# Appendix A: Supplemental Applications

## New Project Supplemental Application

**Project Name:**

**Agency Name:**

**Project Type:  Permanent Housing  Rapid ReHousing**

**Joint Transitional Housing & Rapid ReHousing HMIS  SSO**

**Bonus Type:  Bonus/Reallocation  Domestic Violence Bonus**

Section I – Threshold Requirements

1. **Do you currently participate in Coordinated Entry?** € **Yes** € **No**
2. **If so, please describe for which program or project.**
3. **If not, please describe your plan for quickly moving to full participation in Coordinated Entry.**
4. **Amount of Funding Requested**:
5. **Amount of Match documented with letters attached to project application in e-snaps:**
6. **Have you provided a copy of your most recent audit and management letter? Yes** **No**
7. **Number of CoC Leadership, Subcommittee, WIB or General Meetings attended August 2021-July 2022:**

|  |  |
| --- | --- |
| Meeting | Dates Attended |
| CoC Leadership Meetings (RAAH Leadership Council) |  |
| Subcommittee Meetings |  |
| Working Group Meetings |  |
| General Meetings (RAAH General Meetings) |  |
| Other: (please specify) |  |

Section II – Local Criteria

1. **Please describe your agency’s experience in working with the proposed population and in providing housing as proposed in the application.**
2. **Do you offer services using a Housing First approach?**

**€ Yes € No**

1. **If you answered yes to question 7, describe your agency’s experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients.** 
   1. **Describe if the project has any preconditions to entry**
   2. **Describe the proposed process to address situations that may jeopardize housing or project assistance**
2. **Describe your agency’s experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.**
3. **Please describe the following:**
   1. **Needs of clients to be served**
   2. **Type, scale, and location of the housing**
   3. **Type and scale of all supportive services, regardless of funding source**
   4. **How clients will be assisted in obtaining and coordinating the provision of mainstream benefits**
   5. **How performance measures for housing and income will be established that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH, or CoC benchmarks**
4. **Select all “Harder to Serve” homeless or at-risk of homeless populations served:**

* **Mental Illness**
* **Alcohol Abuse**
* **Drug Abuse**
* **Chronic Health Conditions**
* **HIV**
* **Developmental Disabilities**
* **Physical Disabilities**
* **Domestic Violence**
* **Unaccompanied Youth under age 18**
* **Unaccompanied TAY age 18-24 years**

1. **Describe how you consider the severity of needs and vulnerabilities experienced by program participants which includes (check all populations your project serves):**

**Low or no income**

**Current or past substance abuse**

**Criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance**

**Chronic homelessness**

* 1. **How many individuals and/or family members will you serve, if funded?**
  2. **Please provide your projected cost per person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  3. **Of those, how many would be chronically homeless?**

1. **Describe the agency’s strategy to address individuals and families at risk of becoming homeless.**
2. **Describe the agency’s strategy to reduce the length-of-time individuals and families remain homeless.**
3. **Describe the agency’s plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.**
   1. **For Permanent Housing Projects Only: How will the agency increase the rate at which individuals and persons in families in permanent housing retain their permanent housing or exit to permanent housing destinations?**
   2. **For all projects: Describe how the agency addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends.**
4. **Describe how clients will be assisted to increase access to employment and non-employment cash sources.**
   1. **How does the agency work with mainstream employment organizations to help individuals and families increase their cash income?**
   2. **How does the agency keep program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., SNAP, SSI, TANF, substance abuse programs)?**
5. **Describe how the agency will identify common factors of individuals and persons in families who return to homelessness.**
   1. **What is the agency’s strategy to reduce the rate of additional returns to homelessness?**
6. **Describe the agency’s street outreach including how often is it conducted and describe how the agency tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**
7. **Does the agency have a specific strategy that furthers fair housing used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability?**

**€ Yes € No**

* 1. **If yes, please describe this strategy.**
     + **Please describe how this strategy effectively communicates fair housing with persons with disabilities and limited English proficiency?**
  2. **If no, please provide a calendar of when such a strategy will be implemented.**

1. **How many months of operating funds does your organization have in reserve in order to support this project?**
2. **Describe the plan for rapid implementation of the program by documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.**
3. **Does the agency have under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions? Yes** **No**
4. **Does the agency Board of Directors include representation from more than one person with lived experience (previously or currently experienced homelessness)? Yes** **No**
5. **Does your agency have a documented process for receiving and incorporating feedback from persons with lived experience during both the project planning and review process? Yes** **No**

**(If Yes, please include a copy of this policies in the attachments)**

1. **Has your agency reviewed internal policies and procedures with an equity lens and created a plan for the development and implementation of more equitable policies and procedures that do not impose undue barriers? Yes** **No**

**If Yes, please describe the plan.**

1. **Has your agency reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/ or age? Yes** **No**

**If Yes, please describe your findings.**

**Application Attachments to Include:**

* **If your agency does not currently receive a HUD Continuum of CARE grant, please provide a copy of your 501c3 determination letter**
* **Most recent audit and management letter**
* **Documented process for receiving and incorporating feedback from persons with lived experience**
* **New Project Assurances**

**Assurances- New Project Grant Applicants**

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question; do not leave any questions blank.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\_\_Yes \_\_No** 1. Applicant has Active SAM registration with current information. | | | | | | | |
| **\_\_Yes \_\_No** 2. Applicant has Valid DUNS number in application. | | | | | | | |
| **\_\_Yes \_\_No** 3. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, 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. | | | | | | | |
| **\_\_Yes \_\_No** 4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government. | | | | | | | |
| **\_\_Yes \_\_No** 5. Applicant has Accounting System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received federal financial assistance or where HUD Program officials have reason to question whether a financial management system meets federal standards, or for applicants considered high risk based on past performance or financial management findings. | | | | | | | |
| **\_\_Yes \_\_No** 6. 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. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds. | | | | | | | |
| **\_\_Yes \_\_No** 7. Applicant has demonstrated they are Eligible Project Applicants - Eligible project applicants for the CoC Program Competition are, under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Neither for-profit entities nor Indian tribes are eligible to apply for grants or to be subrecipients of grant funds. | | | | | | | |
| **\_\_Yes \_\_No** 8. Applicant has submitted the required certifications as specified in the NOFA. | | | | | | | |
| **\_\_Yes \_\_No** 9. Applicant has demonstrated the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 10. Applicant has demonstrated they Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 11. Applicant has demonstrated Project Meets Minimum Project Standards - HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. Please note that these are minimum threshold criteria. CoCs and project applicants should carefully review each year’s NOFA to ensure they understand and have accounted for all applicable standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:   1. Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings; 2. For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and, 3. Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant. | | | | | | | |

## Renewal/Expansion Project Supplemental Application

**Project Name:**

**Agency Name:**

**Project Type:  Permanent Housing  Rapid ReHousing**

**Transitional Housing & Rapid ReHousing HMIS  SSO**

Section I – Threshold Requirements

1. **How many referrals did this project receive from Coordinated Entry from August 1, 2021 through July 31, 2022? \_\_\_\_\_\_\_\_\_\_\_\_\_** 
   1. **Of the number of referrals, how many clients were accepted? \_\_\_\_\_\_\_\_\_**
2. **Do you offer services using a Housing First approach?**

**Yes** € **No**

1. **If yes, please describe your agency’s experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients.** 
   1. **Describe if the project has any preconditions to entry**
   2. **Describe the proposed process to address situations that may jeopardize housing or project assistance**
2. **Amount of Funding Requested**:
3. **Amount of Match documented with letters attached to project application in e-snaps:**
4. **What is the cost per exit to permanent housing? This is determined by dividing total project costs by the number of exits to permanent housing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Number of CoC Leadership, Subcommittee, WIB or General Meetings attended August 2021 - July 2022:**

|  |  |
| --- | --- |
| Meeting | Dates Attended |
| CoC Leadership Meetings (RAAH Leadership Council) |  |
| Subcommittee Meetings |  |
| Working Group Meetings |  |
| General Meetings (RAAH General Meetings) |  |
| Other: (please specify) |  |

Section II – Local Criteria

1. **Estimate the percentage of funding that will be expended from your most current CoC grant based on the LOCCS report and any unreported draw requests:**
2. **Based on your response in question 8, designate the amount of funding you will make available for re-allocation:**
3. **Has your grant agreement for FY2021 been executed? Yes \_\_\_\_\_ No\_\_\_\_\_\_\_\_**
   1. **If your grant agreement for FY2021 has not yet been executed, what is the anticipated date of execution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Describe any challenges you have faced in implementing the FY2021 grant and if applicable, steps you have taken to address those challenges.**
5. **Please provide a copy of your most recent audit and management letter.**
6. **Please complete Attachment: Renewal Project Assurances.**
7. **How many months of operating funding does your organization have in reserve to support this project?**
8. **How many individuals or families can the project serve (bed/unit capacity)? \_\_\_\_\_\_\_\_\_\_**
9. **How many individuals or families were you serving as of June 30, 2022 (bed/unit utilization)? \_\_\_\_\_\_\_\_\_\_\_\_**
10. **Select all “Harder to Serve” homeless or at-risk of homeless populations served:**

**Mental Illness**

**Alcohol Abuse**

**Drug Abuse**

**Chronic Health Conditions**

**HIV**

**Developmental Disabilities**

**Physical Disabilities**

**Domestic Violence**

**Unaccompanied Youth under age 18**

**Unaccompanied TAY age 18-24 years**

1. **Describe how you consider the severity of needs and vulnerabilities experienced by program participants, which includes (check all populations your project serves)**

**Low or no income**

**Current or past substance abuse**

**Criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance**

**Chronic homelessness**

* 1. **How many individuals and/or family members will you serve, if funded? \_\_\_\_\_\_\_\_\_\_\_**
  2. **Please provide your projected cost per person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  3. **Of those, how many would be chronically homeless? \_\_\_\_\_\_\_\_\_**

1. **Describe the agency’s strategy to address individuals and families at risk of becoming homeless.**
2. **Describe the agency’s strategy to reduce the length-of-time individuals and families remain homeless.**
3. **Describe the agency’s plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.**
   1. **For Permanent Housing Projects Only: How will the agency increase the rate at which individuals and persons in families in permanent housing retain their permanent housing or exit to permanent housing destinations?**
   2. **For all projects: Describe how the agency addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends.**
4. **Describe how clients will be assisted to increase access to employment and non-employment cash sources.**
   1. **How does the agency work with mainstream employment organizations to help individuals and families increase their cash income?**
   2. **How does the agency keep program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs)?**
5. **Describe how the agency identifies common factors of individuals and persons in families who return to homelessness.**
   1. **What is the agency’s strategy to reduce the rate of additional returns to homelessness?**
6. **Describe the agency’s street outreach including how often is it conducted and describe how the agency tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**
7. **Does the agency have a specific strategy to further fair housing used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability?**

**Yes  No**

* 1. **If yes, please describe this strategy.**
  2. **Please describe how this strategy effectively communicates fair housing with persons with disabilities and limited English proficiency?**
  3. **If no, please provide a calendar of when such a strategy will be implemented.**

1. **Does the agency have under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions? Yes** **No**
2. **Does the agency Board of Directors include representation from more than one person with lived experience (previously or currently experienced homelessness)? Yes** **No**
3. **Does your agency have a documented process for receiving and incorporating feedback from persons with lived experience during both the project planning and review process? Yes** **No**

**(If Yes please include a copy of this policies in the attachments)**

1. **Has your agency reviewed internal policies and procedures with an equity lens and created a plan for the development and implementation of more equitable policies and procedures that do not impose undue barriers? Yes** **No**

**If Yes, please describe the plan.**

1. **Has your agency reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/ or age? Yes** **No**

**If Yes, please describe your findings.**

Section III – Project Performance

1. **Is this project a first-time renewal? € Yes € No**

***If you answered yes to question 25, the following questions are not applicable.***

1. **Please enter the date of your last Annual Performance Report submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please provide a copy of your most recently submitted Annual Performance Report**

**Using your Annual Performance Report (APR) as a basis, please complete the following table:**

| **Question** | **Reference within APR** | **Your Answer** |
| --- | --- | --- |
| **For RRH projects only, what is the average length of time participants spend from project entry to residential move-in?** | *CAPER Q22c - The CAPER can be run for CoC Program funded projects.* |  |
| **For PSH projects only, what is the average stay in the project?** | *APR Q22b* |  |
| **For RRH projects only, what percentage of individuals move to permanent housing?** | *APR Q23a & Q23b* |  |
| **For PSH projects, what percentage of individuals remain in or move to permanent housing?** | *Calculation: 1) Subtract leavers to all destinations (APR Q23a and Q23b) from number of participants (APR Q7) to determine number of stayers; 2) Add leavers to permanent housing destinations (APR Q23a & Q23b); 3) Add stayers (Step 1) and leavers to permanent housing destinations (Step 2) and divide by number of participants (APR Q7)* |  |
| **What percentage of individuals staying in the project demonstrated new or increased income in the last year?** | *APR Q19a1 (This question only collects information for participants who have been in the project for 365+ days. A local report with more complete data can be substituted.)* |  |
| **What percentage of individuals staying in the project demonstrated new or increased non-employment income in the last year?** | *APR Q19a1 (This question only collects information for participants who have been in the project for 365+ days. A local report with more complete data can be substituted.)* |  |
| **What percentage of individuals leaving the project demonstrated new or increased income in the last year?** | *APR Q19a2* |  |
| **What percentage of individuals leaving the project demonstrated new or increased non-employment income in the last year?** | *APR Q19a2* |  |

**Application Attachments to Include:**

* **Most recent audit and management letter**
* **Documented process for receiving and incorporating feedback from persons with lived experience**
* **Renewal Project HUD Assurances**
* **Most recently submitted Annual Performance Report**

**Assurances- Renewal/Expansion Grant Applicants**

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question; do not leave any questions blank.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\_\_Yes \_\_No** 1. Applicant has Active SAM registration with current information. | | | | | | | |
| **\_\_Yes \_\_No** 2. Applicant has Valid DUNS number in application. | | | | | | | |
| **\_\_Yes \_\_No** 3. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, 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. | | | | | | | |
| **\_\_Yes \_\_No** 4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government. | | | | | | | |
| **\_\_Yes \_\_No** 5. 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. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 6. Applicant has submitted the required certifications as specified in the NOFA. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 7. Applicant has demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA. | | | | | | | |
| **\_\_Yes \_\_No** 8. Applicant has agreed to Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 9. Applicant has met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:  (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;  (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;  (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,  (d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. | | | | | | | |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 10. Applicant has met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:  (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;  (b) Audit finding(s) for which a response is overdue or unsatisfactory;  (c) History of inadequate financial management accounting practices;  (d) Evidence of untimely expenditures on prior award;  (e) History of other major capacity issues that have significantly affected the operation of the project and its performance;  (f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and  (g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes. | | | | | | | |