**Central Florida Continuum of Care (CoC FL-507)**

**Interim 2021 Application for HUD CoC Program Funding**

**Do Not Complete This Version – Complete the Online Version**

**Table of Contents**

Section 1 Applicant Information p. 1

Section 2 General Project Information, Classification and Status p. 4

Section 3 Key Project Characteristics – Housing p. 7

Section 4 Key Project Characteristics – Supportive Services p. 10

Section 5 Geographic Coverage and Responsiveness to Jurisdictional Priorities p. 22

Section 6 Identification of Target Population(s) and Service to Sub-Populations p. 23

Section 7 Housing First/Zero Barrier Approach p. 25

Section 8 Prioritization Based on Need p. 28

Section 9 CoC Involvement and Engagement p. 30

Section 10 Increasing Access to Mainstream Benefits p. 32

Section 11 Program and Financial Management Issues p. 34

Section 12 Applicant and Project Budget p. 36

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

Performance Measurement Initiatives p. 44

Section 14 Inclusive Structure and Participation p. 45

Section 15 New Projects: Key Information p. 48

Section 16 New Projects: Applicants Seeking Funding Through Reallocation p. 50

Section 17 New Projects: Narrative for Applicants Providing Supportive Services p. 51

Section 18 New Projects: Narrative for Applicants Providing Housing p. 53

**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, September 27, 2021.

## Section 1 - Applicant Information

### Applicant Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant d/b/a (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant Website (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Federal EIN (Tax ID #):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### SAM Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Applicant Points of Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Primary Contact** **(for Purposes of this Application)** | **Secondary Contact** **(for Purposes of this Application)** |
| Name |  |  |
| Title |  |  |
| Phone Number |  |  |
| E-mail Address |  |  |

|  |  |  |
| --- | --- | --- |
| 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 2021 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. Applicant met HUD Expectations - When considering renewal projects for award.  |   |   |
| 10. Applicant demonstrates fiscal and administrative capacity to expend, track and report on grant awards. Financial audit within previous 24 months of submission date. |   |   |
| 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) |   |   |

### 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:

I agree that I am the Authorized Representative for the Applicant, and I certify that the Applicant agrees that 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

### 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)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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.

◻ Services - Street Outreach

◻ Services - Housing Navigation

◻ Services - Housing Stability Case Management

◻ Services - Other Supportive Services (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ 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)

### Project Funded as Part of 2021 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

### HUD Application Type

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

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

◻ Renewal: No changes

◻ Expansion

◻ Reallocation/New Project

◻ Bonus

### HUD Application Type: Renewal

(This question is only available if “Renewal” was selected above)

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

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

### HUD Application Type: Expansion

(This question is only available if “Expansion” was selected above)

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

 ◻ Yes ◻ No

### HUD Application Type: Reallocation/New Project

(This question is only available if “New Project” was selected above)

Do you want this project considered for reallocation? (Will provide at least as much capacity as reallocated project and will serve the same tenants for permanent housing?)

◻ Yes ◻ No

What month of 2022 would you like for your new project to begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### HUD Application Type: Bonus

(This question is only available if “Bonus” was selected above)

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 2022 would you like for your new project to begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Providing Services

Applicants proposing to provide Services to the Project.

**S**elect all that apply.

* Grant Sharing/Collaborative Service Provider
* Linked Services
* Sole Services
* Services for the Grant Term
* N/A

### Providing Housing

Applicants proposing to provide Housing to the Project.

Select all that apply.

◻ Grant Sharing/Collaborative Housing Provider

* Linked Housing
* Housing for the Grant Term
* N/A

##

## Section 3 - Key Project Characteristics - Housing

◻ My application includes a request for funding for housing and/or matching funds for housing

◻ My application is not asking for housing funds and is not using housing funding as match

### Coordinated Entry System (CES) Referrals

Will your project take referrals exclusively from CES?

🔄 Yes

🔄 No

🔄 N/A

### 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of program participants these partners will serve \_\_\_\_\_\_\_\_

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

◻ N/A

### Number of Homeless Housing Units

What is the total number of (including Vouchers or Slots) that will be dedicated to homeless individuals and/or families throughout the grant period? \_\_\_\_\_\_\_\_\_

### 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? \_\_\_\_\_\_\_

### 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? \_\_\_\_\_\_\_\_

***Please attach evidence of any such commitment and availability as a separate file***

### 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 victim services)

**Note: Online application will only show one of the following tables based on the choice made above.**

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

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

### Housing Units: Rapid Rehousing (RRH)

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

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

### 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 |  |  |
| (B) Leasing. Only for TH portion of the project: # of Scattered-Site Units |  |  |
| (C) Leasing. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc. |  |  |
| (D) Operations. Only for TH portion of the project: # of Units in Specific Structures, Complexes, etc. |  |  |

### 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

### Combination Project Details

If you checked more than one box 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.

(Short narrative answer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

### 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’s administrative offices.)

(Short narrative answer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How many HUD-funded Units dedicated to this Project are not currently operational?

If any Units are not currently operational, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4 - Key Project Characteristics – Supportive Services

◻ My application includes a request for funding for services and/or matching funds for services

◻ My application is not asking for services funds and is not using services funding as match

### Coordinated Entry System (CES) Referrals

Will your project take referrals exclusively from CES?

🔄 Yes

🔄 No

🔄 N/A

### Housing and Services Relationship

◻Exclusive Housing Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻Inclusive Housing Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

◻ Project Includes Housing

◻ No Identified Housing Partner:

◻ N/A

### Supportive Services Provided

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

◻ Street Outreach

◻ Intake/Entry Assessment

◻ Housing Navigation

◻ Housing Stability Case Management

◻ Employment Services

◻ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

◻ N/A

###

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

Note: The following questions are based on the selections made to the previous question. Answers are required only if one the options above is checked.

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

### STREET OUTREACH & ENGAGEMENT QUESTIONS

### Target Population: Street Outreach & Engagement

Select all the apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

🔄 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Current and Proposed Staffing (FTE) for Street Outreach and Engagement

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Total FTE** |
| Direct Service Staff |  |  |  |
| Management Staff |  |  |  |

### Area Served by Street Outreach and Engagement

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

### Special Populations Served by Street Outreach and Engagement

Choosing “Yes” means that you will spend at least 4 hours per week with targeting that population identified.

|  |  |
| --- | --- |
| **Special Populations** | **Will Serve** |
| Chronic Homeless | Yes or No |
| Families with children | Yes or No |
| Unaccompanied Youth | Yes or No |
| Veterans | Yes or No |
| Domestic Violence | Yes or No |

**INTAKE/ENTRY ASSESSMENT QUESTIONS**

### Target Population: Intake/Entry Assessment

Select all that apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 N/A

### Current and Proposed Staffing (FTE) for Intake/Entry Assessment

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Proposed New Staff** | **Total FTE** |
| Direct Service Staff |  |  |  |  |
| Management Staff |  |  |  |  |

### Area Served by Intake/Entry Assessment

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

**HOUSING NAVIGATION QUESTIONS**

### Target Population: Housing Navigation

Select all that apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 N/A

### Current and Proposed Staffing (FTE) for Housing Navigation

Note: Housing Navigation is not an eligible activity for PSH projects since Street Outreach conducts that function.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Proposed New Staff** | **Total FTE** |
| Direct Service Staff |  |  |  |  |
| Management Staff |  |  |  |  |

### Area Served by Housing Navigation

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

**HOUSING STABILITY CASE MANAGEMENT QUESTIONS**

### Target Population: Housing Stability Case Management

Select all that apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 N/A

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Proposed New Staff** | **Total FTE** |
| Direct Service Staff |  |  |  |  |
| Management Staff |  |  |  |  |

### Area Served by Housing Stability Case Management

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

**OTHER SUPPORTIVE SERVICES QUESTIONS**

### Target Population: Other Supportive Services

Select all that apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 N/A

### Current and Proposed Staffing (FTE) for Other Supportive Services

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Proposed New Staff** | **Total FTE** |
| Direct Service Staff |  |  |  |  |
| Management Staff |  |  |  |  |

### Area Served by Other Supportive Services

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

**EMPLOYMENT SUPPORTIVE SERVICES QUESTIONS**

### Target Population: Employment Services

Select all that apply:

🔄 Chronically Homeless

🔄 Families with children

🔄 Unaccompanied Youth

🔄 Veterans

🔄 Domestic Violence

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 N/A

### Current and Proposed Staffing (FTE) for Employment Services

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Type** | **HUD Funded** | **Non-HUD Funded** | **Proposed New Staff** | **Total FTE** |
| Direct Service Staff |  |  |  |  |
| Management Staff |  |  |  |  |

### Area Served by Employment Services

Checking an area implies that you regularly conduct outreach and engagement activity in that geographic area.

🔄 Downtown Orlando/Central Orange County

🔄 East Orange County

🔄 West Orange County

🔄 Osceola County

🔄 Seminole County

🔄 Region-wide

### Service Delivery Location

Where will you provide the services to clients?

🔄 The Field

🔄 Office

🔄 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔄 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% \_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Other Essential Elements

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

Do you commit to accept assignment of and continuously serve a caseload of up to:

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

🔄 Yes

🔄 No

🔄 N/A

If No, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 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

### Education and Training Requirements

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

🔄 Yes

🔄 No

🔄 N/A

If Yes, please describe (250 max):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Job Description

🔄 Yes

🔄 No

🔄 N/A

If Yes, attachment

### Professional Oversight and Supervision

🔄 Yes

🔄 No

🔄 N/A

If Yes, attachment

### Cultural Competence (max 300 words)

How will you ensure cultural competence in your service provision?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Language barriers/Limited English Proficiency (max 300 words)

How will you address language barriers/Limited English Proficiency in your service provision?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

### 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

### Other Supportive Services - (online version will look different, but questions/information are the same)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ None of the above | ◻ Yes ◻ No | ◻ One time◻ Daily◻ Weekly◻ Monthly◻ As needed |
| Housing Counseling Services(incl. helping clients understand tenant rights & responsibilities) | ◻ Yes ◻ No◻ Don’t know/not sure | ◻ Applicant◻ Project Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Other Partner Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ None of the above | ◻ Yes ◻ No | ◻ One time◻ Daily◻ Weekly◻ Monthly◻ As needed |
| Substance Abuse TreatmentServices | ◻ Yes ◻ No◻ Don’t know/not sure | ◻ Applicant◻ Project Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Other Partner Attachment ◻ Yes ◻ No◻ 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 Attachment ◻ Yes ◻ No◻ None of the above | ◻ Yes ◻ No | ◻ One time◻ Daily◻ Weekly◻ Monthly◻ As needed |
| UtilityDeposits | ◻ Yes ◻ No◻ Don’t know/not sure | ◻ Applicant◻ Project Partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_◻ Other Partner Attachment ◻ Yes ◻ No◻ None of the above | ◻ Yes ◻ No | ◻ One time◻ Daily◻ Weekly◻ Monthly◻ As needed |

## Youth Project Strategies

## Does your Youth Project incorporate strategies for the following? (check all that apply)

## Is this a Youth Project ◻ Yes ◻ No

## If Yes does the project include

## 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

### Bed Inventory by Target Population

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Click here to enter text. | ◻ Yes ◻ No | Click here to enter text. |

**For Housing Projects Only - Prioritization**

Number Units of Prioritized for Chronically Homeless Individuals or Families \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 7 - Housing First/Zero Barrier Approach

### 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 |  |
| 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 |  |
| 3 | Client’s current or past history of substance use | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 4 | Client’s current or past mental health history | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 5 | Client’s current or past history of domestic violence  | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 6 | Client’s criminal record,  | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 7 | Client’s history of past evictions or credit problems | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 8 | Client’s past history with the agency or with services | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 9 | Client’s disability, whether a general or of a specific type | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 10 | Client has large amount of possessions and belongings | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 11 | Client’s sexual orientation orgender identity | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 12 | Client’s lack of transportation | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 13 | Project hours of intake/operation | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 14 | Client’s refusal to be separated from pet(s) | ◻ Yes ◻ No | ◻ Yes ◻ No |  |
| 15 | Any other factor listed in “Requirements of a Housing First Approach to Project Operations” (Attachment E to the RFA) | ◻ Yes ◻ No | ◻ Yes ◻ No |  |

### Termination Chart

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

### Services Continuity:

◻ Yes ◻ No ◻ N/A

### 12 Month Discharge %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_% ◻ N/A

### Partner Discharge Policies:

◻ Yes ◻ No If Yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Service Intensity:

◻ Yes ◻ No

If Yes, explain:

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

### Location Limitation:

◻ Yes ◻ No ◻ N/A

If Yes, explain:

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

### Additional Requirements:

◻ Yes ◻ No ◻ N/A

If Yes, explain:

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

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

◻ Yes ◻ No

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

### Client Satisfaction Surveys

**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

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

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

**Prioritization** ◻ Yes ◻ No

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

**Family Unity**  ◻ Yes ◻ No

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

**CES MOU** ◻ Yes ◻ No [] NA

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

**CES Continuity** ◻ Yes ◻ No [] NA [] Victim Services NA

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

**◻ N/A or please explain:** (150 word max)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Chronic CES Referral**  ◻ Yes ◻ No ◻ N/A

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

**Severest Needs and Chronicity**  ◻ Yes ◻ No ◻ N/A

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

**Greatest Risk for Chronic Homelessness**  ◻ Yes ◻ No ◻ N/A

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

**HUD Required Recordkeeping** ◻ Yes ◻ No ◻ N/A

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

**PSH Prioritization Continuity** ◻ Yes ◻ No ◻ N/A

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

**◻ N/A or please explain:** (150 word max)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**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 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,

**Past HMIS Participation:**

◻ Yes ◻ No

### Commitment to Future HMIS Continuity:

◻ Yes ◻ No

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

◻ Yes ◻ No ◻ N/A

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

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

◻ Yes ◻ No ◻ N/A

◻ Yes ◻ No ◻ N/A

### Commitment to Comply with HMIS Policies and Procedures

◻ Yes ◻ No ◻ N/A

### Commitment to Ensure Participation in HMIS Refresher Training

◻ Yes ◻ No ◻ N/A

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

◻ Yes ◻ No ◻ N/A

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

◻ Yes ◻ No ◻ N/A

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

◻ Yes ◻ No ◻ N/A

### 2020 PIT

◻ PIT planning sessions ◻ PIT street surveys

◻ PIT service provider surveys ◻ N/A

### 2022 PIT

◻ Yes ◻ No

### 2021 HIC:

◻ Yes ◻ No ◻ N/A

###

## Section 10 - Increasing Access to Mainstream Benefits

### Proposed Services with this Application

 ◻ Case Management

◻ Navigation

◻ Outreach Services

◻ N/A

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

◻ Yes ◻ No ◻ N/A

### Current Efforts to Increase Access to Mainstream Benefits

◻ Yes ◻ No

**Explain "Yes" for Current Efforts to Increase Access to Mainstream Benefits** (max 200 words)

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

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

◻ Yes ◻ No ◻ N/A

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

◻ Yes ◻ No ◻ N/A

### Facilitating Access to Transportation

◻ Yes ◻ No ◻ N/A

### Description of Access to Transportation

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

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

### 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 ◻ N/A

### School Liaison

◻ Yes ◻ No ◻ N/A

### Mainstream MOUs

◻ Yes ◻ No

**If “Yes” describe and attach** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

## Section 11 - Program and Financial Management

### Timely Filing of APR

◻ Yes ◻ No ◻ N/A

**If No,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### IRS 990

◻ Yes ◻ No ◻ N/A

**If “Yes”** please attach

**If No,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Repay/Return Grant Funds

◻ Yes ◻ No ◻ N/A

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Unspent HUD Funds

◻ Yes ◻ No ◻ N/A

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Outstanding HUD Obligation

◻ Yes ◻ No ◻ N/A

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Unresolved Findings

◻ Yes ◻ No ◻ N/A

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Most Recent Audit

☐ 7/1/2020 – 6/30/2021

 ☐ 1/1/2020 - 12/31/2020

☐ 10/1/2019 - 9/30/2020

☐ 7/1/2019 - 6/30/2020

☐ 1/1/2019 - 12/31/2019

☐ 10/1/2018 - 9/30/2019

☐ 7/1/2018 - 6/30/2019

### Please attach a copy

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

### Findings/Corrective Action

◻ Yes ◻ No ◻ N/A

**If Yes, attach response**

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

### Significant Non Compliance

☐ Yes ☐ No

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

### Fair Housing Complaint

☐ Yes ☐ No

**If Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

If you are submitting for a Renewal Project, skip to Section 14

Tables in the online version may look different, but the questions are the same.

### Leasing Expense Category - Other Structures Detail Costs Table

◻N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Description** | **Monthly Leasing Cost** | **Total Project Budget Amount** | **Total HUD Budget Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Leasing Expense Category - Housing Units Detail Costs Table

◻N/A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit Size** | **2017 Fair Market Rent (FMR) Amount** | **# of Units****(A)** | **Actual****Leasing Amount****( (if different from FMR)****(B)** | **Total Project** **Budget Amount****(C) = (A) x (B) x 12** |  **Total HUD** **Budget Amount****(D) = (C), less $ from other sources** |
| 0 Bedroom | $1,055 |  |  |  |  |
| 1 Bedroom | $1,140 |  |  |  |  |
| 2 Bedroom | $1,321 |  |  |  |  |
| 3 Bedroom | $1,713 |  |  |  |  |
| 4 Bedroom | $2,057 |  |  |  |  |
| 5 Bedroom | $2,366 |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

### Rental Assistance Costs

◻N/A

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit Size** | **2017 Fair Market Rent (FMR) Amount** | **# of Units** **(A)** |  **Actual Rental** **Assistance (only if**  **Less than FMR)****(B)** | **Total Project** **Budget Amount****(C) = (A) x (B) x 12** | **Total HUD** **Budget Amount****(D) = (C), less $ from other sources** |
| 0 Bedroom | $1,055 |  |  |  |  |
| 1 Bedroom | $1,140 |  |  |  |  |
| 2 Bedroom | $1,321 |  |  |  |  |
| 3 Bedroom | $1,713 |  |  |  |  |
| 4 Bedroom | $2,057 |  |  |  |  |
| 5 Bedroom | $2,366 |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

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

### Supportive Services Detail Costs Table

◻N/A

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Expense** **(A)** | **Total FTE** | **Total HUD CoC Program** **Funding Requested****(B)** | **Other Funding**  **Committed to Project**  **(Including**  **matching funds)****(C)**  | **Total** **Project Budget****(D) = (B) + (C)** |
| Intake and Assessment |  |  |  |  |
| StreetOutreach and Engagement |  |  |  |  |
| Housing NavigationONLY |  |  |  |  |
| Housing Stability  Case Management ONLY |  |  |  |  |
| Flexible Housing Navigation and/or Housing Stability Case Management |  |  |  |  |
| Other (list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **TOTAL** |  |  |  |  |

### Detail for Other Supportive Services Funding Request

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Supportive Service****Type +** **Activity or Item** | **Description** |  **# Assisted** |  **HUD Request** | **Total**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Housing Operating Costs

◻N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** **(A)** | **Description****(B)** | **Total** **Project** **Budget** **Amount****(C)**  | **Total HUD** **Budget Amount****(D) = (C), minus $ from other sources** |
|  Maintenance and Repair |  |  |  |
| Property Taxes and Insurance |  |  |  |
| Replacement Reserves |  |  |  |
| Building Security |  |  |  |
| Electricity, Gas and Water |  |  |  |
| Furniture |  |  |  |
| Equipment |  |  |  |
| **TOTAL** |  |  |  |

### HMIS Costs

◻N/A

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** **(A)** | **Description of Costs****Including Quantities and Details****(e.g., .75 FTE hours and benefits for staff to perform specific duties X and Y)****(B)** | **Total** **Project**  **Budget Amount****(C)**  | **Total HUD**  **Budget Amount****(D) = ( (C), less $ from other sources** |
| Software   | Allotment of HMIS costs provided through HMIS Lead |  |  |
| Equipment |  |  |  |
| Service (e.g., Internet access) |  |  |  |
| Personnel | Support provided through HMIS Lead |  |  |
| Space and Operations |  |  |  |
| T**OTAL** |  |  |  |

### Expenses Summary Table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line****#** | **Expense** **Category****(A)** | **HUD CoC Funds****(B)** | **All Other Funds*****(cash sources only)*****(C)** | **Total****Funding for Your Portion of the Project****(D)** |
| 6 | Leasing: Other Structures  | $  | $  | $  |
| 7 | Leasing: Housing Units | $  | $  | $  |
| 8 | Rental Assistance | $  | $  | $  |
| 9 | Supportive Services | $  | $  | $  |
| 10 | Operating Costs | $  | $  | $  |
| 11 | HMIS  | $  | $ |  |
| **SUBTOTAL** |  |  |  |  |
| **Administration** |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Income Table**

|  |  |  |
| --- | --- | --- |
| **Line****#** | **Income****Category**  | **Applicant****Total****(A)** |
| 1 | Your HUD CoC Program Funding Request | $ |
| 2a | Your Direct Services Match  | $ |
| 2b | Your Other Matching Funds  |  |
| 3 | Any Other Funds You Commit to Bringing to the Project List the sources and amounts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| 4 | Program Income (if any) | $  |
| 5 | TOTAL  | $  |

### In Kind

◻ Yes $ \_\_\_\_\_\_\_\_\_\_\_ ◻N/A

### Your Commitment of Matching Funds to the Project

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of** **Matching Source****(A)** | **Detailed Description** **(B)** | **Date** **(C)** | **Value** **(D)** |
| Private cash source #1 |  |  |  |
| Private cash source #2 |  |  |  |
| Government cash #1 |  |  |  |
| Government cash #2 |  |  |  |
| In-Kind source #1 |  |  |  |
| In-Kind source #2 |  |  |  |
| T**OTAL** |  |  |  |

### Attach Documentation

### Operational Project-Based Housing

◻ Yes ◻ No ◻ N/A

### Restrictive Covenant

◻ Yes ◻ No ◻ N/A

### Indirect Cost Rates

◻ Yes ◻ No ◻ N/A

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

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

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

**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.

a. 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

b. 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

c. 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

d. Has the project identified any barriers to participation (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 the Applicant taken steps to eliminate the identified barriers including policies and processes to address racial disparities.?

◻ Yes

◻ No

If Yes, please describe (200 words or less).

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

e. 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 (200 words or less).

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

f. 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 (200 words or less).

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

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

◻ Yes

◻ No

h. Does the applicant have relational process for receiving and incorporating feedback from persons with lived experience?

◻ Yes

◻ No

i. Does the agency have procedures and/or policies demonstrating client participation in program design and policy-making?

◻ Yes

◻ No

If Yes, please describe (200 words or less).

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

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

◻ Yes

◻ No

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

◻ Yes

◻ No

If Yes, please describe (200 words or less).

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

## 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.**

### Scalable

 ◻ Expandable only

 ◻ Reduction only

 ◻ Could expand or reduce

 ◻ Can’t expand or contract

 ◻ Not sure

### Field Based Services

◻ Yes ◻ No ◻ 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% \_\_\_\_\_\_\_\_\_\_

### Project Timeline

|  |  |
| --- | --- |
| **Month of Award Period** | **Activities Planned from List Provided in Instructions** |
| 1 |   |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |
| 10 |   |
| 11 |   |
| 12 |   |

##

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

◻ 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

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

▢ Housing Navigation and/or Housing Stability Case Management

▢ Outreach & Engagement

▢ Additional Supportive Services

**Experience with Housing First (200 words)**

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

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

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

**Housing Navigation/Housing Stability Case Management (see instructions for details): (500 max)**

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

**Trauma Informed Care (200 max)**

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

### Outreach

◻ N/A

### Outreach and Engagement: Capacity

 ◻ Evenings and overnights (5 PM - 6 AM)

 ◻ Weekends

 ◻ Individuals with high cognitive impairments that result in communication and engagement challenges

 ◻ Non-English speaking/Limited English Proficiency individuals or households

 ◻ N/A

### Outreach and Engagement: Value Added

(max 200 words)

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

### Additional Supportive Services: Description

(max 500 words)

### Additional Supportive Services: Housing Stability and Retention

(max 500 words)

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

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

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

### Domestic Violence/Victim Services Narratives

**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 (500 max).**

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

**Describe how your Agency’s uses a Victim-Centered Approach (300 max)**

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

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

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

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

**Permanent Housing and Healthcare Project**

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

## 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. (300 words max)

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

**Attach a written commitment from a health care organization with the value of the commitment and the date(s) healthcare resources will be provided.**

## Attach documentation that the project utilizes housing subsidies or subsidized units not funded by COC or ESG funds.

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

### Project Scope

(max 750 words)

### Project Based Housing-In Development

See Instructions for documentation requirements.

### Regional Needs

◻ 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

**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.

**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.

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.

1. [↑](#footnote-ref-1)