CoC bonus - New Project Supplemental Application

**Project Name:** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

**Project Type:** [ ]  **Permanent Housing** [ ]  **Rapid Rehousing**

[ ]  **Joint Transitional Housing/ Rapid Rehousing** [ ]  **HMIS** [ ]  **SSO**

Section I – Threshold Requirements

1. **Do you currently participate in Coordinated Entry?** € **Yes** € **No**
2. **If so, please describe for which program or project.** Click or tap here to enter text.
3. **If not, please describe your plan for quickly moving to full participation in Coordinated Entry.**

Click or tap here to enter text.

1. **Do you currently participate in Case Conferencing meetings? Describe current agency Case Conferencing participation, if appliable.**

Click or tap here to enter text.

1. **Amount of Funding Requested (cannot exceed CoC Bonus and/or reallocation amounts):**

 Click or tap here to enter text.

1. **Number of CoC Leadership, Subcommittee, Working Group or General Meetings attended July 2022-June 2023:**

|  |  |
| --- | --- |
| Meeting | Dates Attended |
| CoC Leadership Meetings (RAAH Leadership Council) | Click or tap here to enter text. |
| Subcommittee Meetings | Click or tap here to enter text. |
| Working Group Meetings | Click or tap here to enter text. |
| General Meetings (RAAH General Meetings) | Click or tap here to enter text. |
| Other: (please specify) | Click or tap here to enter text. |

1. **Amount of Match documented with letters attached to project application in e-snaps:**

 Click or tap here to enter text.

1. **Does the project intend to offer a Housing First approach?** [ ]  Yes [ ]  No
	1. **If yes, describe how the project will utilize a Housing First and Low Barrier approach.**

Click or tap here to enter text.

Section II – Local Criteria

Financial Information

1. **HUD grant agreements are often delayed, the organization should have a minimum of three months of operating reserve for each CoC project. How much funding does the organization have in reserve to support the operations for this proposed project? How many months do you estimate this funding will support the uninterrupted operations of the proposed project?**

Click or tap here to enter text.

1. **Has the project had an audit or been monitored by HUD in the last 24 months?** [ ]  Yes [ ]  No  **If so, please attach a copy of the monitoring report provided by HUD.**
2. **Describe the resources available within the organization to provide financial management and oversight of grant funds and ensure compliance with federal grant requirements. Describe by position title who will be responsible for conducting drawdowns of federal funds and completing all required grant reporting.** Click or tap here to enter text.

Experience

1. **Describe how street outreach will be conducted and tailored to persons experiencing homelessness who are least likely to request assistance. In your answer, please indicate how frequently street outreach will be conducted (e.g., monthly, weekly, when identified by community members, etc.).**

Click or tap here to enter text.

1. **Describe how the organization addresses both housing and service needs to ensure families/individuals will successfully maintain their housing once assistance ends.**

Click or tap here to enter text.

1. **Describe how the organization will promote access to employment opportunities with private employers and private employment organizations (such as holding job fairs, outreach to employers, and partnering with staffing agencies) and is providing education and training, on-the-job training, internships, and employment opportunities for program participants.**

Click or tap here to enter text.

1. **Please describe the organization’s experience in working with the proposed population and in providing housing as proposed in the application.**

Click or tap here to enter text.

1. **Describe the project’s eligibility criteria (see question 17 for needs and vulnerabilities to consider). State any reasons or criteria by which a referral from Coordinated Entry would be denied.**

Click or tap here to enter text.

1. **Describe the process and criteria for exiting clients, including any Moving On strategies that would be implemented, if applicable.** Click or tap here to enter text.
2. **Describe the proposed process to address clients’ situations that may jeopardize housing or project assistance.** Click or tap here to enter text.

Design of Housing and Supportive Services

1. **Please check if the project considers the severity of needs and vulnerabilities of program participants experiencing any of the following (Check all that apply and respond to the question in italics)**

[ ] **Low or no income**. *Briefly describe your service approach to participants with this need/ vulnerability*

 Click or tap here to enter text.

[ ]  **Current or past substance use or misuse.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ]  **Chronic homelessness.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **History of victimization/abuse, domestic violence, sexual assault, childhood abuse.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Mental Illness**. *Briefly describe your service approach to participants with this need/ vulnerability*

 Click or tap here to enter text.

[ ] **Chronic Health Conditions and/or Physical Disabilities**. *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Developmental Disabilities.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ]  **Unaccompanied Youth under age 18.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ]  **Unaccompanied transition aged youth (TAY) age 18-24 years.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

1. **Is this project the only project of its kind in the CoC’s geographic area serving a special homeless population/subpopulation?** [ ]  Yes [ ]  No
	1. **If yes, please specify:** Click or tap here to enter text.
2. **Does your agency have materials in languages other than English and/or staff with bilingual capability?** [ ]  Yes [ ]  No
	1. **If yes, detail any staff with bilingual capability and materials that are available in other languages.** Click or tap here to enter text.
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.**

Click or tap here to enter text.

1. **Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.**

Click or tap here to enter text.

1. **Does the project leverage housing resources with subsidies or units not funded through the CoC or ESG programs?** [ ]  Yes [ ]  No
	1. **If yes, how?** Click or tap here to enter text.
	2. **If the housing resources being leveraged for the project through a partnership is there a MOU in place?** [ ]  Yes [ ]  No

**If so, please attach a copy of the MOU in place.**

1. **Does the project include a partnership commitment with a healthcare organization that leverages health resources?** [ ]  Yes [ ]  No
	1. **If yes, how?** Click or tap here to enter text.

**Please attach a copy of the MOU in place.**

Equity and Representation

1. **Does the organization have underrepresented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions?** [ ]  Yes [ ]  No
2. **Does the organization’s board of directors include representation from someone with lived experience of homelessness?** [ ]  Yes [ ]  No
3. **Does the organization have a process for receiving and incorporating feedback from persons with lived experience?** [ ]  Yes [ ]  No

**If yes, how?** Click or tap here to enter text.

1. **What steps have you taken to identify barriers of participation faced by persons of different races and identities, particularly those overrepresented in the local homeless population?**

Click or tap here to enter text.

1. **What steps have you taken or will you take to eliminate these barriers?**

 Click or tap here to enter text.

1. **Describe the organization’s plan to review participant outcomes data disaggregated by race, ethnicity, gender identity, and/or age to identify disparities in your service provision, including any plans to collaborate with HMIS to develop a schedule for data review?**

Click or tap here to enter text.

1. **Describe the organization’s plan to review whether programmatic changes are needed to make program participant outcomes more equitable.**

Click or tap here to enter text.

Attachments and Commitments

[ ]  **Please attach the most recent audit and management letter**

[ ]  **Most recent HUD monitoring letter, if received in the last 24 months**

[ ]  **If funded, this project commits to developing policies to include:**

* **Housing First Policy** Click or tap here to enter text.
* **Policy ensuring that families are not separated** Click or tap here to enter text.
* **Fair Housing Policy** Click or tap here to enter text.
* **Policy ensuring that self-reported sexual orientation and gender identity are respected (Equal Access to Housing Final Rule)** Click or tap here to enter text.
* **Denial of Service Policy and Grievance Procedure** Click or tap here to enter text.
* **Reasonable Accommodation Policy and form (if applicable)** Click or tap here to enter text.

**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.**

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| [ ] **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. |
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| [ ] **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. |
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| [ ] **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.
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