/Limited English Proficiency

How will you address language barriers/Limited English Proficiency in your service provision (max 300 words)?

Click or tap here to enter text.

### 4.9 SOAR: Does your Project include, or have access to SOAR workers?

Yes  No

If yes, have those SOAR staff received training/ refresher training, within the past 24 months?

Yes  No  N/A

### 4.10 CoC Training

Will you require all Services staff, including supervisory and executive staff, to complete some form of the following core trainings, if made available by CoC FL-507?

Housing First  Yes  No  N/A

Motivational Interviewing  Yes  No  N/A

Trauma-Informed Care  Yes  No  N/A

Harm Reduction  Yes  No  N/A

LGBTQ Housing Inclusion  Yes  No  N/A

Victim Services/DV Safety  Yes  No  N/A

Housing Focused Case Management  Yes  No  N/A

Training identified in Sub-Recipient contract and/or CoC Training Standards  Yes  No  N/A

Other  Yes  No  N/A

### 4.11 Other Supportive Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Available (A)** | **How Provided (B)** | **HUD Funding (C)** | **Frequency (D)** |
| Application Fees for Housing | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Assistance  with  Moving Costs | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Child  Care | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Education Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Employment Assistance and Job Training | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Food | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Housing Counseling Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Legal Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Life Skills Training | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Mental  Health Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Outpatient Health Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Substance Abuse Treatment  Services | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Transportation | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |
| Utility  Deposits | Yes  No  Don’t know/not sure | Applicant  Project Partner  Other Partner (Provide Name)  Click or tap here to enter text.  None of the above | Yes  No | One time  Daily  Weekly  Monthly  As needed |

## 4.12 Is this a Youth Project Yes No

## If yes, does the project incorporate strategies for the following? (Check all that apply)

## Human Trafficking Victims Yes No N/A

## LGBTQ Youth Yes No N/A

## Family Reunification Yes No N/A

## Positive Youth Development Yes No N/A

## Trauma Informed Care Yes No N/A

## Use of risk and protective factor Yes No N/A

## Section 5 - Geographic Coverage and Responsiveness to Jurisdictional Priorities

### Jurisdictional Coverage

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **Check the Box if the Project\*\* Meets Code (see instructions)** | | | | |
| A | B | C | D | E |
| City of Kissimmee |  |  |  |  |  |
| City of Orlando |  |  |  |  |  |
| City of Sanford |  |  |  |  |  |
| Orange County |  |  |  |  |  |
| Osceola County |  |  |  |  |  |
| Seminole County |  |  |  |  |  |

**JURISDICTIONAL REPRESENTATIVE CERTIFICATION**

Optional Form - Not a Required Part of the Application

See Instructions and RFA Attachment 3

## Section 6 – Identification of Target Population(s) and Service to Sub-Populations

### 6.1 Bed Inventory by Target Population

|  |  |  |  |
| --- | --- | --- | --- |
| **Population/Subpopulation** | **Dedicated %**  **(A)** | **All Inclusive?**  **(B)** | **Explanation**  **(C)** |
| 1. Chronically Homeless Adults | Click here to enter text. | Yes  No | Click here to enter text. |
| 2. Families with Children | Click here to enter text. | Yes  No | Click here to enter text. |
| 2a. Chronically Homeless Families with Children | Click here to enter text. | Yes  No | Click here to enter text. |
| 3a. Unaccompanied Youth (up to age 25) | Click here to enter text. | Yes  No | Click here to enter text. |
| 3b. Unaccompanied LGBTQ Youth | Click here to enter text. | Yes  No | Click here to enter text. |
| 3c. Youth Families with Children | Click here to enter text. | Yes  No | Click here to enter text. |
| 4. Veterans | Click here to enter text. | Yes  No | Click here to enter text. |
| 4a. Chronically Homeless Veterans | Click here to enter text. | Yes  No | Click here to enter text. |
| 5. Survivors of Domestic Violence | Click here to enter text. | Yes  No | Click here to enter text. |
| 6. Victims of Human Trafficking | Click here to enter text. | Yes  No | Click here to enter text. |
| 7. Persons with Substance Abuse Disorders | Click here to enter text. | Yes  No | Click here to enter text. |
| 8. Persons with Severe Mental Illnesses | Click here to enter text. | Yes  No | Click here to enter text. |
| 9. Other (explain):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter text. | Yes  No | Click here to enter text. |

**6.2 For Housing Projects Only - Prioritization**

Number Units of Prioritized for Chronically Homeless Individuals or Families Click or tap here to enter text.

## Section 7 - Housing First/Zero Barrier Approach

### 7.1 Eligibility Chart

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line** | **Factor**  **(A)** | **Previous 12 months (B)** | **Future Expectations (C)** | **Explanation**  **(D)** |
| 1 | Client has very little or no income | Yes  No | Yes  No | Click here to enter text. |
| 2 | Composition of client’s family (as family is defined by the HUD Equal Access Rule[[1]](#footnote-1)) – for ex., age or gender of children, unmarried partner | Yes  No | Yes  No | Click here to enter text. |
| 3 | Client’s current or past history of substance use | Yes  No | Yes  No | Click here to enter text. |
| 4 | Client’s current or past mental health history | Yes  No | Yes  No | Click here to enter text. |
| 5 | Client’s current or past history of domestic violence | Yes  No | Yes  No | Click here to enter text. |
| 6 | Client’s criminal record | Yes  No | Yes  No | Click here to enter text. |
| 7 | Client’s history of past evictions or credit problems | Yes  No | Yes  No | Click here to enter text. |
| 8 | Client’s past history with the agency or with services | Yes  No | Yes  No | Click here to enter text. |
| 9 | Client’s disability, whether a general or of a specific type | Yes  No | Yes  No | Click here to enter text. |
| 10 | Client has large amount of possessions and belongings | Yes  No | Yes  No | Click here to enter text. |
| 11 | Client’s sexual orientation or  gender identity | Yes  No | Yes  No | Click here to enter text. |
| 12 | Client’s lack of transportation | Yes  No | Yes  No | Click here to enter text. |
| **Line** | **Factor**  **(A)** | **Previous 12 months (B)** | **Future Expectations (C)** | **Explanation**  **(D)** |
| 13 | Project hours of intake/operation | Yes  No | Yes  No | Click here to enter text. |
| 14 | Client’s refusal to be separated from pet(s) | Yes  No | Yes  No | Click here to enter text. |
| 15 | Any other factor listed in “Requirements of a Housing First Approach to Project Operations”  (Attachment E to the RFA) | Yes  No | Yes  No | Click here to enter text. |

### 7.2 Termination Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor**  **(A)** | **Previous 12 months**  **(B)** | **Future Expectations (C)** | **Explanation**  **(D)** |
| Client’s unwillingness to participate in Services | Yes  No | Yes  No | Click here to enter text. |
| Client’s failure to make progress on a service plan or case plan | Yes  No | Yes  No | Click here to enter text. |
| Client’s loss of income or failure to increase income | Yes  No | Yes  No | Click here to enter text. |
| Client is a survivor of domestic violence who reunites with abuser | Yes  No | Yes  No | Click here to enter text. |
| Client’s violation of program rules | Yes  No | Yes  No | Click here to enter text. |
| Other (explain):  Click or tap here to enter text. | Yes  No | Yes  No | Click here to enter text. |

### 7.3 Do you actively continue to offer Services to a client even if the client is evicted from, relocated from or otherwise no longer in Housing

Yes  No  N/A

### 7.4 If you currently provide any Housing or Services to homeless individuals or families in a PSH, RRH or TH project, what was the percentage of clients served during the past 12 months that you evicted, discharged, or cut off or terminated from assistance for any reason other than successful program completion? \_\_\_ %:

### N/A

**7.5 Do you have an agreement or understanding with any entity that takes actions to terminate, discontinue, discharge or evict based on the factors in the Eligibility Chart or Termination Chart above?**

Yes  No

If yes, explain (max 25 words):

Click or tap here to enter text.

### 7.6 Do you and the Project partners allow for changes in service intensity and duration based on changes in clients’ needs or circumstances? (Example: frequency of home visits increases for clients experiencing a crisis that threatens housing stability).

Yes  No

If yes, explain (max 100 words):

Click or tap here to enter text.

**7.7 Will clients be required to live in a particular structure or area at some point during their period of participation in the Project?**

Yes  No  N/A

If yes, explain (max 100 words):

Click or tap here to enter text.

**7.8 Additional Requirements**

Will the Project have Services participation requirements or other prerequisites (in addition to ones addressed above) to acceptance into the proposed Project?

If yes, explain *(max 100 words)*

Click or tap here to enter text.

### 7.9 Does the Project quickly move participants into permanent housing?

Yes  No

**7.10 Have you implemented Client Satisfaction Surveys for program participants of this project (if a COC renewal) or other projects your agency administers (if this is a new project)?**

**Renewal:**   Yes  No  N/A

**Expansion:**   Yes  No  N/A

**New:**  Yes  No  N/A

## Section 8 - Prioritization Based on Need

### Prioritization in Provision of Project Housing and Services

See Instruction Manual for directions on answering the questions in this section

**8.1 Families with Children and/or Unaccompanied Youth**  Yes  No

**8.2 Prioritization**  Yes  No

**8.3 Family Unity**   Yes  No

**8.4 CES MOU**  Yes  No  NA

N/A or No to any please explain (see attached instructions): (max 150 words)

Click or tap here to enter text.

**8.5 Chronic CES Referral**   Yes  No  NA

**8.6 Severest Needs and Chronicity**   Yes  No  NA

**8.7 Greatest Risk for Chronic Homelessness**   Yes  No  NA

**8.8 HUD Required Recordkeeping**  Yes  No  NA

**8.9 PSH Prioritization Continuity**  Yes  No  NA

N/A or No to any of the above please explain: (max 150 words)

Click or tap here to enter text.

**8.10 Place Resided Immediately Prior to Program Entry (****Only new projects need to complete this table. All existing projects will have this data pulled from APR or CES)**

|  |  |  |
| --- | --- | --- |
|  | **Place of Residence Immediately Prior to Program Entry** | **Percentage** |
| A | Streets or other locations not meant for human habitation | Click here to enter text. |
| B | Emergency shelters | Click here to enter text. |
| C | Safe Havens | Click here to enter text. |
| D | Transitional Housing | Click here to enter text. |
| E | Domestic Violence | Click here to enter text. |
| F | Other: Click or tap here to enter text. | Click here to enter text. |
|  | **TOTAL** | Click here to enter text. |

## Section 9 - CoC Involvement and Engagement

### Number of CoC Membership Meetings Attended, CoC membership status, Committee participation & Practice Skills Training.

**9.1 Past HMIS Participation:**

Yes  No

### 9.2 Commitment to Future HMIS Continuity:

Yes  No

### 9.3 Current Inclusion in HMIS Bed/Services Inventory:

Yes  No  NA

**9.3a** If No, #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 9.4 Commitment to Future HMIS Bed/Services Inventory Continuity:

Yes  No  NA

### 9.5 Commitment to Comply with HMIS Policies and Procedures

Yes  No  NA

### 9.6 Commitment to Ensure Participation in HMIS Refresher Training

Yes  No  NA

### 9.7 Commitment to Enter Universal Data Elements & Personal Identifying Information

Yes  No  NA

### 9.8 Commitment to Work in Support of CoC’s HMIS Data Quality Plan

Yes  No  NA

### 9.9 Commitment to Work in Support of Ongoing Availability of HUD APR Data

Yes  No  NA

### 9.10 Participation in the 2022 PIT

PIT planning sessions  PIT street surveys  PIT service provider surveys  N/A

### 9.11 Commit to participate in the 2023 PIT

Yes  No

### 9.12 Submit 2022 HIC:

Yes  No  NA

### Section 10 - Increasing Access to Mainstream Benefits

Skip this section if you will not be providing Case Management services

### 10.1 Commitment to Incorporating Strategies for Increasing Access to Mainstream Benefit into the Project

Yes  No  NA

### 10.2 Current Efforts to Increase Access to Mainstream Benefits

Yes  No

**10.2a If "Yes" for Current Efforts to Increase Access to Mainstream Benefits, Describe (max 200 words)**

Click or tap here to enter text.

### 10.3 Facilitating Access to Mainstream Benefits as an ACCESS Community Partner

Yes  No  NA

**10.3a If "No" selected above for ACCESS Community Partner**

Yes  No  NA

### 10.4 Facilitating Access to Transportation

Yes  No  NA

### 10.5 Description of Access to Transportation (max 100 words)

### Click or tap here to enter text.

### 10.6 Facilitating Access to SSI and SSDI

Does the Applicant or project partner have an on-staff SOAR Specialist or will enter MOU with SOAR Provider?

Yes  No  NA

### 10.7 School Liaison

Yes  No  NA

### 10.8 Mainstream MOUs

Yes  No

**10.8a If “Yes” describe and attach the MOU** **(max 100 words)**

Click or tap here to enter text.

## Section 11 - Program and Financial Management

**ALL explanations to all questions (if required) are limited to a maximum of 75 words.**

### 11.1 Timely Filing of APR

Yes  No  NA

**If No,** Click or tap here to enter text.

### 11.2 IRS 990

Yes  No  NA

**If “Yes”** please attach

**If No,** Click or tap here to enter text.

### 11.3 Repay/Return Grant Funds

Yes  No  NA

**If Yes,** Click or tap here to enter text.

### 11.4 Unspent HUD Funds

Yes  No  NA

**If Yes,** Click or tap here to enter text.

### 11.5 Outstanding HUD Obligation

Yes  No  NA

**If Yes,** Click or tap here to enter text.

### 11.6 Unresolved Findings

Yes  No  NA

**If Yes,** Click or tap here to enter text.

### 11.7 Most Recent Audit

1/1/2021 - 12/31/2021

10/1/2020 - 9/30/2021

7/1/2020 – 6/30/2021

1/1/2020 - 12/31/2020

10/1/2019 - 9/30/2020

7/1/2019 - 6/30/2020

**Please attach a copy of your most recent audit**

### 11.7a Findings/Corrective Action

Yes  No  NA

**If Yes, attach the response.**

### 11.7b Significant Non Compliance

Yes  No

**If Yes,** Click or tap here to enter text.

### 11.8 Fair Housing Complaint

Yes  No

**If Yes,** Click or tap here to enter text.

## Section 12 - Applicant’s Portion of the Project Budget

**If you are submitting for a Renewal Project and have returned the “Renewal 12 Month Budget”, skip to Section 14**

If you are requesting HUD funding for Leasing or Rental Assistance, Supportive Services, HMIS expenses or Housing Operating Expenses complete the budget spreadsheets as appropriate.

Complete the Attached Excel Spreadsheet including all income and expenses as they pertain to your portion of the Project only.

Refer to the Regional Instructions Manual for details on completing a specific section of the budget pertaining to your project.

**12.12 Attach Match Documentation**

### 12.13 Operational Project-Based Housing

Yes  No  NA

### 12.14 Restrictive Covenant

Yes  No  NA

### 12.15 Indirect Cost Rates

Yes  No  NA

## Section 13 - Project Performance, Cost-Effectiveness and Alignment with System Performance Measurement Initiatives

**Attestation that note has been read (see instructions):**  Yes

If you are currently a HUD COC funded project or have a non-CoC funded project similar to the project you are applying for (example: you are applying for a RRH project and the Non-CoC project is a RRH project) that is entering all project data into HMIS **then you do not complete this section**.

If you are a New Project (Reallocation, DV Bonus or COC Bonus) and you DO NOT meet the criteria for a project with performance data in HMIS **then complete this section**.

* 1. **Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of housing stability and exits to homelessness. (max 200 words)**

Click or tap here to enter text.

* 1. **Discuss your Past Performance from projects you participate in regarding the HUD Performance Measures of increased income, including both earned income and unearned income. (max 200 words)**

Click or tap here to enter text.

**c. What percent of the housing units in current projects that you participate in are currently occupied? \_\_%**

**d. Your Participation in CoC Activities, Priorities and Initiatives.** Meeting and training sign in sheets will be used to evaluate past performance in relation to CoC activities, priorities and initiatives. **You do not need to answer this question.**

**e. The Cost-Effectiveness of Your Housing and Services. You do not need to answer this question.**

NOTE: Project- and Applicant-specific measures of cost-effectiveness will be calculated based on information provided in Sections 3, 4 and 13. See Attachment A-1.

## Section 14 - Inclusive Structure and Participation.

**14a** The applicant has reviewed internal policies with an equity lens and has a plan for developing and implementing equitable politics that do not impose undue barriers.

Yes

No

**14b.** The applicant has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age.

Yes

No

**14c.**  The applicant is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identify, and or/age.

Yes

No

**14d**. The Applicant has identified barriers to participation in the project (e.g., lack of access to healthcare and/or publicly funded benefits such as SNAP) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population and has taken steps to eliminate the identified barriers including policies and processes to address racial disparities.?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

**14e**. Has the applicant identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

**14f**. Has the Applicant implemented safety protocols to address the safety needs of individuals and families participating in the project and has identified project eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

**14g**. Does the applicant have a board of directors that includes representation from more than one person with lived experience?

Yes

No

**14g-2** Has at least one member of the board of directors experienced homelessness within the past 7 years?

Yes

No

**14h**. Applicant has relational process for receiving and incorporating feedback from persons with lived experience? (ex. Survey, focus group, etc.)

Yes

No

**14i**. The agency has procedures and/or policies demonstrating client participation in program design and policy-making?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

**14j**. Have persons with lived experience provided input to inform non-discrimination policies and procedures?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

**14k**. Does the applicant have under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions?

Yes

No

**14l**. Does the agency have procedures and/or policies demonstrating Gender Inclusion and Non-Discrimination for program participation?

Yes

No

If Yes, please describe (max 200 words).

Click or tap here to enter text.

## Section 15 - New Projects: Key Information

**Complete this section only if you are submitting a proposed NEW Project. If you are submitting for renewal activities, SKIP this section and all subsequent sections for New Projects.**

### 15.1 Scalable

Select the box that best describes if, based on funding available, your portion of the Project is scalable (i.e., can your proposed activities under the Project be expanded or reduced to meet CoC priority and capacity needs)?

Expandable only

Reduction only

Could expand or reduce

Can’t expand or contract

Not sure

### 15.2 Field Based Services

Select “Yes” if you are providing Services in your portion of the Project

Yes  No  NA

If services will be delivered in the field, what percentage of services will be delivered in the field?

Select one: 80%+ \_\_\_\_\_\_\_\_\_\_\_ 50 – 79% \_\_\_\_\_\_\_\_\_\_\_\_\_ Less than 50% \_\_\_\_\_\_\_\_\_\_\_\_

### 15.3 Project Timeline

|  |  |
| --- | --- |
| **Month of Award Period** | **Activities Planned from List Provided in Instructions** |
| 1 | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. |
| 6 | Click or tap here to enter text. |
| 7 | Click or tap here to enter text. |
| 8 | Click or tap here to enter text. |
| 9 | Click or tap here to enter text. |
| 10 | Click or tap here to enter text. |
| 11 | Click or tap here to enter text. |
| 12 | Click or tap here to enter text. |

## Section 16 - New Projects: Project Seeking Funding through Reallocation

Check the box that best describes your Project application.

RRH for Families with Children

RRH for persons currently fleeing domestic violence/human trafficking

PSH Rental Assistance and Services for Chronically Homeless Individuals and/or Families (Dedicated to CH only or Dedicated Plus)

PSH Leasing and Services for Chronically Homeless Individuals and/or Families (Dedicated to CH Only or Dedicated Plus)

## Section 17 - New Projects: Narrative for Applicants Providing Supportive Services

**17.1 Check below if your project will include the following Supportive Services:**

Housing Navigation and/or Housing Stability Case Management

Outreach & Engagement

Additional Supportive Services

**17.2 Experience with Housing First (see instructions for details) (max 200 words)**

Click or tap here to enter text.

**17.3 Housing First Competency Training (max 200 words)**

Click or tap here to enter text.

**17.4 Housing Stability Case Management (Including Housing Navigation) (see instructions for details): (max 500 words)**

Click or tap here to enter text.

**17.5 Trauma Informed Care (max 200 words)**

Click or tap here to enter text.

### 17.6 Additional Supportive Services: Description

(max 500 words)

Click or tap here to enter text.

### 17.7 Additional Supportive Services: Housing Stability and Retention

(max 500 words)

Click or tap here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**17.8 Youth Project Narratives** (human trafficking, LGBTQ, Family Reunification, Positive Youth Development, Trauma Informed Care, Use of Risk & Protective Factors) (max 500 words)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

### 17.9 Domestic Violence/Victim Services Narratives

**17.9a** Previous your Agency’s experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes (max 500 words).

Click or tap here to enter text.

**17.9b** Describe your Agency’s Emergency Transfer Plan (max 300 words)

Click or tap here to enter text.

**17.9c** Describe how your Agency’s uses a Trauma Informed, Victim-Centered Approach (max 500 words).

Click or tap here to enter text.

**17.9d** Describe your Agency’s experience in rapidly moving persons into permanent housing after safety needs are addressed (max 300 words)

Click or tap here to enter text.

**17.9e** Describe your Agency’s current CoC Engagement (max 200 words)

Click or tap here to enter text.

**17.9f** Describe your Agency’s Comparable Data Base (max 300 words)

Click or tap here to enter text.

**17.9g** Describe how the Agency ensures safety of DV survivors experience homelessness.

Click or tap here to enter text.

**17.10 Permanent Housing and Healthcare Project (See instructions for details)**

## 17.10a Describe how you will work closely with public and private healthcare organizations and will assist program participants to obtain medical insurance to address healthcare needs. (max 300 words)

Click or tap here to enter text.

## 17.10b Describe how you will partner closely with Public Housing Agencies and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. (max 300 words)

Click or tap here to enter text.

**17.10c** Describe how you will partner with local workforce development centers to improve employment opportunities for program participants. (max 200 words)

Click or tap here to enter text.

**17.10d** Attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided. Please label is “health care commitment – question 17.10d”

## 17.10 e Attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. Please label the attachment “housing subsidy commitment – question 17.10e”

## Section 18 - New Projects: Narrative for Applicants Providing Housing

### Project Scope

Provide an overview of the entire scope of the Housing Project, including but not necessarily limited to, descriptions of (max 750 words):

**18.1** The number, type (i.e., Permanent Supportive Housing, Rapid ReHousing, and configuration (i.e., scattered site, site based, facility based) of the units in which Program Participants are to be Housed;

**18.2** The type and amount of the HUD subsidy to be made available to the Project (tenant-based, project-based or sponsor-based rental assistance, leasing funds, operating subsidies);

**18.3** The nature of the relationships among and responsibilities of the Applicant, landlords, intermediaries and tenants (i.e., how are the partners connected to each other, who is responsible for what);

**18.4** The sources of and process for assuring the coordination of Supportive Services and other resources prior before, during and after housing placement; (i.e., case management is assigned by CES or is linked to the Project; who is providing non-case management services; If the Project is site based, how will clients continue to receive case management services if they are evicted from the site-based units) and;

**18.5** The identifiable and applicable steps in the housing placement process, from identification or assignment of individuals/households to identification and selection of housing units to lease execution and move-in to the implementation of housing retention and stabilization strategies.

Click or tap here to enter text.

### 18.6 Project Based Housing-In Development

See Instructions for documentation requirements.

**18.7 Housing First Experience**

Describe the Applicant’s experience with and investment in activities that use the Housing First model. Responses should explain any evolution on the part of the Applicant to adopt Housing First principles into its housing provision, and how that evolution occurred. Include reference to any specific policies adopted by the Applicant in support of Housing First activity (max 300 words). *Please remember to not use the name of the agency.*

Click or tap here to enter text.

### 18.8 Regional Needs

The Central Florida region currently faces gaps in housing capacity in several key areas. Select the box(es) associated with any specific Housing capacity your Project will provide. (Select NA if your Project provides Services only).

1 bedroom units

Wheelchair accessible units

First floor units for persons with mobility impairments

Units available to persons with criminal records, including felonies and sex offenses

Assisted living facility or family care home-level/type units for $0 income individuals/households, including those who are currently using substances

N/A

**18.9** **Projects Seeking Funding From Reallocation**

Please check this box if you agree to the following requirements for new projects receiving funding from Reallocation:

1 - Each tenancy must be sustained through at least the end of their current lease or sublease term.

2 - For Program Participants residing in tenant-based housing, allow continued tenancy to the maximum extent feasible through lease extensions, and placement in a subsequent unit without disenrollment.

3 - For Program Participants residing in project-based or sponsor-based housing, ensure acceptance into the new Project and facilitate a maximally seamless transfer between Projects with no break in housing.

4 - CES will assign participants from the caseload of the Project from which reallocation funds are being taken.

**18.10 Projects Seeking Funding for the Permanent Housing and Healthcare Project**

To get full points for the application the Applicant must attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. In the case of a permanent supportive housing project, provide at least 25 percent of the units included in the project; or (ii) in the case of a rapid re-housing project, serve at least 25 percent of the program participants anticipated to be served by the project.

**Attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds. Please label the attachment “housing subsidy commitment – question 17.10e”**

To get full points for the application the Applicant must attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided. The health care services commitment should equal at least 25% of the project funds requested.

**Attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided. Please label it “health care commitment – question 17.10d”**

1. [↑](#footnote-ref-1)