LOCAL APPLICATION - COC COMPETITION
RENEWAL RRH, PSH, and SSO PROJECTS

Applicant Organization:

CIS Project Name:

Applicant Contact Person:

Phone:

Email:

Funding Requested:

Renewing Grant Number:

PROJECT COMPONENT

	Rapid Re-Housing
	Permanent Supportive Housing
	SSO – Outreach
	SSO - Stand Alone
	SSO – Coordinated Entry

FUNDING TYPE

	Domestic Violence
	YHDP
	General

EXPERIENCE

1) **Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

Describe how your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

(a) working with and addressing the target population(s) identified housing and supportive service needs,
(b) developing and implementing relevant program systems, services, and/or residential property
construction and rehabilitation,
(c) identifying and securing matching funds from a variety of sources, and
(d) managing basic organization operations including financial accounting systems.
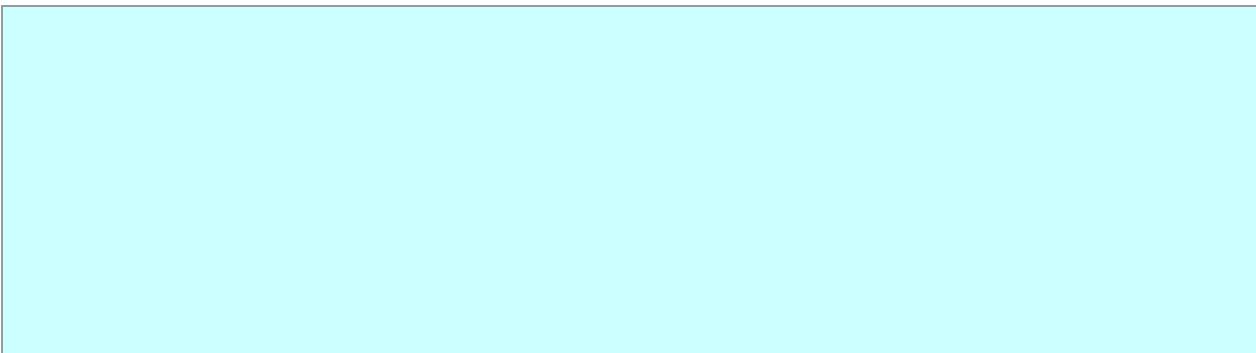
2) **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase 'No experience leveraging other federal, state, local, or private sector funds'.
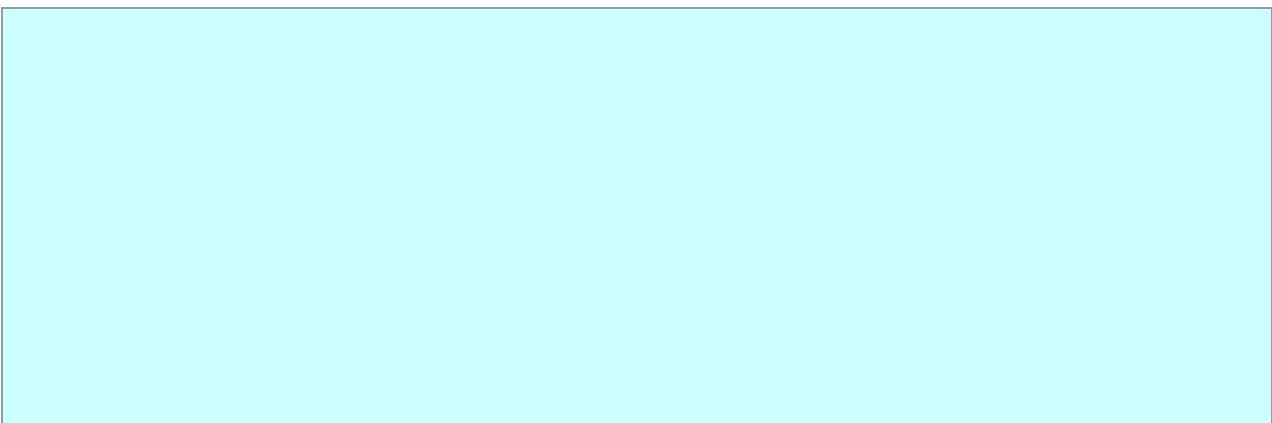
3) **Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

RECIPIENT PERFORMANCE

The following questions are designed to inform HUD of your project's performance related to statutory
and regulatory requirements and provide an opportunity to explain the reason these requirements were not met. HUD Headquarters verifies the information provided in this section with the HUD CPD field offices.

1) **Did you submit your previous year's Annual Performance Report (APR) on time?**
   APRs are due within 90 days after the grant term expires.

- Yes
- No

1a) If you did <u>not</u> submit your APR on time to the SAGE website, provide an explanation.

2) **Do you have any unresolved HUD Monitoring and/or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** This question is not limited to the most recent grant period and is applicable to any HUD-funded grant (e.g., CoC Program, ESG, HOPWA) for your organization.

- Yes
- No

2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s)

2b. Explain why the finding(s) remains unresolved. Required if you selected 'Yes' to question 2 and provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

3) **Do you draw funds monthly for your current renewal project?**

- Yes
- No

3a) If no was selected, explain why CoC Program funds are not drawn monthly. Required if you selected 'No' to question 3 and provide an explanation as to why your organization does not draw CoC Program funds monthly.

4) Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Select:

'Yes,' if funds have been recaptured by HUD due to a balance remaining after the grant term expired.
'No,' if your organization expended 100 percent of all grant funds, or if this project is in its first year of a 1-year grant term and has not yet expired.

- Yes
- No

PROJECT INFORMATION

1) Provide a description that addresses the entire scope of the proposed project.

Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other areas of the application. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

1a) Specify how this project will incorporate the principles of Positive Youth Development. (YHDP Only).

1b) Specify how this project will incorporate the principles of Trauma Informed Care.

1c) How does this project help the community meet the shared vision, goals, and objectives of the 5-Year Plan or Coordinated Community Plan?

2) **Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply)**

- **Veterans**
- **Youth (under age 25)**
- **Families**
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other

dangerous, traumatic, or life-threatening conditions. (Note: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, the NOFO for more information.)

- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**
- **N/A – Project Serves All Subpopulations**

FY 25 HUD PRIORITIES

1. **Review the FY 25 HUD Policy Priorities as described in the CoC NOFO and describe how your project is in alignment with each of these priorities.**

   a. **Ending the crisis of homelessness on our streets**

   b. **Prioritizing Treatment and Recovery**

   c. **Advancing Public Safety**
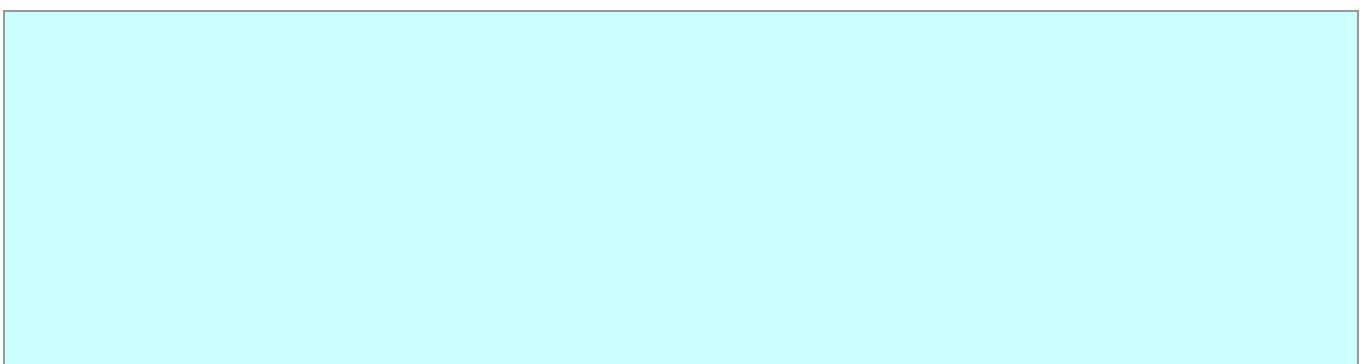
d. Promoting Self-Sufficiency
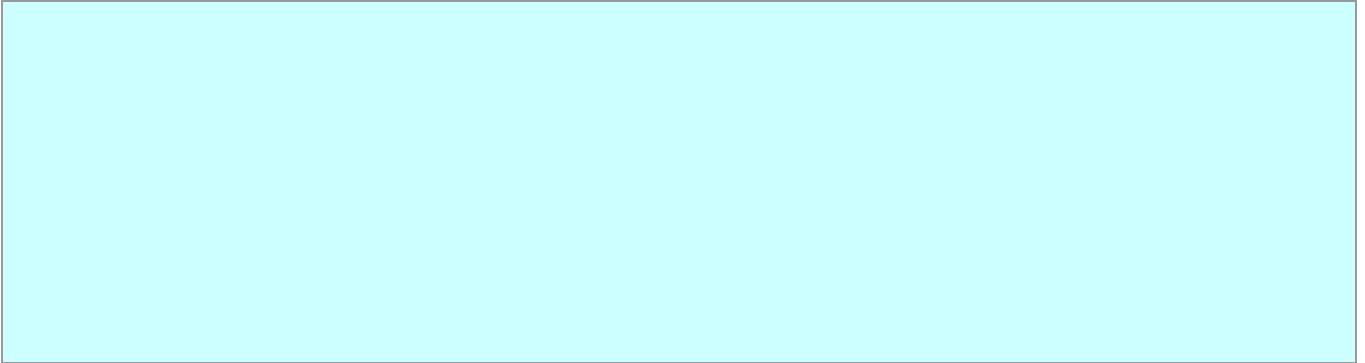
e. Improving outcomes

f. Minimizing trauma

2. **Describe plan for assessing workforce development needs regularly and/or connecting residents to specific workforce development resources such as training, assistance in job search.**

3. **Does your project provide on-site substance use treatment (this includes an on-site clinician providing substance abuse treatment services)? If so, describe how.**
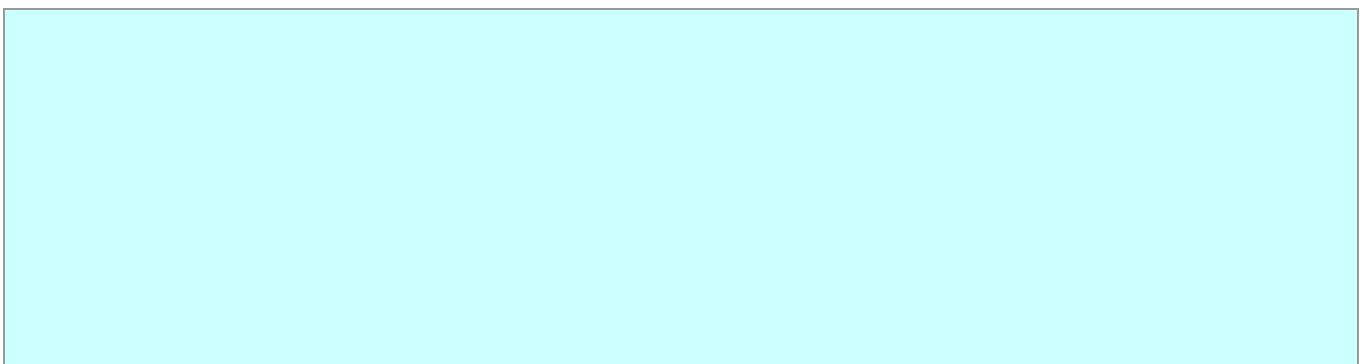
HOUSING AND/OR SERVICES

The supportive services in this section should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1) **For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one **'Provider'** or **'Frequency'** is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non- Partner.

Provider: For the supportive services listed, select one of the following as applicable:

'Applicant' indicates your organization will provide the supportive service,
'Subrecipient' indicates the subrecipient(s) listed in section 2A. Project Subrecipients will provide the service,
'Partner' indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
'Non-Partner' indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

Supportive Services	Provider	Frequency
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		

Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

2) **Identify whether the project includes the following activity:** Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?

Select **'Yes,'** if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

Select **'No,'** if transportation is not regularly provided or cannot be provided consistently as requested.

- Yes
- No

3) **Identify whether the project includes the following activity:** Annual follow-up with program participants to ensure mainstream benefits are received and renewed?

Select **'Yes,'** if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.

Select **'No,'** if the project does not follow-up with program participants annually.

- Yes
- No

4) **Identify whether the project includes the following activity:** Ensures program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?

SSI/SSDI Outreach, Access, and Recovery (SOAR), is a national program which helps eligible adults and children access Social Security disability benefits, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), if they are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, or co-occurring substance use disorder. SOAR can also help people returning to their communities from jails and hospitals. The application process for SSI and SSDI can be complicated and difficult to navigate. It is imperative that all agencies providing Case Management Services actively assist clients to increase their income, sustainability, and access the resources they need.

Select **'Yes,'** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by your organization, a subrecipient, or a partner agency–through a formal or informal relationship.

Select **'No,'** if there is no or significantly limited access to SSI/SSDI technical assistance.

- Yes
- No

4a) If 'Yes' to question 4: has the staff person providing technical assistance completed SOAR training in the past 24 months?

Select **'Yes,'** if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select **'Yes'** if all persons have completed the training.

Select **'No,'** if the staff person(s) has not completed SOAR training.

- Yes
- No

4b) If 'Yes' to question 4: enter the number of SOAR/SSI/SSDI applications filed in the past 24 months.

HOUSING TYPE AND LOCATION (RRH & PSH Only)

This section captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under the grant agreement or grant agreement as amended.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered in section 5A and section 5B.

Total Units (all units in the project, regardless of size)

Total Beds (all beds or spaces for participants in the project, regardless of unit configuration)

Total Dedicated CH Beds

Address	Housing Type	Maximum # of Units	Maximum # of Beds	Geographic Area

PROGRAM PARTICIPANTS (ALL Projects)

5A. Program Participants - Persons and Households

The information in this section captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table should match the previously approved information for this project that is under the grant agreement or grant agreement as amended.

Note: When determining the correct input for this table, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should
include capacity directly supported by CoC Program funds or eligible match funds in any way, including
units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds in section 4B should not be higher than the number of households (units), and persons (beds) entered here

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	Total based on the numbers entered on this row

Characteristics				
Persons over age 24*	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24*	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for the household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for the household type	Does not apply for the household type	Number of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	Total for this household type	Total for this household type	Total for this household type	Total based on the numbers entered on this row

*If your project serves both Persons over age 24 and Persons ages 18-24, the numbers entered for both must match the number entered under Households with at Least One Adult and One Child. For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Characteristics				
Persons over age 24*				
Persons ages 18-24*				
Accompanied Children under age 18				
Unaccompanie d Children under age 18				
Total Persons				

PROGRAM PARTICIPANTS - SUBPOPULATIONS

5B. Program Participants - Subpopulations

The following table appears in this section to capture the subpopulation information for the households entered on section 5A and are based on a single point in time. Referring to section 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers in section 5A and the numbers in this table must match the numbers from the table in section 5A.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns cannot be duplicated within these three subpopulations:
  - CH (Not Veterans)–number of chronically homeless non-veterans which must match the number of beds entered for question '2b. Beds' in section 4B. Do not include chronically homeless veterans, or
  - CH Veterans –number of chronically homeless veterans, regardless of discharge reason, or
  - Veterans (Not CH)– number of veterans who do not meet the chronically homeless definition.

The numbers entered for the following columns can be duplicated (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:

- **Substance Use Disorders,**
- **HIV/AIDS,**
- **Mental Illness,**
- **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (Note: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see the NOFO for more information.),
- **Physical Disability,**
- **Developmental Disability, and**
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category.

Persons in Households with at Least One Adult and One Child/Youth

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Develop--mental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
Total Persons										

Persons in Households without Children/Youth

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Develop--mental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons										

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Develop--mental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompani ed children under age 18		N/A	N/A							
Total Persons										

BUDGETS

SUMMARY TOTAL PROJECT BUDGET

Eligible Costs	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units	$
1b. Leased Structures	$
2. Rental Assistance	$
3. Supportive Services	$
4. Operating	$
5. HMIS	$
6. VAWA	$
7. Rural	$
8. Sub-total of CoC Program Costs Requested	$
9. Admin (up to 10% of subtotal)	$
10. HUD funded Sub-total + Admin. Requested	$
11. Cash Match	$
12. In-Kind Match	$
13. Total Match	$
14. Total Project Budget for this grant, including Match	$

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

LEASED UNITS BUDGET. Calculate FMR at the following link:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2025_code/select_Geography.odn

Size of Units	# of Units	FMR Area	12 Months	Total Request
SRO		$	12	$
0 Bedrooms		$	12	$
1 Bedrooms		$	12	$
2 Bedrooms		$	12	$
3 Bedrooms		$	12	$
4 Bedrooms		$	12	$
5 Bedrooms		$	12	$
6 Bedrooms		$	12	$
7 Bedrooms		$	12	$
8 Bedrooms		$	12	$
9 Bedrooms		$	12	$
Total Request for Grant Term	$			

LEASED STRUCTURES BUDGET

On the table below enter the Structure Name by which you will identify the leased structure (e.g., name of the property, the street name where it is located), Street Address, City, State, and Zip Code. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the Total Annual Assistance Requested which is then multiplied by the grant term selected to populate the Total Request for Grant Term.

Structure Name	Street Address	City	State	Zip Code	Monthly HUD Rent Request
					$
					$
					$
Total Request for Grant Term	$				

RENTAL ASSISTANCE BUDGET. Calculate FMR at the following link:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2025_code/select_Geography.odn

Select type of rental assistance:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project,
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization or,
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

NOTE: If you have more than one rental assistance type for the project, you must create a separate detail budget section for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two 'Rental Assistance Budget Detail' sections for County A–one for the 10 PRA units and one for the 10 TRA units.

Size of Units	# of Units	FMR Area	12 Months	Total Request
SRO		$	12	$
0 Bedrooms		$	12	$
1 Bedrooms		$	12	$
2 Bedrooms		$	12	$
3 Bedrooms		$	12	$
4 Bedrooms		$	12	$
5 Bedrooms		$	12	$
6 Bedrooms		$	12	$
7 Bedrooms		$	12	$
8 Bedrooms		$	12	$
9 Bedrooms		$	12	$
Total Request for Grant Term	$			

SUPPORTIVE SERVICES BUDGET

See 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the monthly cost of the cell phone, will be included on the Case Management line, if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be included in the Transportation line). For this reason, you must provide detailed information on quantity and description for each eligible cost requested. **Eligible Costs: The categories listed are eligible supportive services costs for which funds can be requested under 24 CFR 578.53.**

Eligible Supportive Services Costs	Quantity	Description	Amount Requested
1. Assessment of Service Needs			$
2. Assistance with Moving Costs			$
3. Case Management			$
4. Child Care			$
5. Education Services			$
6. Employment Assistance			
7. Food			
8. Housing/Counseling Services			
9. Legal Services			
10. Life Skills			
11. Mental Health Services			
12. Outpatient Health Services			
13. Outreach Services			
14. Substance Abuse Treatment Services			
15. Transportation			
16. Utility Deposits			
17. Operating Cost*			
Total Supportive Services Request for Grant Term	$		

   ***See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as it does not apply to all project applications.**

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ $X per month.

Annual Assistance Requested: Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the Total Request for Grant Term field.

Total Annual Assistance Requested: This field calculates the total based on the sum for each eligible cost where you entered information.

OPERATING BUDGET

The operating costs listed are based on the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day-to- day operations of housing units and facilities.

The itemized budget includes 7 eligible Operating costs:

Eligible Operating Cost	Quantity	Description	Amount Requested
1. Maintenance and Repair			$
2. Property Taxes and Insurance			$
3. Replacement Reserve			$
4. Building Security			$
5. Electricity, Gas, and Water			$
6. Furniture			
7. Equipment			
Total Operating Request for Grant Term	$		

Eligible Costs: The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

Annual Assistance Requested: Enter the annual amount requested for eligible CoC Program operating costs for a 12-month period.

HMIS BUDGET

Since this project is not a dedicated HMIS request as you are not the HMIS Lead, you can request HMIS costs to contribute data to the CoC's designated HMIS is outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes projects operated by Victim Service Providers to contribute data to a comparable database.

Eligible HMIS Cost	Quantity	Description	Amount Requested
1. Equipment			$
2. Software			$
3. Services			$
4. Personnel			$
5. Space and Operations			$
Total HMIS Request for Grant Term	$		

Eligible Costs: The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).

Annual Assistance Requested: Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC's HMIS for a 12-month period.

VAWA COST BUDGET

The Violence Against Women Act (VAWA) Reauthorization Act of 2022 clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS.

Note: the VAWA BLI is not limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers. Eligible CoC VAWA costs can be identified in the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

Eligible VAWA Cost	Quantity	Description	Amount Requested
Moving Costs			
Travel Costs			
Security Deposits			
Utilities			
Housing Fees			
Case Management			
Housing Navigation			
Safety Technology			
Confidentiality Requirements			$
Total VAWA Request for Grant Term	$		

ADMINISTRATION COST BUDGET

1) Does this project propose to allocate funds according to an indirect cost rate?

Select **'Yes'** if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent de minimis rate.

Select **'No'** if your project will not use an indirect cost rate.

- Yes
- No

1a) If you answered 'Yes' to question 1, complete the indirect cost rate table below. Complete using information from your approved indirect cost agreement or enter 10 percent to use de minimis rate.

- **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter 'NA'.
- **Indirect Cost Rate** – enter one of the following if you:
    - have an approved indirect cost agreement, enter the rate percentage (e.g., 18 %) or
    - will use the 10 percent de minimis rate, enter 10 %.
- **Direct Cost Base** – enter the amount of your direct cost base for this application.
- Enter either **'Plan Approved by cognizant agency'** or **'Will use 10 % de minimis rate'**.

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimum rate
	%	$	

LOCAL COMPETITION QUESTIONS

1) Has the organization:

1a) Attended Stakeholders Meetings?
- Yes
- No

1b) Attended Charlotte County Collective Meetings?
- Yes
- No

1c) Attended DV/HT Case Conferencing Meetings?
- Yes
- No

1d) Attended Youth Case Conferencing?
- Yes
- No

1e) Attended Veteran Case Conferencing?
- Yes
- No

1f) Attended Chronic and All Case Conferencing?
- Yes
- No

1g) Acted as a Coordinated Entry Access Point?
- Yes
- No

1h) Accepted Referrals from Coordinated Entry?
- Yes
- No

1i) Engaged in CoC-led trainings/Technical Assistance?
- Yes
- No

1j) Attended HMIS/CIS Training?
- Yes
- No

1k) Has the organization participated in CoC meetings, programs, or activities not listed above? If so, please describe:

2) **List the source(s) and amount of matching funds, including in-kind (must be a minimum of 25%)**

3) **Provide the percentage of clients served over a project year that met the HUD definition of chronically homeless.**

4) **What is the average length of time in days between project start date and housing move-in date?**

5) **Describe how those with lived experience are integrated into the decision-making structure of creation and operations of your programs.**
Please include whether your organization's board of directors includes representation from <u>more</u> than one person with lived experience of homelessness, and if managerial and leadership positions include people with relevant lived experience and identities.

6) **Describe the percentage of clients expected to increase income and how your program will achieve this. Include both projected and previous percents for:**

   - The overall percentage of clients who have increased their income
   - The percent of project <u>stayers</u> with new or increased non-employment income
   - The percent of project <u>stayers</u> with new or increased employment income
   - The percent of project <u>leavers</u> with new or increased non-employment income
   - The percent of project <u>leavers</u> with new or increased employment income

7) **Describe the percentage of eligible clients who have received services through this program, and the percent you expect to provide services to if the project is renewed. Include:**

   - % of school-aged children who have been referred to Charlotte County Public Schools McKinney-Vento Liaison.
   - % of eligible clients who were referred to medical care and/or mental health services.
   - % of eligible clients who were assisted with obtaining a new or replacement license, birth certificate, social security card, or other necessary documentation.

8) **Provide the number of clients you propose to exit to a positive permanent housing destination if you receive this funding:**

9) **Participation Requirement for Community Organizations Active in Disaster (COAD).** All providers that receive funding agree to: Actively participate in the COAD initiative. Sign an annual Memorandum of Understanding between the provider and Charlotte County COAD. Failure to comply with these requirements may result in the withholding of funds or other penalties as determined by the Continuum of Care.

- **I agree to participate in the COAD initiative**

- **The above information is true and correct to the best of my knowledge.**

- **Participation in CIS or a DVSP compliant comparable database is required for all CoC funded programs. Signature of this application certifies that the agency will participate in CIS or a comparable database as required by HUD and the Gulf Coast Partnership.**

- **Signing of this form also confirms that the below is authorized to apply for funding on behalf of the agency and the signer understands the requirements of the funding source and NOFO/RFA.**

Applicant
Signature:

Date: